


Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAIN LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	Feature ceiling
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	Feature flooring

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAIN LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 2 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAIN LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURITY DESK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURITY DESK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURITY DESK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection
- Staff Assist                       Duress - Wired
- Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1A-MAIN BUILDING LOBBY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks: Provide built-in millwork Carousel including provisions to secure computer and screen

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Alcove part of waiting 1.0-04. Shall accommodate counter with power, and stools for checking e-mails, etc.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks: Provide built-in millwork Carousel including provisions to secure computer and screen

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Alcove part of waiting 1.0-04. Shall accommodate counter with power, and stools for checking e-mails, etc.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks: Provide built-in millwork Carousel including provisions to secure computer and screen

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Alcove part of waiting 1.0-04. Shall accommodate counter with power, and stools for checking e-mails, etc.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Additional cooling demand**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-06-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Provide washroom Accessories: Anti-ligature grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 recessed anti-ligature toilet paper dispenser in each toilet compartment, 1 recessed - anti-ligature paper towel dispenser, one anti-ligature waste receptacle and baby change table.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-06-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
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1-WC, 1-BFWC, 2-Urinals-2-counter mount lavatories

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-06-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-06-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Provide washroom Accessories: Anti-ligature grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 recessed anti-ligature toilet paper dispenser in each toilet compartment, 1 recessed - anti-ligature paper towel dispenser, one anti-ligature waste receptacle and baby change table.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-06-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls <input type="text" value="1-WC, 1-BFWC, 2-Urinals-2-counter mount lavatories"/>	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text" value="1-WC, 1- BF-WC, 2-Ur. and 2 - Lav."/>	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:


**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**  
Types of Power:   Clock  
Receptacle Count:   
Power Remarks:   
Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light  
Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-06-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM, MALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Provide washroom Accessories: Anti-ligature grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 recessed anti-ligature toilet paper dispenser in each toilet compartment, 1 recessed - anti-ligature paper towel dispenser, one anti-ligature waste receptacle and baby change table.



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
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3-WC, 1-BFWC, 2-counter mount lavatories

3-WC, 1- BF-WC, 2 - Lav.

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-07-02</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, FEMALE</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Provide washroom Accessories: Anti-ligature grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 recessed anti-ligature toilet paper dispenser in each toilet compartment, 1 recessed - anti-ligature paper towel dispenser, one anti-ligature waste receptacle and baby change table.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls <b>3-WC, 1-BFWC, 2-counter mount lavatories</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, SMALL</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, SMALL</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Floorboxes: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEETING ROOM, SMALL</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="6"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, MEDIUM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, MEDIUM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 4 duplex, Floorboxes: 2 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEETING ROOM, MEDIUM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-10</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, LARGE</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>125. m<sup>2</sup></b>

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM, LARGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>125. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **A/V Equipment Cooling Required**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEETING ROOM, LARGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>125. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="6"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="1"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock

Receptacle Count: **Convenience: 3 duplex, Floorboxes: 1 quadplex**


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>BREAKOUT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>22.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER TRAINING LAB</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER TRAINING LAB</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER TRAINING LAB</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="10"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>THERAPEUTIC GROUP/ FAMILY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>THERAPEUTIC GROUP/ FAMILY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Emergency**  Clock


Receptacle Count: **Convenience: 12 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>THERAPEUTIC GROUP/ FAMILY ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DROP-IN OFFICE, TRAINING COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.3 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Automatic Opener  Locking  Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  High Security

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DROP-IN OFFICE, TRAINING COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.3 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>DROP-IN OFFICE, TRAINING COORDINATOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.3 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-16</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD PREPARATION AREA</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Washable	
Wall:		GWB	Paint	1200 mm high
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD PREPARATION AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Additional cooling demand**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>		SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>01.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FOOD PREPARATION AREA</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-01</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks: Floor to ceiling adjustable shelving- 450mm deep. Shelf height not to exceed 1.8m. Provide broom and mop hangers

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks: Provide shelf with mop and broom holders and hooks, soap dispenser, paper towel dispenser. Shall include mop sink and floor drain

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 x 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-02</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>01.0 ENTRANCE AND MEETING FACILITY</b>	SUB DEPARTMENT: <b>1B-MEETING AND TRAINING FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>01.0-18-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WAITING AREA</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/TRANSACTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/TRANSACTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>RECEPTION/TRANSACTION COUNTER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input checked="" type="checkbox"/> Duress - Wired
<input checked="" type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VISITOR'S LOUNGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VISITOR'S LOUNGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>VISITOR'S LOUNGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:   
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Staff Assist     Duress - Wired  
 Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:  Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 paper towel dispenser, 1 toilet paper holder. All washroom accessories are to be anti-ligature. Waste receptacle.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 paper towel dispenser, 1 toilet paper holder, 1 sanitary napkin disposal. All washroom accessories are to be anti-ligature. Waste receptacle.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____ <input type="text" value="Electronic Control"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PUBLIC WASHROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE MANAGER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE MANAGER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, OFFICE MANAGER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  High Security

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Staff Assist                       Duress - Wired
- Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, GENERAL ADMIN SUPPORT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, REFERRALS/ ADMISSIONS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, REFERRALS/ ADMISSIONS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, REFERRALS/ ADMISSIONS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SHARED OFFICE, OT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHIATRIST/DROP-IN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHIATRIST/DROP-IN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHIATRIST/DROP-IN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM/CLINICAL MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM/CLINICAL MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text" value="Bar Sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM/CLINICAL MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>44.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2A-ENTRANCE AND ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LINEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LINEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>LINEN STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-18</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHEN</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: CSA Z317.2-10, ASHRAE 62.1-01 Remarks: Exhaust

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>3 Commercial Sized sinks and 1 isl</u> Size: <u>2@(30x24x19) + 1@(24x18x12), (24x1</u>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <u>2@(30x24x19) + 1@(24x18x12), (24x18x8)</u>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p><b>Plumbing Remarks</b></p> <u>Grease Interceptor - provide hot water for dishwasher.</u>  <u>Provide Gas for large capacity ovens gas for Gas Stove - Hand Sink, wall mount, splash mounted faucet, single knee</u>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: Via DDC

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other: Box type or island type high efficiency ventilator with integral make-up air plenum, Exhaust hood with fire protection system

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: Emergency  Clock


Receptacle Count: Convenience: 4 duplex, Countertop: Split duplexes along counter, Special Equipment (additional outlets): stove, fridge, dishwasher, cooking equipment, etc.

Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: Undercabinet lighting. All lighting on emergency power.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>KITCHEN</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>KITCHEN STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FREEZER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FREEZER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FREEZER ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF BREAK ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF BREAK ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STAFF BREAK ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF WELLNESS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF WELLNESS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting  Night Light  
 Dimmable Lighting  "In Use" Light  
 Switch & Light Controls  Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STAFF WELLNESS ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/CHANGE ROOM MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	HIHF wall panelling to shower room walls
Floor:			Resilient	Slip resistant in shower room

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/CHANGE ROOM MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="8 fixtures including 2-urinals 1-barrier free WC, 1 - WC, 2- Lavatories and two showers"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/CHANGE ROOM MALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/CHANGE ROOM FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	HIHF wall panelling to shower room walls
Floor:			Resilient	Slip resistant in shower room

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/CHANGE ROOM FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="8 fixtures including 1-barrier free WC, 3 - WC, 2- Lavatories and two showers"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/CHANGE ROOM FEMALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-25</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 X 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2B-STAFF PROGRAM SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ADMISSION SECURITY VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ADMISSION SECURITY VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>ADMISSION SECURITY VESTIBULE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE / TEMPORARY HOLDING (PRE-UNIT)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE / TEMPORARY HOLDING (PRE-UNIT)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE / TEMPORARY HOLDING (PRE-UNIT)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station    Hands Free    Room Status  
 Video Intercom Station    Telemetry  
 Intercom Master Station    Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera    Clinical Camera    Card Reader No.:     Staff Assist    Duress - Wired  
 Security Camera Monitor    Clinical Camera Monitor    Intrusion Detection    Patient Assist    Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, INDIVIDUAL EFFECTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, INDIVIDUAL EFFECTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2C-SECURE ADMISSIONS AREA</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STORAGE, INDIVIDUAL EFFECTS</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="deep sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text" value="Provide commercial standard hot &amp; cold water connections and drainage for the washing machine."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-30</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SENSORY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Provide Plywood backing for padded wall
Floor:			Carpet	50% Carpet and 50% padded flooring

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-30</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SENSORY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-30</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SENSORY ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Security Camera Monitor
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ARTS AND CRAFTS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>40. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ARTS AND CRAFTS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>40. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: ASHRAE 62.1-01 Remarks: Exhaust

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <u>Solids interceptor to collect miscel</u> Size: <u>48 x 18</u>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: Via DDC

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: Normal  Clock


Receptacle Count: Convenience: 12 duplex

Power Remarks:

Patient Care Area Designation (as per CSA Z32): Basic

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>ARTS AND CRAFTS ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>40. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-32</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PIANO ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-32</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PIANO ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-32</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PIANO ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-33-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-33-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-33-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-33-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMPUTER ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIBRARY ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks: Alcove part of Arts and Craft Room 02.0-31. No visual obstruction in the rooms. Columns are considered obstruction. Clear span is required for observation of the users. Built-in book shelf. Shall accommodate 6 bays of books, 4 soft seats

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIBRARY ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>LIBRARY ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-35</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EXERCISE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>34. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sport	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-35</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EXERCISE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>34. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-35</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>EXERCISE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>34. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-36</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-36</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-36</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-37</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, OVERSIZED</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-37</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, OVERSIZED</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-37</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>TOILETS, OVERSIZED</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-38-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-38-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-38-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-38-02</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-38-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2D-SECURE PROGRAM SUPPORT SPACES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-38-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-39</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STA.: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-39</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STA.: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-39</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STA.: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px; height: 25px;" type="text"/>	Operational Remarks:	<input style="width: 300px; height: 25px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-40</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-40</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input checked="" type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-40</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-41</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-41</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-41</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEDICATION ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Staff Assist       Duress - Wired
- Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


card + PIN access

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-42</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DOCTOR/CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-42</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DOCTOR/CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-42</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DOCTOR/CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE/ PSYCHOLOGICAL</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  High Security

Automatic Opener  Locking

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE/ PSYCHOLOGICAL</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-43-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE/ PSYCHOLOGICAL</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-44</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OBSERVATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-44</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OBSERVATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-44</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OBSERVATION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-45</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-45</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text" value="Grease Interceptor"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-45</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT KITCHEN</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="1"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-46</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>36. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-46</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>36. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-46</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>36. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-47</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks: Counter top for phone

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks: Refer to Appendix 1D - Acoustics and Noise Control

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-47</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-47</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-48</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PROGRAM CO-ORDINATOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-48</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM CO-ORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-48</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM CO-ORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-49</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTI-PURPOSE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-49</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTI-PURPOSE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-49</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTI-PURPOSE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-50-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-50-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-50-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-50-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type: CR-01

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks: Sightlines from Team Care Station shall be provided

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-50-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-50-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>COMFORT ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-51</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-51</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-51</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>GAMES ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-52</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-52</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-52</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-53</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall:  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-53</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-53</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-54</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-54</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-54</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-55</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-55</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-55</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-56-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base: 100 Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H): 1220 x 2135 Material: Solid Core Finish: Plam


Door Sidelight  
 Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing: Integral blind  
 Hardware Type: CR-01  
 Door Remarks: Double swing.

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm): 710  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks: Provide wardrobe and desk

ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50 RT 60: 0.7  
 NC Rating: 30-35  
 Remarks: Refer to Appendix 1D - Acoustics and Noise Control

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: 2  
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim: 915mm wide x 915mm high  
 Remarks: Provide magnetic whiteboard

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base: 100 Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H): 1220 x 2135 Material: Solid Core Finish: Plam  
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing: Integral blind  
 Hardware Type: CR-01  
 Door Remarks: Double swing.

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm): 710  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50 RT 60: 0.7  
 NC Rating: 30-35  
 Remarks: Refer to Appendix 1D - Acoustics and Noise Control

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: 2  
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim: 915mm wide x 915mm high  
 Remarks: Provide magnetic whiteboard

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-56-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-56-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-57</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT TOILET, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-57</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT TOILET, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-57</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT TOILET, BARRIER-FREE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="tub shower"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light     Dimmable Lighting     "In Use" Light     Switch & Light Controls     Vanity Light     Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:  Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:  Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="shower, size to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light     Dimmable Lighting     "In Use" Light     Switch & Light Controls     Vanity Light     Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Moisture Resistant	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="shower 36 X 36"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-58-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT WASHROOM, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-59-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-01A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-01A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-01A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <input type="text" value="Bath tub - Arjo"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-59-02A</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SPECIAL CARE ROOM-TRANSITIONAL SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wired       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-60-1</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 Shower seat, 1 soap dispenser at sink, 1 paper towel dispenser, grab bars, 1 toilet paper holder, recessed soap dispenser in shower. All washroom accessories are to be anti-ligature. Waste receptacle. Shall include 1 sink, 1 toilet. Integral to Rm 02.59.01

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-60-1</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="shower, size to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>		SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>02.0-60-1</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-60-2</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-60-2</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="shower, size to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light     Dimmable Lighting     "In Use" Light     Switch & Light Controls     Vanity Light     Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-60-2</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE ENSUITE TOILET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-61</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ASSISTED BATHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>23. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-61</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ASSISTED BATHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>23. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Water closet to be c/w with Bidet operation."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-61</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ASSISTED BATHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>23. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		Concrete Block	Other:	Soft wall padding installed to minimum 2.44m height
Floor:				Cushioned flooring

Base: Other:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input checked="" type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		Concrete Block	Other:	Soft wall padding installed to minimum 2.44m height
Floor:				Cushioned flooring

Base: Other:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-63-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input checked="" type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-64</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: High**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	Cushioned flooring

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-64</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: High**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>02.0 PROVINCIAL ASSESSMENT CENTRE</b>	SUB DEPARTMENT: <b>2E-SECURE LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>02.0-64</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: High**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: Size:	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 4 duplex, Special Equipment (additional outlets): coffee station**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	Open Reception Desk
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, RECEPTION &amp; SWITCHBOARD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, RECEPTION &amp; SWITCHBOARD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, RECEPTION &amp; SWITCHBOARD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, PROGRAM ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-05-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, OFFICE ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PAYROLL CLERK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  (mm) or % of perimeter wall:

Counter/ Work Surface  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PAYROLL CLERK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PAYROLL CLERK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, BUSINESS ADMINISTRATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, BUSINESS ADMINISTRATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, BUSINESS ADMINISTRATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, MEDICAL RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	Fire rated walls
Floor:			Carpet	Durable resilient flooring for carts if access to medical records is through this space

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, MEDICAL RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, MEDICAL RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	2 Hour fire rated walls
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	2 Hour fire rated walls
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORD READING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL RECORDS STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	2 Hour fire rated walls
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL RECORDS STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: **Pre Action Sysytem required**

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 4 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL RECORDS STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASST DIRECTOR/COMM. SERV MNGR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASST DIRECTOR/COMM. SERV MNGR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 4 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASST DIRECTOR/COMM. SERV MNGR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSISTANT DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSISTANT DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSISTANT DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, CLINICAL DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, CLINICAL DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, CLINICAL DIRECTOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, COORD, NURSG, QA AND TRAINING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, COORD, NURSG, QA AND TRAINING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock

Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, COORD, NURSG, QA AND TRAINING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>46.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>46.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **AV Cooling Requirement**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BOARDROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>46.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16.7 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16.7 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16.7 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Washable	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 X 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>03.0 MAPLES ADMINISTRATION</b>	SUB DEPARTMENT: <b>3-MAPLES ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>03.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION/ WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, TRAINER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PT PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PT PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SHARED OFFICE, PT PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4A-CONNECT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="text" value="1"/>
Quantity (1 voice, 1 data):	
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CLINICAL COUNSELLOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="text" value="1"/>
Quantity (1 voice, 1 data):	
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Duress - Wireless


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4B-BIFROST</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	1
Quantity (1 voice, 1 data):	
Tel Outlet:	0
Coax/ Data TV Outlet:	0

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-11-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:   
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired  
 Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-11-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, CARE PLAN CONSULTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Intercom Station        | <input type="checkbox"/> Hands Free       | <input type="checkbox"/> Room Status |
| <input type="checkbox"/> Video Intercom Station  | <input type="checkbox"/> Telemetry        |                                      |
| <input type="checkbox"/> Intercom Master Station | <input type="checkbox"/> Teleconferencing |                                      |

IMIT Remarks:

**SECURITY SYSTEMS:**

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Security Camera         | <input type="checkbox"/> Clinical Camera         | <input type="checkbox"/> Card Reader No.: <input type="text"/> | <input type="checkbox"/> Staff Assist   | <input type="checkbox"/> Duress - Wired               |
| <input type="checkbox"/> Security Camera Monitor | <input type="checkbox"/> Clinical Camera Monitor | <input type="checkbox"/> Intrusion Detection                   | <input type="checkbox"/> Patient Assist | <input checked="" type="checkbox"/> Duress - Wireless |


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base: 

100	Rubber
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Wall Protection: Corner Guards:  Sheet:  Remarks: 

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Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H): 

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 Material: 

--

 Finish: 

--

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing: 

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Hardware Type:: 

--

Door Remarks: 

Located in room 4-11
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Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks: 

--

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall: 

--

 Counter/ Work Surface Height (mm): 

--

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks: 

--

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling: 

40
----

 RT 60: 

N/A
-----

 Remarks: 

Refer to Appendix 1D - Acoustics and Noise Control
--

NC Rating: 

N/A
-----

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: 

--

 Mirrors:  Standard  Vandal-Proof

Tackboard Dim: 


--

 Whiteboard Dim: 

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Remarks: 

Shall accommodate 1 filing cabinet
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Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
---	---	--	--	---	--	-------------------------

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 1 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	1
Quantity (1 voice, 1 data):	
Tel Outlet:	0
Coax/ Data TV Outlet:	0

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
--	--	---	---	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
Size: <input type="text"/>		<input type="text"/>		<input type="text"/>		

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base: 

100	Rubber
-----	--------

Wall Protection: Corner Guards:  Sheet:  Remarks: 

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Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H): 

--

 Material: 

--

 Finish: 

--

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing: 

--

Hardware Type:: 

--

Door Remarks: 

Located in room 4-11
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Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks: 

--

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall: 

--

 Counter/ Work Surface Height (mm): 

--

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks: 

--

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling: 

40
----

 RT 60: 

N/A
-----

 Remarks: 

Refer to Appendix 1D - Acoustics and Noise Control
--

NC Rating: 

N/A
-----

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: 

--

 Mirrors:  Standard  Vandal-Proof

Tackboard Dim: 


--

 Whiteboard Dim: 

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Remarks: 

1 bay resource
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Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-13-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-13-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="text" value="1"/>
Quantity (1 voice, 1 data):	
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-14-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-14-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-14-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-14-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-14-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 1 duplex, Workstations: 1 quad, Special Equipment (additional outlets): video equipment**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-14-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CONCENTRATION/VIDEO ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4C-OUTREACH</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status  
 Video Intercom Station       Telemetry  
 Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired  
 Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT LOUNGE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT LOUNGE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>singe sink</u> Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience:4 duplex, Countertop: duplexes along counter, Special Equipment (additional outlets): fridge, microwave, coffee station**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **Undercabinet lighting**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT LOUNGE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4D-NON-RESIDENTIAL CARE PLANNING</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>26. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="5"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-18-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface   
(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-18-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-18-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-18-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface   
(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-18-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>		SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>04.0-18-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>VIDEOCONFERENCE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ SATELLITE BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Washable	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ SATELLITE BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS</b>	SUB DEPARTMENT: <b>4E-SHARED AREAS</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>04.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>KITCHENETTE/ SATELLITE BREAK AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Dishwasher CPCI

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PHOTOCOPIER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PHOTOCOPIER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust, AC for two Photocopiers**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PHOTOCOPIER ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MAIL ROOM AND STATIONERY STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAIL ROOM AND STATIONERY STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MAIL ROOM AND STATIONERY STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <u>24 X 24</u>	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <input type="text" value="24 X 24 floor mounted janitors sink"/>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5A-GENERAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STAFF ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>STAFF ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>RETREAT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RETREAT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>RETREAT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/ CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>19.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	HIHF wall panelling to shower room walls
Floor:			Resilient	Anti-slip in shower room

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight  
 Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/ CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>19.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <div style="border: 1px solid black; padding: 5px;">         1- shower head, 1-shower control valve, 1-36"x36" angle shower stall and 1 shower floor drain. 3-WC, 1- BF-WC, 2 -       </div>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/ CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>19.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM/ CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>21.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	HIHF wall panelling to shower room walls
Floor:			Resilient	Anti-slip in shower room

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/ CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>21.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; padding: 5px;">         1- shower head, 1-shower control valve, 1-36"x36" angle shower stall and 1 shower floor drain. 1-WC, 1- BF-WC, 2-       </div>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WASHROOM/ CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>21.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>BIKE STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL:**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:				
Floor:				
Base:				

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  40 RT 60:  NA  
 NC Rating:  NA  
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>	SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>05.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BIKE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL:**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>05.0 MAPLES GENERAL PROGRAM SUPPORT &amp; STAFF FACILITY</b>		SUB DEPARTMENT: <b>5B-STAFF FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>05.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>BIKE STORAGE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL:**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE VISITOR/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE VISITOR/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light    Dimmable Lighting    "In Use" Light    Switch & Light Controls    Vanity Light    Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE VISITOR/ WAITING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="1"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PROGRAM ADMISSIONS MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PROGRAM ADMISSIONS MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 2 duplex, Floorboxes: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PROGRAM ADMISSIONS MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 4 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Automatic Opener  Locking  Access Control

Door Remarks:

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure  High Security

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 4 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TESTING/ ASSESSMENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection
- Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	Water resistant
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM EVALUATION OFFICER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM EVALUATION OFFICER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM EVALUATION OFFICER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, FILES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, FILES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 1 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, FILES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>6. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-07-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, SOCIAL WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, INTAKE COORD. (SW SUPERVISOR)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, INTAKE COORD. (SW SUPERVISOR)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, INTAKE COORD. (SW SUPERVISOR)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Security Camera Monitor
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-09-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE AND TESTING ROOM, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHOLOGY ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHOLOGY ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, PSYCHOLOGY ASSISTANT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="5"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):


Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-12-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHIATRIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-13-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HOTELING SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PHYSICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PHYSICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PHYSICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, ASSESS. TOOLS, FORMS, ETC.</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, ASSESS. TOOLS, FORMS, ETC.</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>06.0 MAPLES CLINICAL SUPPORT</b>	SUB DEPARTMENT: <b>6-MAPLES CLINICAL SUPPORT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>06.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, ASSESS. TOOLS, FORMS, ETC.</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WAITING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Emergency**  Clock


Receptacle Count: **Convenience: 1 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECEPTION COUNTER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, SECRETARY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, SECRETARY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 2 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WORKSTATION, SECRETARY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HEAD TEACHER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HEAD TEACHER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, HEAD TEACHER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SCHOOL WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SCHOOL WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SCHOOL WORKROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, SECURE RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, SECURE RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE, SECURE RECORDS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF ROOM/MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF ROOM/MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <input type="text" value="Dishwasher"/>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STAFF ROOM/MEETING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 toilet paper holder, 1 sanitary napkin disposal, 1 waste receptacle.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7A-PROGRAM ADMINISTRATION</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, UNISEX STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LOUNGE AREA/ ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LOUNGE AREA/ ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 4 duplex, Special Equipment (additional outlets): fridge**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LOUNGE AREA/ ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 1 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7B-ASSESSMENT PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-10-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ASSESSMENTS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTIPURPOSE/ EXPERIENTL LEARN ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTIPURPOSE/ EXPERIENTL LEARN ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: Size:	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other: **Domestic Range Hood**

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 12 duplex, Workstations: 4 quadplex, Countertop: Split duplexes along counter, Special Equipment (additional outlets): stove, fridge, chest freezer, dishwasher**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **Undercabinet lighting. All lighting on emergency power.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MULTIPURPOSE/ EXPERIENTL LEARN ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:  Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ENGLISH/ SOCIAL STUDIES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ENGLISH/ SOCIAL STUDIES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 12 duplex, Workstations: 8 quadplex**

Power Remarks: **Dedicated circuit for each outlet.**

Patient Care Area Designation (as per CSA Z32): \_\_\_\_\_

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ENGLISH/ SOCIAL STUDIES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>35. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ENGLISH/ SOCIAL STUDIES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ENGLISH/ SOCIAL STUDIES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ENGLISH/ SOCIAL STUDIES</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:  Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-16</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MATH/ SCIENCE ROOM</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	Two colors of flooring. Color change where seating is located.
Base:	100	Flash Cove		

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MATH/ SCIENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Fume Hood Exhaust**

Can Air be Returned to System Rate (A/C): **10 Air changes, wet Lab 100% Non-recirculated Supply** Special Exhaust Air Required: **1**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <b>1 - 3 comp deep sink</b> Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <b>3 natural gas connections.</b>  <b>3-Acid Neutralizers at deep sinks and fume hood.</b>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: **Fume Hood**

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 12 duplex, Workstations: 8 quadplex, Special Equipment (additional outlets): fumehood**

Power Remarks: **GFI**

Patient Care Area Designation (as per CSA Z32): \_\_\_\_\_

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MATH/ SCIENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>45. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CHEMICAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CHEMICAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CHEMICAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MATH/ SCIENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MATH/ SCIENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MATH/ SCIENCE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Acoustical Treatments Required**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORDING BOOTH, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORDING BOOTH, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Acoustical Treatments Required**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECORDING BOOTH, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, MUSIC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WOOD SHOP/ METAL SHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>80. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Epoxy	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Areas for collection of wood and metal shavings. Service rooms for collection unit. Shall include utilitarian finishes, high head space, shall accommodate up to 6 power tool stations, hand tool benches, assembly and drying areas, sink, storage; shall include dust extraction system and elephant trunk ventilation; 220v power, station for instructor

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WOOD SHOP/ METAL SHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>80. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust - 2 Dust Collectors, 1-metal, 1-wood**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <input type="text" value="Semi Circ Hand wash Basin"/>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <p>Provide 1 compressed air drop per 25 ft. C/W shut off valve, press. Reg. &amp; Quick connect.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WOOD SHOP/ METAL SHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>80. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LG MAT., EQUIP, TEACH &amp; SUPPLY STOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LG MAT., EQUIP, TEACH &amp; SUPPLY STOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 4 duplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LG MAT., EQUIP, TEACH &amp; SUPPLY STOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>18. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 X 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>07.0 MAPLES EDUCATION PROGRAM</b>	SUB DEPARTMENT: <b>7C-CLASSROOM PROGRAM</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>07.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAMS COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAMS COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAMS COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ABORIGINAL PROGRAMS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ABORIGINAL PROGRAMS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ABORIGINAL PROGRAMS ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:     Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ABORIGINAL SUPPORT WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ABORIGINAL SUPPORT WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8A-GENERAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ABORIGINAL SUPPORT WORKER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: ASHRAE 62.1-01 Remarks: Exhaust

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: 1

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <u>Solids interceptor</u> Size: <u>48 x 18</u>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <u>48 x 18</u>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: Via DDC

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: Normal  Clock


Receptacle Count: Convenience: 12 duplex, Workstation: 1 quadplex, Special Equipment (additional outlets): kiln, pottery wheel

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:

Door Monitoring


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GLAZING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GLAZING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Additional cooling demand**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GLAZING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Convenience: 1 duplex, Workstations: 1 quadplex**

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, ART ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom accessories: 1 soap dispenser, 1 toilet paper holder, 1 sanitary napkin disposal, 1 waste receptacle. All washroom accessories are to be anti-ligature and vandalproof

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8B-ART FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNISEX WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface   
(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>60. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PING PONG ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PING PONG ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PING PONG ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BREAKAWAY LOUNGE KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FREE STORE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FREE STORE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FREE STORE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GENERAL EQUIPMENT AND SUPPLY STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GENERAL EQUIPMENT AND SUPPLY STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GENERAL EQUIPMENT AND SUPPLY STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 toilet paper holder, 1 sanitary napkin disposal, 1 paper towel dispenser, 1 waste receptacle. All washroom accessories are to be anti-ligature and vandal proof

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 toilet paper holder, 1 sanitary napkin disposal, 1 paper towel dispenser, 1 waste receptacle. All washroom accessories are to be anti-ligature and vandal proof

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input style="width: 200px;" type="text"/>	Operational Remarks: <input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, REC. PROGRAMS STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, REC. PROGRAMS STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, REC. PROGRAMS STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink mounting faucet tap</p> <p><input type="checkbox"/> Handwash <input type="checkbox"/> Counter <input type="checkbox"/> Gooseneck <input type="checkbox"/> Lever/Blades</p> <p><input type="checkbox"/> Lavatory <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Standard</p> <p><input checked="" type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Laboratory <input type="checkbox"/> Foot Pedal</p> <p><input type="checkbox"/> Double <input type="checkbox"/> Electronic Controls</p> <p><input type="checkbox"/> Deep Equipment</p> <p><input type="checkbox"/> Other: _____</p> <p>Size: <b>24 x 24</b></p>	<p><input type="checkbox"/> Urinal <input type="checkbox"/> Eyewash</p> <p><input type="checkbox"/> Hopper <input type="checkbox"/> Water Fountain</p> <p><input type="checkbox"/> WC <input type="checkbox"/> Emergency Shower</p> <p><input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Corrosion Resistant Fittings</p> <p><input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Other: _____</p>	<p>Plumbing Remarks</p> <p><b>24 X 24 floor mounted janitors sink</b></p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8C-CLIENT LOUNGE SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GYMNASIUM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>626. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	9100	Exposed Structure	Pre-Finished	Refer to acoustic report
Wall:		Other:	Other:	Architectural concrete
Floor:			Sport	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GYMNASIUM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>626. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:


**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**  
Types of Power:   Clock  
Receptacle Count:   
Power Remarks:   
Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light  
Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>GYMNASIUM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>626. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall:  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FITNESS CENTRE/ WEIGHT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>52. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3500	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sport	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FITNESS CENTRE/ WEIGHT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>52. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Additional cooling demand and Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FITNESS CENTRE/ WEIGHT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>52. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="2"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-21</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface  Height (mm):

(mm) or % of perimeter wall:

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide 20 half size lockers, 2 sinks, 2 urinals, 2 toilets. Washroom Accessories: grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 toilet paper holder in each toilet compartment, 1 paper towel dispenser, 1 waste receptacle. All washroom accessories are to be anti-ligature and vandal proof

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="1-WC, 1- BF-WC, 2- Ur. And 2 - Lav."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, MALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide 20 half size lockers, 2 sinks, 4 toilets. Washroom Accessories: grab bars in accessible toilet compartment and on each side of urinals. 1 soap dispenser at each sink, 1 toilet paper holder and 1 sanitary napkin disposal in each toilet compartment, 1 paper towel dispenser, 1 waste receptacle. All washroom accessories are to be anti-ligature and vandal proof

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="3-WC, 1- BF-WC, 2 - Lav."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILET AND CHANGE ROOM, FEMALE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FIRST AID ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10.3 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 X 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>08.0 SHARED PROGRAMS</b>	SUB DEPARTMENT: <b>8D-FITNESS FACILITIES</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>08.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE INTERVIEW ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection
- Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Additional cooling demand

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input checked="" type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  
 Dimmable Lighting  "In Use" Light  
 Switch & Light Controls  Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Hands Free
- Room Status
- Video Intercom Station
- Telemetry
- Intercom Master Station
- Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Staff Assist                       Duress - Wired
- Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted faucet</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text" value="provide hot water for dishwasher."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  (mm) or % of perimeter wall:  
 Counter/ Work Surface  Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>53.9 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>53.9 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>53.9 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="2"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection
- Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>Provide commercial standard hot &amp; cold water connections and drainage for the washing machine.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <u>24 X 24</u>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   
 Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:


**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
Room Data Sheet Comment:	<input type="text"/>		

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection
- Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:


Door Monitoring

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-22-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Add 2 drains for shower near WC"/>
--	--	---	---	---	---	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to code"/>
--	--	---	---	---	--	---

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to code"/>
--	--	---	--	---	--	---

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-23-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	HIHF panel	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Bath Tub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Bath/ Shower"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:


Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>09.0 RESPONSE PROGRAM</b>	SUB DEPARTMENT: <b>9B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>09.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DALA-NON-RES. PROG. SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Paint	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DALA-NON-RES. PROG. SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DALA-NON-RES. PROG. SHARED OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="3"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Additional cooling demand

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted faucet</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>provide hot water for dishwasher.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px;" type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:   
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Staff Assist     Duress - Wired  
 Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:


**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**  
Types of Power:   Clock  
Receptacle Count:   
Power Remarks:   
Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light  
Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:   
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Staff Assist     Duress - Wired  
 Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>Provide commercial standard hot &amp; cold water connections and drainage for the washing machine.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)      Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special      Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:        Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <u>24 X 24</u>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:


Door Monitoring

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks: <input style="width: 200px; height: 25px;" type="text"/>	Operational Remarks: <input style="width: 300px; height: 25px;" type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input style="width: 200px; height: 30px;" type="text"/>	Operational Remarks: <input style="width: 200px; height: 30px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-23-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	HIHF panel	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-25-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:  Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:  Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Bathtub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:  Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:  Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Bath Tub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>10.0 MAPLES DALA PROGRAM</b>	SUB DEPARTMENT: <b>10B-LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>10.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Additional cooling demand

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE LIVING UNIT VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Counter Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>14. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Staff Assist       Duress - Wired
- Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PSYCHIATRIST OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PSYCHIATRIST OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PSYCHIATRIST OFFICE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Automatic Opener  Access Control  Locking

Door Remarks:

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  (mm) or % of perimeter wall:

Counter/ Work Surface  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<table border="0"> <tr> <td>sink</td> <td>mounting</td> <td>faucet</td> <td>tap</td> </tr> <tr> <td><input checked="" type="checkbox"/> Handwash</td> <td><input checked="" type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lavatory</td> <td><input checked="" type="checkbox"/> Wall</td> <td><input checked="" type="checkbox"/> Standard</td> <td><input checked="" type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Foot Pedal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Double</td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Deep Equipment</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted fauce</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Size: <input type="text"/></td> <td></td> <td></td> <td></td> </tr> </table>	sink	mounting	faucet	tap	<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input checked="" type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input checked="" type="checkbox"/> Standard	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Foot Pedal	<input checked="" type="checkbox"/> Double			<input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Deep Equipment				<input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted fauce</u>				Size: <input type="text"/>				<input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Hopper <input type="checkbox"/> Water Fountain <input type="checkbox"/> WC <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Other: <input type="text"/>	<b>Plumbing Remarks</b> <input type="text" value="provide hot water for dishwasher."/>
sink	mounting	faucet	tap																															
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																															
<input checked="" type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input checked="" type="checkbox"/> Standard	<input checked="" type="checkbox"/> Standard																															
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Foot Pedal																															
<input checked="" type="checkbox"/> Double			<input checked="" type="checkbox"/> Electronic Controls																															
<input type="checkbox"/> Deep Equipment																																		
<input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted fauce</u>																																		
Size: <input type="text"/>																																		

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**     Workstation Task Lighting     Night Light     Dimmable Lighting     "In Use" Light     Switch & Light Controls     Vanity Light     Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>OFFICE, PROGRAM COORDINATOR</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>9.2 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>REC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>REC ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:


**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**  
Types of Power:   Clock  
Receptacle Count:   
Power Remarks:   
Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light  
Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>REC ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>Provide commercial standard hot &amp; cold water connections and drainage for the washing machine.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):


**LIGHTING:**     Workstation Task Lighting     Night Light

Dimmable Lighting     "In Use" Light

Switch & Light Controls     Vanity Light

Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall:  Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>10. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <u>24 X 24</u>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p><b>Plumbing Remarks</b></p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   
 Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   
 Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless

Security Remarks:


Door Control and Monitoring

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   
 Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-21-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-21-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-22-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-22-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-22-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	HIHF panel	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER, BARRIER FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-24-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-24-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-24-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-24-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-24-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-24-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:  Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:  Remarks:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="bathtub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input checked="" type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	Plumbing Remarks <input type="text" value="Bath Tub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		Concrete Block	Other:	Soft wall padding installed to minimum 2.44m height
Floor:				Cushioned flooring

Base: Other:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>		SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>11.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>SECURE ROOM</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>13.9 m<sup>2</sup></b>	

**RISK LEVEL: High**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input checked="" type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.5 m<sup>2</sup></b>	

**RISK LEVEL: High**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.5 m<sup>2</sup></b>	

**RISK LEVEL: High**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>11.0 MAPLES CROSSROADS PROGRAM</b>	SUB DEPARTMENT: <b>11B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>11.0-29</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>ANTE-ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.5 m<sup>2</sup></b>	

**RISK LEVEL: High**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-01-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED OFFICE, OUTREACH CLINICIAN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-02-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PRINTER AND FAX</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System   Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment    Room Relative Humidity with Local Adjustment    Infection Isolation Room Pressure Monitor    Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet    Dry    Standpipe    Other:

Rack Storage (2.4m high)   Types:

**EXHAUST:** Pressure:  Equal    Positive    Negative    Other:

Air Temp:  Standard    Special   Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting    Night Light  
 Dimmable Lighting    "In Use" Light  
 Switch & Light Controls    Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Clinical Camera
- Card Reader No.:
- Staff Assist
- Duress - Wired
- Security Camera Monitor
- Clinical Camera Monitor
- Intrusion Detection
- Patient Assist
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: <input type="text"/> Size: <input type="text"/>	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-03-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FILES/ RESOURCE COLLECTION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:


NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-04-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONCENTRATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>7.4 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SECURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DROP IN OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DROP IN OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DROP IN OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.1 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Additional cooling demand

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12A-OFF LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD CART ALCOVE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>2.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT ENTRY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT ENTRY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING UNIT ENTRY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: CONFIDENTIAL COORD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>22. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="4"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CARE TEAM STATION: DIRECT OVERSIGHT</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MEDICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:
- Security Camera Monitor                       Clinical Camera Monitor                       Staff Assist                       Duress - Wired
- Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM, STAFF</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CONSULTATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>12. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>INTERVIEW/ PSYCHOLOGICAL TESTING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
---	---	--	--	---	--	--

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: INTERVIEW/ PSYCHOLOGICAL TESTING ROOM	
		Client: <b>MTICS</b>	m <sup>2</sup> : 15. m <sup>2</sup>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Carpet	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, PSYCHOLOGIST</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>15. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base: 100 Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks: 1200 mm high

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H): 1525 x 2135 Material: Solid Core Finish: Plam

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks: Provide second door to dining room. Door size : 914 mm

Automatic Opener  Locking

Access Control

Door Glazing: Upper glazing

Hardware Type:: OF-02/ DA-01

Windows: Operable Windows:  Standard  Secure Remarks: Maximize interior glazing for observation

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall: 7200 Counter/ Work Surface Height (mm): 915

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling: 45 RT 60: N/A Remarks: Refer to Appendix 1D - Acoustics and Noise Control

NC Rating: 35-40

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: 2 Mirrors:  Standard  Vandal-Proof

Tackboard Dim: Whiteboard Dim: 915mm wide X 915mm high

Remarks: Provide hatch with lockable double doors to serve food. Shall include fridge, stove, dishwasher, sink, cupboards, pull down panel over counter, lockable door, ; access to Food Cart alcove shall be provided. 1 soap dispenser at each sink, 1 paper towel dispenser at each sink, waste receptacle

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>Hand Sink, splash mounted faucet</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>provide hot water for dishwasher.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>UNIT KITCHEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**


- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input style="width: 200px; height: 25px;" type="text" value="Dishwasher CPCI"/>	Operational Remarks:	<input style="width: 300px; height: 25px;" type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks: Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>DINING AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT PHONE STATION</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>1. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="1"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TEAM LEAD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	
Base:	100	Flash Cove		

Wall Protection: Corner Guards:  Sheet:  Remarks: 1200 mm high Fibre Reinforced Laminate Panel (FRL)

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H): **914 x 2135** Material: **Solid Core** Finish: **Plam**

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing: **Upper glazing**

Hardware Type: **OF-02**

Windows: Operable Windows:  Standard  Secure Remarks: Maximize interior glazing for observation

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall: **40%** Counter/ Work Surface Height (mm): **710**

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling: **50** RT 60: **0.7** Remarks: Refer to Appendix 1D - Acoustics and Noise Control


NC Rating: **30-35**

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks: **2** Mirrors:  Standard  Vandal-Proof

Tackboard Dim: **615mm x 915mm**  Whiteboard Dim: **615mm wide x 915mm high**

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TEAM LEAD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE, TEAM LEAD</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LIVING ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	Plumbing Remarks <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:


**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**  
Types of Power:   Clock  
Receptacle Count:   
Power Remarks:   
Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light  
Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>RECREATION ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>55. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TV/ E-GAMES ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>24. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="1"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLASSROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLASSROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLASSROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>25. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length  Counter/ Work Surface   
 (mm) or % of perimeter wall: Height (mm):  
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

ACOUSTICS: STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

GENERAL ROOM REMARKS: Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <u>single comp. sink</u> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <p>Provide commercial standard hot &amp; cold water connections and drainage for the washing machine.</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>LAUNDRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>8. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FURNITURE AND EQUIPMENT STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>16. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <b>24 X 24</b>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls <b>24 X 24 floor mounted janitors sink</b>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>HOUSEKEEPING CLOSET</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type::


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-27</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB	Paint	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-28</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLEAN UTILITY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock

Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**


Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:   
 Whiteboard Dim:   
 Mirrors:  Standard  Vandal-Proof  
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal & Emergency**  Clock


Receptacle Count: **Quadplex at desk, duplex beside bed, duplex at door**

Power Remarks: **Each room to utilize separate circuit w/ AFCI protection. Each room's outlets shall be separated switched from switchbank located in Staff Station**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **All lighting on emergency power. Nurse inspection light controlled with separate momentary switch located outside room by entry door. Light switches beside bed and beside entry door.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-29-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CLIENT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="text" value="0"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input checked="" type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="Shower to meet code"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-30-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/ SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/SHOWER, BARRIER- FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	HIHF panel	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/SHOWER, BARRIER- FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-31</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WC/SHOWER, BARRIER- FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:  Exhaust

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Water resistant
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks: **Exhaust**

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____ <input type="text" value="Shower to meet code"/>	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-32-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TOILETS, BARRIER-FREE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>5.6 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-33</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-33</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:   
 Can Air be Returned to System Rate (A/C):   
Special Exhaust Air Required:

**PLUMBING FIXTURES:**

sink <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	Plumbing Remarks <input type="text" value="bathtub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled  
Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:   
 Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:   
Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-33</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BATH/SHOWER</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact & Moisture Resistant Secure	HIHF panel	
Floor:			Slip Resistant	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:  Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:  Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text" value="bathtub"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-34</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>BARRIER-FREE TUB/ SHOWER ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>4.5 m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Staff Assist       Duress - Wired
- Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 1 duplex**

Power Remarks: **Override switch at nurse base to shutoff all power to all receptacles**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **Local switch and override switch at nurse base to shut off all lighting in room**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	Feature wall
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type: **CSA Z317.2-10, ASHRAE 62.1-01** Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required: **0**

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks: **Via DDC**

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other: \_\_\_\_\_

Rack Storage (2.4m high) Types: \_\_\_\_\_

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other: \_\_\_\_\_

Air Temp:  Standard  Special Other: \_\_\_\_\_

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power: **Normal**  Clock


Receptacle Count: **Convenience: 1 duplex**

Power Remarks: **Override switch at nurse base to shutoff all power to all receptacles**

Patient Care Area Designation (as per CSA Z32): **Basic**

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks: **Local switch and override switch at nurse base to shut off all lighting in room**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>12.0 COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>12B-SECURE PROGRAM AND LIVING UNIT</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>12.0-35-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMFORT ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>13. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL MAINTENANCE WORKSHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Exposed Structure		
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Epoxy	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length  Counter/ Work Surface

(mm) or % of perimeter wall: Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL MAINTENANCE WORKSHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL MAINTENANCE WORKSHOP</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="2"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: Provide washroom Accessories: 1 soap dispenser, 1 toilet paper holder, 1 sanitary napkin disposal, 1 waste receptacle.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WASHROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>3.7 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL JANITORIAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:


Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL JANITORIAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: <u>24 X 24</u>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls <input type="text" value="24 X 24"/>	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>CENTRAL JANITORIAL STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MISCELLANEOUS/ FURNITURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MISCELLANEOUS/ FURNITURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MISCELLANEOUS/ FURNITURE STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHIPNG &amp; REC. DROP-OFF &amp; MARSHAL AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Exposed Structure		
Wall:		GWB - Impact Resistant	Paint	
Floor:			Epoxy	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Tackboard Dim:  Mirrors:  Standard  Vandal-Proof

Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHIPNG &amp; REC. DROP-OFF &amp; MARSHAL AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHIPNG &amp; REC. DROP-OFF &amp; MARSHAL AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>30. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:
- Security Camera Monitor       Clinical Camera Monitor       Staff Assist       Duress - Wired
- Intrusion Detection       Patient Assist       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED LINEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED LINEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input checked="" type="checkbox"/> Other: <input type="text" value="single comp. sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SOILED LINEN STORAGE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station                       Hands Free                       Room Status
- Video Intercom Station                       Telemetry
- Intercom Master Station                       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera                       Clinical Camera                       Card Reader No.:                        Staff Assist                       Duress - Wired
- Security Camera Monitor                       Clinical Camera Monitor                       Intrusion Detection                       Patient Assist                       Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD REHEAT AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint	
Wall:		Concrete Block	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD REHEAT AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  CSA Z317.2-10, ASHRAE 62.1-01      Remarks:

Can Air be Returned to System      Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text" value="Wash Down Area - Hot &amp; cold Hose Bib with catch basin and food basket to collect any miscellaneous food waste."/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count: Convenience: 12 duplex, Countertop: split duplexes along counters, Special Equipment (additional outlets): tbc


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FOOD REHEAT AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>50. m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="0"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station       Hands Free       Room Status
- Video Intercom Station       Telemetry
- Intercom Master Station       Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera       Clinical Camera       Card Reader No.:        Staff Assist       Duress - Wired
- Security Camera Monitor       Clinical Camera Monitor       Intrusion Detection       Patient Assist       Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type::

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):

Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>13.0 GENERAL BUILDING SERVICES</b>	SUB DEPARTMENT: <b>13A-CENTRAL MAINTENANCE AND STORES FACILITY</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>13.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>OFFICE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>11.2 m<sup>2</sup></b>	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="text" value="1"/>
Tel Outlet:	<input type="text" value="0"/>
Coax/ Data TV Outlet:	<input type="text" value="0"/>

- Intercom Station
- Video Intercom Station
- Intercom Master Station
- Hands Free
- Telemetry
- Teleconferencing
- Room Status

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera
- Security Camera Monitor
- Clinical Camera
- Clinical Camera Monitor
- Card Reader No.:
- Intrusion Detection
- Staff Assist
- Patient Assist
- Duress - Wired
- Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ENTRANCE VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3500	GWB - Moisture Resistant	Paint	Feature ceiling ( wood ceiling, metal etc)
Wall:		GWB - Impact Resistant	Paint	Feature wall (wood wall panels etc.)
Floor:			Other:	Porcelain Tile. Recessed entrance mat

Base:  Other:

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ENTRANCE VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience duplex every 9m

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-01</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ENTRANCE VESTIBULE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PUBLIC CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PUBLIC CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock

Receptacle Count:  Convenience duplex every 9m


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-02</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PUBLIC CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-03</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PATIENT ACCESSIBLE CORRIDOR</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Other:  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PATIENT ACCESSIBLE CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock


Receptacle Count:

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-03</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PATIENT ACCESSIBLE CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-04</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL STAFF CORRIDOR</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	2750	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL STAFF CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience duplex every 9m

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-04</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL STAFF CORRIDOR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-05</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR LOBBY</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	GWB bulkhead / feature ceiling
Wall:		GWB - Impact Resistant	Paint	Feature wall (wood wall panels etc.)
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:


Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience duplex every 9m

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-05</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL SERVICE FLOOR ELEVATOR LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL SERVICE FLOOR ELEVATOR LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience duplex every 9m

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-06</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL SERVICE FLOOR ELEVATOR LOBBY</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet  
Quantity (1 voice, 1 data):

Tel Outlet:

Coax/ Data TV Outlet:

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-07</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL VESTIBULE-SERVICE AREA</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Moisture Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  Locking

Automatic Opener

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:

NC Rating:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL VESTIBULE-SERVICE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience duplex every 9m

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-07</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL VESTIBULE-SERVICE AREA</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="checkbox"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Quantity (1 voice, 1 data):	<input type="checkbox"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Tel Outlet:	<input type="checkbox"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	
Coax/ Data TV Outlet:	<input type="checkbox"/>			

IMIT Remarks:

**SECURITY SYSTEMS:**

<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:


**OTHER**

Equipment Remarks:

Operational Remarks:

Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-08</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL FEATURE STAIR</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	GWB - Impact & Moisture Resistant Secure	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Other:	Rubber stair treads and risers, Tactile warning strips

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL FEATURE STAIR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock

Receptacle Count:  Convenience duplex every 9m


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-08</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL FEATURE STAIR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL EXIT STAIR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	Or architectural concrete
Floor:			Sealed Concrete	Nosing strips, tactil warning strips

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Remarks:

Door Glazing:

Hardware Type:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other


Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL EXIT STAIR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience every second landing

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-09</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL EXIT STAIR</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet  
Quantity (1 voice, 1 data):

Tel Outlet:

Coax/ Data TV Outlet:

- Intercom Station     Hands Free     Room Status  
 Video Intercom Station     Telemetry  
 Intercom Master Station     Teleconferencing

IMIT Remarks:

**SECURITY SYSTEMS:**

- Security Camera     Clinical Camera     Card Reader No.:      Staff Assist     Duress - Wired  
 Security Camera Monitor     Clinical Camera Monitor     Intrusion Detection     Patient Assist     Duress - Wireless


Security Remarks:

**OTHER**

Equipment  
Remarks:

Operational  
Remarks:

Room Data  
Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN MECHANICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	
Wall:		Concrete Block	Paint	
Floor:			Epoxy	Finish to match floor finish

Base:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN MECHANICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:

Power Remarks:


Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-10</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN MECHANICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="checkbox"/>	Intercom Station	<input type="checkbox"/>	Hands Free	<input type="checkbox"/>	Room Status	<input type="checkbox"/>
Quantity (1 voice, 1 data):		Video Intercom Station	<input type="checkbox"/>	Telemetry	<input type="checkbox"/>		
Tel Outlet:		Intercom Master Station	<input type="checkbox"/>	Teleconferencing	<input type="checkbox"/>		
Coax/ Data TV Outlet:							

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-11</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ELECTRICAL ROOM</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	
Wall:		Concrete Block	Paint	
Floor:			Epoxy	Finish to match floor finish

Base:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ELECTRICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>TYPICAL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-11</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL MAIN ELECTRICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WATER ENTRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	
Wall:		Concrete Block	Paint	
Floor:			Sealed Concrete	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WATER ENTRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:      Clock

Receptacle Count:


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**

Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-12</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>WATER ENTRY ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELECTRICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	

Base:  Rubber

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELECTRICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:  fire rated walls, no sprinklers

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Emergency     Clock


Receptacle Count:  Convenience on each wall

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:  All lighting on emergency power.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-13</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELECTRICAL ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL COMM. ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	

Base:  Rubber

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL COMM. ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Emergency & UPS     Clock


Receptacle Count:  Convenience on each wall

Power Remarks:  Switched receptacle to shutoff wifi network switches, control switch located in nurse/staff station

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:  All lighting on emergency power.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-14</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL COMM. ROOM</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input checked="" type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input checked="" type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL LOADING DOCK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:				
Floor:				
Base:				

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type: **BO-01**

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:

Remarks:  Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL LOADING DOCK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Convenience every second landing

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>TYPICAL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-15</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL LOADING DOCK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR VESTIBULE IN PARKING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	GWB	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:

Crash Rails:  Standard  Anti-Ligature

Hand Rails:  Standard  Anti-Ligature

Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware

Automatic Opener  Locking

Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure

External Glazing and Frame:  Standard  Secure  High Security

External Glazing Hardware:  Standard  Secure  High Security

Exterior Window Treatment:  Standard  Secure  High Security

Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable

Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR VESTIBULE IN PARKING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count:  Convenience every second landing

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-16</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL ELEVATOR VESTIBULE IN PARKING</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-17</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SLAB ON GRADE)</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	Paint all exposed piping .Refer to SOR
Wall:		Other:	Paint	Concrete
Floor:			Sealed Concrete	Painted parking lines and parking stall numbers. Refer to SOR

Base:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other   
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SLAB ON GRADE)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count:  Convenience every second landing

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-17</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SLAB ON GRADE)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SUSPENDED SLAB)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Exposed Structure	Paint	Paint all exposed piping .Refer to SOR
Wall:		Other:	Paint	Concrete
Floor:			Other:	Traffic Coating. Refer to SOR

Base:  Other:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:   
 Door Remarks:


Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SUSPENDED SLAB)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System Rate (A/C):  Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment  Room Relative Humidity with Local Adjustment  Infection Isolation Room Pressure Monitor  Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet  Dry  Standpipe  Other:

Rack Storage (2.4m high) Types:

**EXHAUST:** Pressure:  Equal  Positive  Negative  Other:

Air Temp:  Standard  Special Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:   Clock

Receptacle Count: Convenience: 9m spacing


Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting  Night Light  Dimmable Lighting  "In Use" Light  Switch & Light Controls  Vanity Light  Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PARKING LEVEL</b>	SUB DEPARTMENT: <b>PARKING LEVEL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-18</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>TYPICAL PARKING AREA (SUSPENDED SLAB)</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>MAPLES CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAPLES CROSSROADS FORENSIC GARDEN-SECURE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:		Other:		Provide secure fencing
Floor:				

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type: GT-01

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  40 RT 60:  N/A  
 NC Rating:  N/A

Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Secure fence, High. Provide secure site furnishings, hardscape and softscape. Provide 20% covered area.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>MAPLES CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAPLES CROSSROADS FORENSIC GARDEN-SECURE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <input type="text"/> Lockable Non Freeze Hose Bib	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count: Convenience: by entrances

Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>MAPLES CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-19</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>MAPLES CROSSROADS FORENSIC GARDEN-SECURE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPLEX CARE OUTDOOR SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Low**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:				
Floor:			Other:	
Base:				

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:   
 Hardware Type: GT-01

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel


Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  50 RT 60:  N/A  
 NC Rating:  N/A

Remarks: Refer to Appendix 1D - Acoustics and Noise Control

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks: Secure fence, Low. Provide site furnishings, hardscape and softscape.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPLEX CARE OUTDOOR SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Low**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <input type="text"/> Lockable Non Freeze Hose Bib	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count:  Convenience: by entrances

Power Remarks:  GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>COMPLEX CARE UNIT</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-20</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>COMPLEX CARE OUTDOOR SPACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Low**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED GARDEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:				
Floor:				

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature  
 Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type: **GT-01**  
 Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other  
 Remarks:


Casework / Millwork: Casework Security:  Regular  Secure  
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel  
 Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:   
 NC Rating:   
 Remarks:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:   
 Tackboard Dim:  Mirrors:  Standard  Vandal-Proof  
 Whiteboard Dim:

Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED GARDEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <input type="text"/> Lockable Non Freeze Hose Bib	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count:  Convenience: by entrances

Power Remarks:  GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-21</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>SHARED GARDEN</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESSMENT CENTRE (PAC)</b>	SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PAC TERRACE- Large</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>200. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Other:	Pre-Finished	
Wall:		Other:	Other:	Exterior cladding.Secure glazed wall
Floor:			Sealed Concrete	Saw cut pattern on the floor
Base:		Other:		

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H): **1830 x 2135** Material: **Aluminum** Finish: **Prefinished**

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing: **Fully glazed**

Hardware Type: **TR-10**

Door Remarks: **Provide access to terrace from Art Room 2.00-31, Exercise Room 2.0-35, Multi Purpose 2.0-49. Exit to meet BC Building Code requirements. Shall support multipurpose activities; shall be fenced and delineated, partly covered, with barrier-free access, partial cultivation**

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:


**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60: **N/A** Remarks: **Refer to Appendix 1D - Acoustics and Noise Control**

NC Rating: **N/A**

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof

Tackboard Dim:   Whiteboard Dim:

Remarks: **Secure site furnishings, Secure Plants in large scale secure planters. Provide 20% covered area.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESSMENT CENTRE (PAC)</b>	SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PAC TERRACE- Large</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>200. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
<p>gas service outlet, required for barbeque - provide lockable non freeze hose bib.</p>						

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count: Convenience: by entrances

Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESSMENT CENTRE (PAC)</b>	SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-22</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PAC TERRACE- Large</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>200. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESSMENT CENTRE (PAC)</b>	SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PAC TERRACE- Small</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Other:	Pre-Finished	
Wall:		Other:	Other:	Exterior cladding. Secure glazed wall
Floor:			Sealed Concrete	Saw cut pattern on the floor
Base:		Other:		

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H): **1830 x 2135** Material: **Aluminum** Finish: **Prefinished**

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing: **Fully glazed**

Hardware Type: **TR-10**

Door Remarks: **Provide access to outdoor area from Residential Neighbourhood. Exit to meet BC Building Code requirements. Shall support multipurpose activities; shall be fenced and delineated, partly covered, with barrier-free access, partial cultivation**

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:

RT 60: **N/A**

NC Rating: **N/A**

Remarks: **Refer to Appendix 1D - Acoustics and Noise Control**


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks: **Secure site furnishings, Secure Plants in large scale secure planters. Provide 20% covered area.**

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESSMENT CENTRE (PAC)</b>	SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>PAC TERRACE- Small</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other:	<p>Plumbing Remarks</p> <input type="text"/>
<p>gas service outlet, required for barbeque - provide lockable non freeze hose bib.</p>						

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count: Convenience: by entrances

Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>PROVINCIAL ASSESMENT CENTRE (PAC)</b>		SUB DEPARTMENT: <b>TYPICAL TERRACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>20.0-23</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>PAC TERRACE- Small</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> : <b>20. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless


Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FORENSIC CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FORENSIC CROSSROADS TERRACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>250. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:		Other:	Pre-Finished	
Wall:		Other:		Exterior cladding. Secure glazed wall
Floor:			Sealed Concrete	Saw cut pattern on floor
Base:		Other:		

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H): **1830 x 2135** Material: **Aluminum** Finish: **Prefinished**

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing: **Fully glazed**  
 Hardware Type: **TR-10**

Door Remarks: Provide access to outdoor space from Residential area. Exit to meet BC Building Code requirements. Shall support multipurpose activities; shall be fenced and delineated, partly covered, with barrier-free access, partial cultivation

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:   
 Counter/ Work Surface Height (mm):


Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60: **N/A** Remarks: Refer to Appendix 1D - Acoustics and Noise Control  
 NC Rating: **N/A**

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:

Remarks: Secure furniture, Secure Plants In large scale secure planters, provide 20% covered area, and provide hardscape.

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FORENSIC CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FORENSIC CROSSROADS TERRACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>250. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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gas service outlet, required for barbeque - provide lockable non freeze hose bib.

**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal     Clock


Receptacle Count: Convenience: by entrances

Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FORENSIC CROSSROADS</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-24</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FORENSIC CROSSROADS TERRACE</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> : <b>250. m<sup>2</sup></b>	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>ALL</b>
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-25</b>
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VESTIBULE BETWEEN PROGRAM UNITS</b>
		Client: <b>MTICS</b>	m <sup>2</sup> :

**RISK LEVEL: Medium**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:	3000	GWB - Impact Resistant	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Resilient	

Base:  Flash Cove

Wall Protection: Corner Guards:  Sheet:  Remarks:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Door(s): Clear Opening (W x H):  Material:  Finish:   
 Door Sidelight


Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware Door Remarks:   
 Automatic Opener  Locking  
 Access Control  
 Door Glazing:   
 Hardware Type:

Windows: Operable Windows:  Standard  Secure Remarks:   
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security  
 Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Casework / Millwork: Casework Security:  Regular  Secure Remarks:   
 Min Millwork /Counter Linear Length (mm) or % of perimeter wall:  Counter/ Work Surface Height (mm):   
 Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:  RT 60:  Remarks:   
 NC Rating:

**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:  Mirrors:  Standard  Vandal-Proof  
 Tackboard Dim:   Whiteboard Dim:   
 Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>ALL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VESTIBULE BETWEEN PROGRAM UNITS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Medium**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Normal  Clock


Receptacle Count:  Housekeeping receptacles

Power Remarks:

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
 Switch & Light Controls     Vanity Light  
 Charting Light

Lighting Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>ALL</b>	SUB DEPARTMENT: <b>ALL</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-25</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>VESTIBULE BETWEEN PROGRAM UNITS</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Medium**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet	<input type="checkbox"/>	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Quantity (1 voice, 1 data):	<input type="checkbox"/>	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Tel Outlet:	<input type="checkbox"/>	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	
Coax/ Data TV Outlet:	<input type="checkbox"/>			

IMIT Remarks:

**SECURITY SYSTEMS:**


<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks: <input type="text"/>	Operational Remarks: <input type="text"/>
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Room Data Sheet Comment:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FACILITIES MAINTENANCE EXTERIOR SPACE</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FACILITIES MAINTENANCE YARD AT LOADING DOCK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**ARCHITECTURAL REQUIREMENTS**

INTERIOR FINISHES:	height	material	finish	remarks
Ceiling:				
Wall:		Other:		Secure Fencing
Floor:			Other:	

Base:

Wall Protection: Corner Guards:  Sheet:   
 Crash Rails:  Standard  Anti-Ligature  
 Hand Rails:  Standard  Anti-Ligature  
 Chair Rail:  Standard  Anti-Ligature

Remarks:

Door(s): Clear Opening (W x H):  Material:  Finish:

Door Sidelight

Door Hardware:  Door Protection  Anti-Ligature & Tamperproof Hardware  
 Automatic Opener  Locking  
 Access Control

Door Glazing:

Hardware Type:

Door Remarks:

Windows: Operable Windows:  Standard  Secure  
 External Glazing and Frame:  Standard  Secure  High Security  
 External Glazing Hardware:  Standard  Secure  High Security  
 Exterior Window Treatment:  Standard  Secure  High Security  
 Internal Glazing and Frame:  Standard  Secure  High Security

Blackout  Blinds  Roller Shutter  1 Way Mirror  Other

Remarks:

Casework / Millwork: Casework Security:  Regular  Secure

Min Millwork /Counter Linear Length (mm) or % of perimeter wall:

Counter/ Work Surface Height (mm):

Upper Cupboards  Counter Top  Lockable  
 Lower Cupboards  Stainless Steel

Remarks:

**ACOUSTICS:** STC Rating Wall / Floor / Ceiling:

RT 60:

NC Rating:

Remarks:


**GENERAL ROOM REMARKS:** Coat Hooks:  Standard  Anti-Ligature No of Coat Hooks:

Mirrors:  Standard  Vandal-Proof

Tackboard Dim:

Whiteboard Dim:

Remarks:

Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FACILITIES MAINTENANCE EXTERIOR SPACE</b>	SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final	Program Number: <b>20.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>	RoomName: <b>FACILITIES MAINTENANCE YARD AT LOADING DOCK</b>	
		Client: <b>MTICS</b>	m <sup>2</sup> :	

**RISK LEVEL: Standard**

**MECHANICAL REQUIREMENTS**

**HVAC:** Type:  Remarks:

Can Air be Returned to System      Rate (A/C):       Special Exhaust Air Required:

**PLUMBING FIXTURES:**

<p><b>sink</b></p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Deep Equipment <input type="checkbox"/> Other: _____ Size: _____	<p><b>mounting</b></p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p><b>faucet</b></p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p><b>tap</b></p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Hopper <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain <input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____ <input type="checkbox"/> Lockable Non Freeze Hose Bib	<p>Plumbing Remarks</p> <input type="text"/>
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**ROOM CONTROLS:**  Room Temp Control with Local Adjustment     Room Relative Humidity with Local Adjustment     Infection Isolation Room Pressure Monitor     Patient Controlled

Room Control Remarks:

**FIRE PROTECTION:** Sprinkler Type:  Wet     Dry     Standpipe     Other:

Rack Storage (2.4m high)    Types:

**EXHAUST:** Pressure:  Equal     Positive     Negative     Other:

Air Temp:  Standard     Special    Other:

**ELECTRICAL REQUIREMENTS**

**GENERAL POWER:**

Types of Power:  Emergency     Clock

Receptacle Count: Convenience: by entrances


Power Remarks: GFI

Patient Care Area Designation (as per CSA Z32):

**LIGHTING:**  Workstation Task Lighting     Night Light  
 Dimmable Lighting     "In Use" Light  
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 Charting Light

Lighting Remarks:



Project Name: <b>VALLEYVIEW PROJECT</b>		Department: <b>FACILITIES MAINTENANCE EXTERIOR SPACE</b>		SUB DEPARTMENT: <b>OUTDOOR SPACE</b>	
Project Number: <b>35720</b>		Draft: <input type="checkbox"/> prepop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Final		Program Number: <b>20.0-26</b>	
	Sign Off:	Date Issued: <b>2017-01-25</b>		RoomName: <b>FACILITIES MAINTENANCE YARD AT LOADING DOCK</b>	
		Client: <b>MTICS</b>		m <sup>2</sup> :	

**RISK LEVEL: Standard**

**TECHNOLOGY REQUIREMENTS**

**IMIT SYSTEMS:**

Communications Outlet Quantity (1 voice, 1 data):	<input type="checkbox"/> Intercom Station	<input type="checkbox"/> Hands Free	<input type="checkbox"/> Room Status
Tel Outlet:	<input type="checkbox"/> Video Intercom Station	<input type="checkbox"/> Telemetry	
Coax/ Data TV Outlet:	<input type="checkbox"/> Intercom Master Station	<input type="checkbox"/> Teleconferencing	

IMIT Remarks:

**SECURITY SYSTEMS:**

<input checked="" type="checkbox"/> Security Camera	<input type="checkbox"/> Clinical Camera	<input type="checkbox"/> Card Reader No.: <input type="text"/>	<input type="checkbox"/> Staff Assist	<input type="checkbox"/> Duress - Wired
<input type="checkbox"/> Security Camera Monitor	<input type="checkbox"/> Clinical Camera Monitor	<input type="checkbox"/> Intrusion Detection	<input type="checkbox"/> Patient Assist	<input checked="" type="checkbox"/> Duress - Wireless

Security Remarks:

**OTHER**

Equipment Remarks:	<input type="text"/>	Operational Remarks:	<input type="text"/>
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Room Data Sheet Comment: