Project Name: VAI	LLEYVIEW PROJ	Departme JECT		ICE AND MEETING FACILITY			BUILDING LOBBY
Project Number:	35	Draft:	orepop 1	2 Final	Program Number:		01.0-01
	Sign Off:	Date Issu	ed:	2017-01-25			MAIN LOBBY
	<u>.</u>	Client:		MTICS	S m ² :	2	
RISK LEVEL:		Lo	W				
			<u> </u>				
	RAL REQUIREMEN						
INTERIOR FINISH	height 2750	GWB	naterial	finish Paint	Facture sailing	remarks	
Ceiling:	2/30	GWB		Pallit	Feature ceiling		
Wall:		GWB - Impac	ct Resistant	Paint			
Floor:				Resilient	Feature flooring		
110011				Resilient	reature mooning		
Base:	100	Flash Cove					
Wall Protection:	Corner Guards:	Sheet:	✓	Remarks:			
	Crash Rails:	Standard	Anti-Ligature				
	Hand Rails: Chair Rail:	Standard Standard	Anti-Ligature Anti-Ligature				
Door(s):	Clear Opening (W x H):	1830 x 21		: Aluminum	Finish:	Prefinished	
Door(s):	✓ Door Sidelight	1030 X 21	33	Adminum		Tremisieu	
Dani Handurani	Door Protection		ati Ligatura 9.				
Door Hardware:	Automatic Oper	ner Ta	nti-Ligature & Imperproof Hardwar	Door Remarks: Provide	e second door. Doo	r size : 1830 mm	
	✓ Access Control		cking				
	Door Glazing: Fully	y glazed					
	Hardware Type:: EX-(01/EX-02					
Windows:	Operable Windows External Glazing and	. –	andard Se	_	Remarks:		
	External Glazing Ha		andard 🗹 Se andard 🗸 Se	= -			
	Exterior Window Tr	eatment: St	andard Se	cure High Sec	urity		
	Internal Glazing and Blackout	d Frame: St	andard 🗹 Se Roller Shutter	cure High Seco	urityOther		
Canada / Naillean					Remarks:		
Casework / Millwork	/Counter Linear Length	Reg	ular Secu	/ Work Surface	Remarks.		
	or % of perimeter wall:			Height (mm):			
	Upper Cupboar Lower Cupboar	_	Counter Top Stainless Steel	Lockable			
ACOUSTICS:	STC Rating Wall / 45	5	RT 6	0: 1	Remarks: Refe	er to Appendix 1D -	Acoustics and
	Floor / Ceiling: NC Rating: 35	5-40			Noi	se Control	
GENERAL ROOM			andard Anti	Ligature No of Coat	B.4:∞	rors: Standard	Vandal Broof
SLIVENAL ROOM		im:	andard Anti-	Hooks:	Whiteboard Dim:	rors: Standard	☐ Vandal-Proof
			o coating for 6	roctional signage access		lation systems asset	ssing functional
		nits throughout t		rectional signage, acce	ss to building CIrCU	алон ѕухтеттѕ ассе	some mucuonal

Project Name:	Department:					SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0	O ENTR	ANCE	AND ME	EETING	1A-MAIN	I BUILDING LOBBY
VALLET VIEW PROJECT					ACILITY		
Project Number:	Draft:			✓		Program Number:	01.0-01
35720	prepop	1	2	Final			01.0-01
Sign Off:	Date Issued:			201	7-01-25	RoomName:	MAINLODDY
IBI				201	7-01-23		MAIN LOBBY
101	Client:				MTICS	m²:	
					WITICS	30. m²	
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS			Rema	vrke:			
HVAC: Type: ASHRAE 62.1-01			Keille	11 KS.			
]				
Can Air be Returned Rate (A/ to System	C):			S	Special Exha	ust Air Required: 0	
to system							
PLUMBING FIXTURES:							
						Director	ing Damarka
sink mounting faucet	tap	(5)		Urinal		Eyewash	ing Remarks
Handwash Counter Goosene		r/Blades		Hopper		Water Fountain	
Lavatory Wall Standard				WC		Emergency Shower	
Janitorial Floor Laborate	· =	Pedal		Barrier F	Free WC	Corrosion Resistant Fittings	
Double	Elect	ronic Con	trols	Floor Dr	rain	Other:	
Deep Equipment							
Other:	_						
Size:							
□ Boom Town Control	with Doon						
DOOR CONTROLS. AND ROUTH THIS COULTON	with hoor	n Relative	· Humidit	y with $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	☐ Infectio	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	1 1	n Relative I Adjustm	· Humidit ent	y with		n Isolation Patient Conti	rolled
	1 1			y with	1	Patient Conti	rolled
Local Adjustment	Local			y with	1	Patient Conti	rolled
Local Adjustment	Via DDC	l Adjustm		. [1	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry	l Adjustm	ent	. [Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks:	Vet Dry Types:	l Adjustmo	ent Standr	. [Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry	l Adjustmo	ent	. [Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	pipe	Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	. [Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	pipe	Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	pipe	Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	pipe	Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Via DDC Vet □ Dry Types: □ ✓ Positive	l Adjustme	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Via DDC Vet □ Dry Types: □ Positive ard □ Spece	l Adjustme	Standp egative	pipe	Room P	ressure Monitor Patient Conti	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Via DDC Vet □ Dry Types: □ Positive ard □ Spece	l Adjustme	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Spec	/ No	Standp egative	pipe	Room P	er:	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: ✓ Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32):	Vet □ Dry Types: □ Positive ard □ Spec	/ NA	Standp egative	pipe ther:	Room P	er: Clock	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Local Via DDC Vet □ Dry Types: □ ✓ Positive and □ Specent dience: 2 duplex	Adjustment of the last of the	Standp	pipe ther:	Room P	er: Clock	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Specent ighting □ Nig □ "In	tht Light Use" Light	Standp	pipe ther:	Room P	er: Clock	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Specent ighting □ Nig □ "In	Adjustment of the last of the	Standp	pipe ther:	Room P	er: Clock	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Specent ighting □ Nig □ "In	tht Light Use" Light	Standp	pipe ther:	Room P	er: Clock	rolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Via DDC Vet □ Dry Types: □ ✓ Positive ard □ Specent ighting □ Nig □ "In	tht Light Use" Light	Standp	pipe ther:	Room P	er: Clock	rolled

Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT:	1A-MAIN	BUILDING LOBBY
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		01.0-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		MAIN LOBBY
		Client:			MTICS	m²: 30. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	EMENTS							
SECURITY SYSTEMS: Security Camera	nta): tlet: 1 tlet: 0 No video interco	nical Camera	Vide	rcom Station to Intercom Station rcom Master Statio	n		Room Statu	Duress - Wired
Security Camera Monitor Clinical Camera Monitor Intrusion Detection Patient Assist Duress - Wireless Security Remarks: prox in vestibule								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:	:							

Project Name:		Department:	FNTRAN	CE AND M	1EETING	SUB DEPARTM		BUILDING LOBBY
VALLEYV	IEW PROJECT		LIVIIVAIV		FACILITY			
Project Number:	35720	Draft: prepop	1 2			Program Num	ber:	01.0-02
	Sign Off:	Date Issued:		20	17-01-25	RoomName:		SECLIBITY DESK
IBI		Client:		20.	17 01 25	m²:		SECURITY DESK
					MTICS		3. m²	
RISK LEVEL:		Low						
ARCHITECTURAL REC	QUIREMENTS							
INTERIOR FINISHES:	height	material		fini	ish		remarks	
Ceiling: 27	50 GW	'B - Impact Resista	ant	Paint				
Wall:	GW	'B - Impact Resista	ant	Paint				
Floor:				Resilient				
Base: 10	0 Flas	sh Cove						
Wall Protection: Corner	Guards:	Sheet:		J	Remarks:			
Crash F		`	_					
Hand R Chair R		_ `	_					
			_					
200.(0).	ening (W x H): Door Sidelight	914 x 2135	Material:	Solid Core		FII	nish: Plam	
Door Hardware:	Door Protection Automatic Opener Access Control	Anti-Ligatur Tamperpro	re & of Hardware	Door Remark	ks:			
	Glazing: Upper glazi	ing						
Hardwa	re Type:: OF-02							
Exter Exter Exter Inter	rable Windows: rnal Glazing and Frame rnal Glazing Hardware: rior Window Treatment nal Glazing and Frame: Blackout Blind	✓ Standard t: ✓ Standard Standard	☐ Sec ☐ Sec ☐ Sec ✔ Sec	ure	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwork:	Casework Security:	Regular	✓ Secur				Built-in secuity desk. Surface counter	Provide solid
Min Millwork /Counter ((mm) or % of po	•		Counter/	Work Surface Height (mm))	Surrect source.	
	Jpper Cupboards ower Cupboards	Counte			Lockable			
	ting Wall / 45 or / Ceiling: 45 NC Rating: 35-40		RT 60	: 1		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMA		ks: 🗸 Standard	_ Anti₋li	igature No	of Coat 2		Mirrors: Standard	I
	Fackboard Dim:	Jtandard	Allu-L	igature 140	Hooks:	Vhiteboard I	Dim:	Validai-11001
	Remarks:							

Project Name:	Department:	ANCE AND MEETING	SUB DEPARTMENT:					
VALLEYVIEW PROJECT	UI.U ENTR	ANCE AND MEETING FACILITY		1A-MAIN BUILDING LOBBY				
Project Number:	-Draft:		Program Number:	01.0-02				
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	01.0-02				
· ·	Date Issueu.	2017-01-25	nooninanie.	SECURITY DESK				
IBI	Client:	MTICS	m²:					
		IVITICS	8. m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0					
to System								
PLUMBING FIXTURES:		I						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene		Hopper	Water Fountain					
Lavatory Wall Standard	Standard		Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitti	ings				
Double	Electronic Con	trols Floor Drain	Other:					
Deep Equipment								
Other:	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks:								
FIRE PROTECTION: Sprinkler Type: • W	Vet Dry	Standpipe Oth	er:					
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure:	Positive No	egative Other:						
Air Temp: 🕡 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
Types of Power: Emerge	ency & UPS		✓ Clock					
Receptacle Count: Conven	ience: 1 dunlex. Workst	ations: 1 quadplex						
Conven	ience. I duplex, Works	ations. I quadriex						
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li		Lighting Ren	narks:					
Dimmable Lighting	"In Use" Ligh	t						
✓ Switch & Light Cont Charting Light	rols Vanity Light							
Charting Light								

Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING FACILITY			SUB DEPARTMENT:	1A-MAIN	BUILDING LOBBY	
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		01.0-02
IBI	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		SECURITY DESK
		Client:			MTICS	m²: 8. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camera Security Camera	lata): Utlet: Utlet:	nical Camera nical Camera Monit	Vide ✓ Inte	rcom Station to Intercom Station rcom Master Station Card Reader	on		Room Statu	✓ Duress - Wired ✓ Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	+-							

Project Name: VAL	LEYVIEW PROJ	ECT Department: 01.0	Department: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT: 1A-MAIN BUILDING LOBBY		
Project Number:	35	Draft: prepop	1 2	✓ Final		Program Num	oer:		01.0-03
IBI	Sign Off:	Date Issued:			-01-25	RoomName:		SECURE	INTERVIEW ROOM
		Client:			MTICS	m²:	2. m²		
RISK LEVEL:		Medium	1						
	AL REQUIREMEN								
INTERIOR FINISH		material		finish			rem	narks	
Ceiling:	2750	GWB - Impact Resist	ant	Paint					
Wall:		GWB - Impact Resist	ant	Paint					
Floor:				Resilient					
FIOUI.				Resilient					
Base:	100	Flash Cove							
Wall Protection:	Hand Rails:	Sheet: Standard Anti-Li Standard Anti-Li Standard Anti-Li	gature	R	emarks:				
Door(s):	Clear Opening (W x H):	1220 x 2135	Material:	Solid Core	L	Fir	nish: Plam		
(-)-	✓ Door Sidelight								
Door Hardware: Windows:	✓ Door Protection Automatic Open ✓ Access Control Door Glazing: Uppe Hardware Type:: OF-0 Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	Tamperpro Locking er glazing 3 Standard Frame: Standard dware: Standard eatment: Standard Frame: Standard	re & of Hardware ✓ Secu ✓ Secu ✓ Secu ✓ Secu ✓ Secu	ure Hure Hure Hure H	igh Secur igh Secur igh Secur igh Secur	Remarks: ity iity	door. Door	size : 914 m	m
Casework / Millwor	·k: Casework Se	ecurity: Regular	Secure	e		Remarks:			
	Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard	=	1	Vork Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 30-		RT 60:	0.7		Remarks:	Refer to App Noise Contro		Acoustics and
GENERAL ROOM	REMARKS: Co	oat Hooks: Standard	✓ Anti-Lig	gature No of			Mirrors:	Standard [Vandal-Proof
	Tackboard Di	im:		н	looks: N	Vhiteboard [Dim:		
	Remarks: Sec	curity Station with CCT\	/ monitors. S	hall accomm	odate ber	nch, sink, sup	plies		

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	01.0 ENTRANCE	AND MEETING	1A-MAIN BUILDING LOBBY				
VALLET VIEW PROJECT		FACILITY					
Project Number:	-Draft:	✓	Program Number:				
35720	prepop 1 2	Final	01.0-03				
Sign Off:	Date Issued:	2017 01 25	RoomName:				
IDI		2017-01-25	SECURE INTERVIEW ROOM				
IBI	Client:		m²:				
		MTICS	12. m²				
RISK LEVEL:	Medium						
	Micalani						
MECHANICAL REQUIREMENTS							
HVAC: Type: ASHRAE 62.1-01	Rema	irks:					
✓ Can Air be Returned Rate (A/	C):	ust Air Required: 0					
to System							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks				
Handwash Counter Goosene		= =	Water Fountain				
✓ Lavatory ✓ Wall ✓ Standard		Hopper					
Janitorial Floor Laborato		wc	Emergency Shower				
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings				
	Electronic controls	Floor Drain	Other:				
Deep Equipment							
Other:	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment 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: Emerge	encv		Clock				
Receptacle Count: Conven	ience: 8 duplex, Workstations:	2 guadnlex					
Power Remarks: GFI							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:				
Dimmable Lighting	In Use" Light						
Switch & Light Cont							
Charting Light	,						
_							

VALLEYVIEW PROJECT		Department: 01.0	ENTRA	ANCE AND ME	ETING ACILITY	SUB DEPARTMENT:	1A-MAIN	BUILDING LOBBY
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		01.0-03
·	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	SECU	RE INTERVIEW ROOM
IBI		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS: Communications Out	tlet 1		Inte	ercom Station		Hands Free	Room Status	
Quantity (1 voice, 1 data): Tel Outlet: 0 Video Intercom Station Telemetry								
Coax/ Data TV Out			Inte	ercom Master Statio	on	Teleconferencing		
IMIT Remarks:								
SECURITY SYSTEMS:								
Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion De			ff Assist ient Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	E AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number: 35720	-Draft:		Program Number:	01.0-04	
Sign Off:	Date Issued: Client:	2017-01-25 MTICS	RoomName: m²: 30. m²	WAITING AREA	
RISK LEVEL:	Low		30.111		
ARCHITECTURAL REQUIREMENTS	LOW				
INTERIOR FINISHES: height	material	finish	remarks		
<u></u>		Paint			
Wall: GW	B - Impact Resistant F	Paint			
Floor:	F	Resilient			
Base: 100 Flas	h Cove				
Wall Protection: Corner Guards: Crash Rails: Standa Hand Rails: Standa Chair Rail: Standa	rd Anti-Ligature	Remarks:			
Door(s): Clear Opening (W x H): Door Sidelight	.830 x 2135 Material:	Solid Core	Finish: Plam		
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Upper glaz Hardware Type:: OF-01	Tamperproof Hardware ✓ Locking	Door Remarks:			
Windows: External Glazing and Frame External Glazing Hardware: Exterior Window Treatmen Internal Glazing and Frame: Blackout Bline	☐ Standard ✓ Secu ☐ Standard ✓ Secu ☐ Standard ✓ Secu ☐ Standard ✓ Secu	re High Secur re High Secur re High Secur	ity ity		
Casework / Millwork: Casework Security:	Regular Secure	2	Remarks:		
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards		/ork Surface Height (mm): Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60:	1	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM REMARKS: Coat Hoo	ks: Standard Anti-Lig	gature No of Coat	Mirrors: Standard	Vandal-Proof	
Tackboard Dim:		Hooks: W	/hiteboard Dim:		
Remarks: Shall acco	ommodate seating for 15-20 s	eats			

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	01.0 ENTR	ANCE AND MEETING					
	Droft:	FACILITY	Drogram Number				
Project Number: 35720	-Draft:	2 Final	Program Number:	01.0-04			
Sign Off:	Date Issued:	∠ iliqi	RoomName:	32.0 31			
· ·	_ 3.0 .00000.	2017-01-25		WAITING AREA			
IBI	Client:		m²:				
		MTICS	30. m²				
RISK LEVEL:	Low						
	2000						
MECHANICAL REQUIREMENTS		D 1					
HVAC: Type: ASHRAE 62.1-01		Remarks:					
	G) [
Can Air be Returned Rate (A/ to System	C):	Special Exhai	ust Air Required: 0				
to system							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Fyewash	Plumbing Remarks			
Handwash Counter Goosene			Eyewash Water Fountain				
Lavatory Wall Standard		Hopper	Water Fountain Emergency Shower				
Janitorial Floor Laborato		Barrier Free WC					
Double	Electronic Cont		Corrosion Resistant Fittings Other:				
Deep Equipment		Floor Drain	Other:				
Other:							
Size:	-						
Doom Tomp Control	with Doom Polative	. Uumidituuith	n Isolation				
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme	·	n Isolation Patie	ent Controlled			
Room Control Remarks:	via DDC						
[170 5 5 5 7]							
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:				
Rack Storage (2.4m high)	Types:						
				1			
EXHAUST: Pressure: Equal	Positive V Ne	egative Other:					
4: -		Out -	,				
Air Temp: Standa	rd Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:			Clock				
Types of Power: Normal			<u>•</u> - · · · · · · · · · · · · · · · · · ·				
Pacantagla County County	ionon A durle						
Receptacle Count: Conven	ierice: 4 duplex						
Power Remarks:							
Patient Care Area Designation							
(as per CSA Z32):							
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:				
Dimmable Lighting	"In Use" Light						
✓ Switch & Light Cont	_						
Charting Light	valilty Light						

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANCE AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number: 35720	Draft: Draft: Final	Program Number: 01.0-04		
Sign Off:	Date Issued: 2017-01-25	RoomName: WAITING AREA		
	Client: MTICS	m²: 30. m²		
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
	Intercom Station Video Intercom Station Intercom Master Station Clinical Camera Clinical Camera Card Reader No.:	Hands Free Room Status Telemetry Teleconferencing Staff Assist Duress - Wired Patient Assist Duress - Wireless		
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VAL	LEYVIEW PROJ	ECT Department: 01.0	01.0 ENTRANCE AND MEETING FACILITY			SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	35	Draft: prepop	1 2	✓ Final		Program Numl	ber:	01.0-05-01
	Sign Off:	Date Issued:		2017-		RoomName:		COMPUTER ALCOVE
IBI	ı	Client:		ſ	MTICS	m²: 2.	5 m²	
RISK LEVEL:		Low						1
	AL DEOLUDEA/EN							
	<u>AL REQUIREMEN</u>	113						
Coilings	ES: height 2750	material	tant D	finish			remarks	
Ceiling:	2/50	GWB - Impact Resis	laiil P	aint				
Wall:		GWB - Impact Resis	tant P	aint				
Floor:			R	tesilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		Re	marks:			
	Crash Rails:	Standard 🔲 Anti-L	igature					
	Hand Rails:	Standard Anti-L	igature					
	Chair Rail:	Standard 🗌 Anti-L	igature					
Door(s):	lear Opening (W x H):		Material:			Fir	nish:	
2001(3).	Door Sidelight		_					
Described and		☐ Anti Ligate	9 _					
Door Hardware:	Door Protection Automatic Open	Anti-Ligatu Tamperpro	oof Hardware	Ooor Remarks:				
	Access Control	Locking						
	Door Glazing:							
	Hardware Type::							
Windows:	Operable Windows: External Glazing and	Standard Frame: Standard	_		gh Securi	Remarks:		
	External Glazing Hard		=		gh Securi	-		
	Exterior Window Tre				gh Securi			
	Internal Glazing and	Frame: Standard	Secui	re 🗌 Hig	gh Securi	ty		
	Blackout	Blinds Roller	Shutter	1 Way Mirror		Other		
Casework / Millwor	k: Casework Se	ecurity: Regular	Secure			Remarks:	Provide built-in millw	
Min Millwork /C	Counter Linear Length 1	.200	Counter/ W	ork Surface 71	.0		including provisions to and screen	o secure computer
(mm) o	r % of perimeter wall:	- A Court		leight (mm):			and sereem	
	Upper Cupboard Lower Cupboard		er rop ess Steel	L	ockable			
			1 F			¬		
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:		RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating: 35-	-40						
GENERAL ROOM	REMARKS: Co	oat Hooks: Standard	Anti-Lig				Mirrors: Standard	Vandal-Proof
	Tackboard Di	m:		но	ooks: W	hiteboard [Dim:	
	Remarks: Alc	cove part of waiting 1.0	-04. Shall acco	ommodate co	ounter wi	th power, an	d stools for checking e	e-mails, etc.

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	01.0 ENTRANC	E AND MEETING	1B-MEETING AND TRAINING FACILITY
VALLET VIEW PROJECT		FACILITY	
Project Number:	Draft:		Program Number: 01.0-05-01
35/20	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017-01-23	COMPUTER ALCOVE
101	Client:	MTICS	m²:
		WITICS	2.5 m ²
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACHDAE 62.1.01	Ro	marks: Additional co	oling domand
HVAC:	ne	Additional Co	olling deritatio
[] D	0).	Consider Fulca	ant Air De suive de O
Can Air be Returned Rate (A/ to System	C):	Special Extra	ust Air Required: 0
,			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewash
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		wc _	Emergency Shower
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment	Electronic controls	Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment	Room P	n Isolation Patient Controlled ressure Monitor
Air Temp: 📝 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Normal			
Power Remarks:	ience: Workstations: 1 duple	x	
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont			
Charting Light			

Project Name: VALLEYVIEW PROJECT	01.0 ENTRANCE AND MEETING	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number: 35720	FACILITY □ □ □ ✓ Programmer prepop 1 2 Final	gram Number: 01.0-05-01		
Sign Off:	Date Issued: 2017-01-25	omName: COMPUTER ALCOVE		
	Client: MTICS m²:	2.5 m²		
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Video Intercom Station Tele	emetry econferencing		
	linical Camera Card Reader No.: Intrusion Detection	Staff Assist Duress - Wired Patient Assist ✓ Duress - Wireless		
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VA	LLEYVIEW PROJECT	Department: 01.0 ENTRAN	ICE AND MEETING FACILITY			
Project Number:	35720	Draft:	2 Final	Program Number:	01.0-05-02	
	Sign Off:	Date Issued:	2017-01-25	RoomName:	COMPUTER ALCOVE	
IB	J	Client:	MTICS	m²: 2.5 m²		
RISK LEVEL:		Low				
	DAL DECLUDEMENTS	2011				
	RAL REQUIREMENTS					
INTERIOR FINIS	e.gc	material	finish	remarks		
Ceiling:	2750 G	WB - Impact Resistant	Paint			
Wall:	G	WB - Impact Resistant	Paint			
Floor:			Resilient			
Base:	100 FI	ash Cove				
Wall Protection:	Corner Guards:	Sheet:	Remarks:			
	Crash Rails: Stan	dard Anti-Ligature				
	Hand Rails: Stan	dard Anti-Ligature				
	Chair Rail: Stan	dard Anti-Ligature				
Door(s):	Clear Opening (W x H):	Materia	l:	Finish:		
(-)	Door Sidelight					
Baratland and		Anti Lizatura 9				
Door Hardware:	Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardwar	Door Remarks: e			
	Access Control	Locking				
	Door Glazing:					
	Hardware Type::					
	• •					
Windows:	Operable Windows: External Glazing and Fran		ecure High Secur	Remarks:		
	External Glazing Hardwar		ecure High Secur			
	Exterior Window Treatme		ecure High Secur			
	Internal Glazing and Fram	e: Standard Se	ecure High Secur	rity		
	Blackout Bl	nds Roller Shutter	1 Way Mirror	Other		
Casework / Millwo	ork: Casework Securit	y: Regular Seco	ure	Remarks: Provide built-in mills	work Carousel	
Min Millwork	/Counter Linear Length 1200	Counter,	/ Work Surface 710	including provisions and screen	to secure computer	
(mm)	or % of perimeter wall:		Height (mm):	and screen		
	Upper Cupboards Lower Cupboards	✓ Counter Top Stainless Steel	Lockable			
	Lower cupbourds	Stanness Steel				
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:	RT 6	0: 0.7	Remarks: Refer to Appendix 1	D - Acoustics and	
	NC Rating: 35-40			Noise Control		
GENERAL ROOM	/ REMARKS: Coat Ho	ooks: Standard Anti-	Ligature No of Coat Hooks:	Mirrors: Standar	rd Vandal-Proof	
	Tackboard Dim:			Whiteboard Dim:		
	Remarks: Alcove	part of waiting 1.0-04. Shall a	accommodate counter w	vith power, and stools for checking	e-mails, etc.	
	L					

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	01.0 ENTR	ANCE AND MEETING			
	Draft:	FACILITY	Drogram Number		
Project Number: 35720	Draft:	2 Final	Program Number:	01.0-05-02	
Sign Off:	prepop 1 Date Issued:	Z I IIIdi	RoomName:	22.0 33 02	
''	Date Issueu:	2017-01-25	Noominame:	COMPUTER ALCOVE	
IBI	Client		m²:	001111 012117120012	
	Client:	MTICS	2.5 m ²		
	_		2.5		
RISK LEVEL:	Low				
MECHANICAL REQUIREMENTS					
HVAC: Type: ASHRAE 62.1-01		Remarks: Additional co	oling demand		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0		
to System					
PLUMBING FIXTURES:				_	
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain		
Lavatory Wall Standard	Standard		Emergency Shower		
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Con	trols Floor Drain	Other:		
Deep Equipment					
Other:					
Size:	-				
-					
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infectio	n Isolation		
ROOM CONTROLS: Local Adjustment	Local Adjustm	·	ressure Monitor Patie	ent Controlled	
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive N	egative Other:			
Air Temp: Standa	rd Special	Other:			
[
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: Workstations: 1	duplex			
Power Remarks:					
rower Remarks:					
Patient Care Area Designation	-				
(as per CSA Z32):					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	"In Use" Ligh	it			
Switch & Light Cont					
Charting Light					
		L			

Project Name:	Department: SUB D. O ENTRANCE AND MEETING	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
VALLEYVIEW PROJECT	FACILITY			
Project Number: 35720	Progra prepop 1 2 Final	am Number: 01.0-05-02		
Sign Off:	Date Issued: 2017-01-25 Room	Name: COMPUTER ALCOVE		
	Client: MTICS m²:	2.5 m²		
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: 0	Intercom Station Hands Video Intercom Station Telem Intercom Master Station Telecom			
IMIT Remarks:				
	linical Camera Card Reader No.: Intrusion Detection	Staff Assist Duress - Wired Patient Assist • Duress - Wireless		
Security Remarks:				
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VA l	LLEYVIEW PROJEC	T Department: 01.0 ENTF	RANCE AND MEETING FACILITY			
Project Number:	3572	O Draft: Drepop 1	2 Final	Program Number:	01.0-05-03	
	Sign Off:	Date Issued:	2017-01-25	RoomName:	COMPUTER ALCOVE	
IB	J	Client:	MTICS	m²: 2.5 m²		
RISK LEVEL:		Low				
	AL DECLUBERATION					
	RAL REQUIREMENTS					
INTERIOR FINISI	e.ge	material	finish	remarks		
Ceiling:	2750	GWB - Impact Resistant	Paint			
Wall:	C	GWB - Impact Resistant	Paint			
Floor:	L		Resilient			
Base:	100 F	Flash Cove				
Wall Protection:	Corner Guards:	Sheet:	Remarks:			
	Crash Rails: Star	ndard Anti-Ligature				
	Hand Rails: Star	ndard Anti-Ligature	!			
	Chair Rail: Star	ndard Anti-Ligature	!			
Door(s):	Clear Opening (W x H):	Mat	erial:	Finish:		
(-).	Door Sidelight					
Beautiest as		Anti Lizatura P				
Door Hardware:	Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hard	Door Remarks: Iware			
	Access Control	Locking				
	Door Glazing:					
	Hardware Type::					
			1 -			
Windows:	Operable Windows: External Glazing and Fra	Standard me: Standard	Secure High Secur	Remarks:		
	External Glazing Hardwa		Secure High Secur			
	Exterior Window Treatm		Secure High Secur			
	Internal Glazing and Fran	ne: Standard	Secure High Secur	rity		
	Blackout B	linds Roller Shutter	1 Way Mirror	Other		
Casework / Millwo	ork: Casework Securi	ity: Regular	Secure	Remarks: Provide built-in mill	work Carousel	
Min Millwork	/Counter Linear Length 1200) Cou	nter/ Work Surface 710	including provisions and screen	s to secure computer	
(mm)	or % of perimeter wall:		Height (mm):	and screen		
	Upper Cupboards Lower Cupboards	✓ Counter Top Stainless Stee	Lockable			
	Lower cappoards	Stanness Stee	'			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:		RT 60: 0.7	Remarks: Refer to Appendix 1	LD - Acoustics and	
	NC Rating: 35-40			Noise Control		
			r			
GENERAL ROOM	/ REMARKS: Coat H	looks: Standard A	Anti-Ligature No of Coat Hooks:	Mirrors: Standa	rd Vandal-Proof	
	Tackboard Dim:			Whiteboard Dim:		
	Remarks: Alcove	part of waiting 1.0-04. Sh	all accommodate counter w	vith power, and stools for checking	g e-mails, etc.	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND	_	1B-MEETING AND T	RAINING FACILITY
VALLET VIEW PROJECT		FACILITY		
Project Number:	Draft:		Program Number:	01.0-05-03
35/20	prepop 1 2 Final			01.0-05-05
Sign Off:	Date Issued:	017-01-25	RoomName:	COMPLITED ALCOVE
IBI	2	017-01-25		COMPUTER ALCOVE
101	Client:	MTICS	m²:	
		IVITICS	2.5 m ²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
Type: ACHDAE 62.1.01	Remarks:	Additional cod	oling domand	
HVAC:	Kemarks.	Additional coo	oning demand	
[A] a	St.	Caradal Eulean	at Air Danwins de O	
Can Air be Returned Rate (A/ to System	L):	Special Exnau:	st Air Required: 0	
35 2/535				
PLUMBING FIXTURES:				
sink mounting faucet	tap	. –	Plumbii	ng Remarks
Handwash Counter Goosene	sk		Eyewasn	ng riemanis
Lavatory Wall Standard	Ctandard	_	Water Fountain	
Janitorial Floor Laborato	Ty Deat Bodel		Emergency Shower	
Double	Flostronic Controls	rier Free WC	Corrosion Resistant Fittings	
	Floor	or Drain	Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et Dry Standpipe Types: Negative		essure Monitor Patient Control	olled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: Workstations: 1 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rema	arks:	
Dimmable Lighting	"In Use" Light	-		
✓ Switch & Light Cont				
Charting Light				
				

Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTRA	ANCE AND MEE	TING CILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	01.0-05-03	
· ·	Sign Off:	Date Issued:		2017-	01-25	RoomName:	COMPUTER ALCOVE	
		Client:		ı	MTICS	m²: 2.5 m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	eta): tlet: 0		Vid	ercom Station eo Intercom Station ercom Master Station		Hands Free	atus	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	tor	Card Reader Intrusion Det	<u> </u>	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

Project Name: VALLEYVIEW PROJECT			Department: 01.0 ENTRANCE AND MEETING FACILITY						
Project Number:	:	35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	01.0-06-01
[-	Sign Off:		Date Issued:		2017	7-01-25	RoomName:		WASHROOM, MALE
IBI			Client:			MTICS	m²:	2. m²	
RISK LEVEL:			Low						
	DEOLUDEM	ENTC							
ARCHITECTURAL		ENIS							
INTERIOR FINISHES	e.g.i.c	CME	material		finish	1		remarks	
Ceiling:	2750	GWE	3 - Impact Resist	ant	Paint				
Wall:		GWE	3 - Impact Resist	ant	Paint		Water resista	nt	
Floor:					Resilient				
Base:	100	Flash	Cove						
Wall Protection: Co	orner Guards:	s	heet:		R	Remarks:			
Cr	rash Rails:	Standar	d 🗌 Anti-Li	gature					
Ha	and Rails:	Standar	d 🗌 Anti-Li	gature					
CI	hair Rail:	Standar	d 🗌 Anti-Li	gature					
- () Class	or Opening (M v III	٠. 🗆 ۵	44 2425	Matarial	6 - 11 - 1 - 6			aishi Di	
Door(s):	ar Opening (W x H		14 x 2135	Material:	Solid Core		FII	nish: Plam	
	Door Sideligh	t							
Door Hardware:	Door Protecti Automatic Op Access Contro	oener	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks:	Double	Swing		
'	Door Glazing:								
На	rdware Type:: W	'R-02							
Windows:	Operable Windov	vs:	Standard	Sec	_		Remarks:		
	External Glazing a		Standard	Sec	=	ligh Secu	•		
	External Glazing F Exterior Window		Standard	☐ Sec		ligh Secu	•		
	Internal Glazing a		Standard Standard	_		ligh Secu ligh Secu			
	Blackout	Blinds		Shutter [1 Way Mirro	•	Other		
	_								
Casework / Millwork:	Caseworl	k Security:	Regular	Secur	·e		Remarks:		
Min Millwork /Cou	inter Linear Length 6 of perimeter wal			Counter/	Work Surface 8 Height (mm):	365			
(IIIII) OI X	Upper Cupbo		✓ Counte	er Top	Tieigitt (IIIII).	Lockable			
	Lower Cupbo		=	ss Steel					
	Г								
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	45		RT 60	: N/A		Remarks:	Refer to Appendix 10 Noise Control	O - Acoustics and
	Г	40-45						Noise Control	
GENERAL ROOM RI	EMARKS:	Coat Hook	s: Standard	✓ Anti-L		f Coat 4		Mirrors: Standar	d 🗸 Vandal-Proof
	Tackboard	Dim:			F	Hooks: L	Whiteboard I	Dim:	
	ı	urinals. 1 s	soap dispenser a	at each sink,	1 recessed a	nti-ligatu	re toilet pape	compartment and or dispenser in each to ceptacle and baby cha	let compartment, 1

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	01.0 ENTR	RANCE AND MEETING	
VALLET VIEW PROJECT		FACILIT'	
Project Number:	Draft:		Program Number: 01.0-06-01
35/20	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-2	RoomName:
IRI		2017-01-2.	WASHROOM, MALE
101	Client:	NATIC	m ² :
		MTIC	2 12. m²
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS		Demontos E la su	
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust	
]	
Can Air be Returned Rate (A/	C):	Special Exh	naust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Damarks
sink mounting faucet	tap	✓ Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
✓ Lavatory Wall ✓ Standard		✓ WC	Emergency Shower
Janitorial Floor Laborate		✓ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Con	trols Floor Drain	Other:
Deep Equipment	1-WC, 1-BFWC, 2-		
Other:	Urinals-2-counter mount lavatories		
Size:	inount lavatories		
ROOM CONTROLS: Room Temp Control	with Room Relative	e Humidity with Infect	ion Isolation
ROUNI CONTROLS:			
Local Adjustment	Local Adjustm		Pressure Monitor Patient Controlled
Local Adjustment Room Control Remarks:	Local Adjustm		Patient Controlled
Local Adjustment	Local Adjustm		Patient Controlled
Local Adjustment		ent Room	Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dry	ent Room	Pressure Monitor Patient Controlled
Local Adjustment Room Control Remarks:	Vet Dry Types:	ent Room	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dry Types:	ent Room	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry Types: Positive N	Standpipe Other:	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Vet Dry Types: Positive N	ent Room	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry Types: Positive N	Standpipe Other:	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry Types: Positive N	Standpipe Other:	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry Types: Positive N	Standpipe Other:	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry Types: Positive N	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry Types: Positive N ard Special	Standpipe Other:	Pressure Monitor Patient Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry Types: Positive N ard Special	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry Types: Positive N Grd Special	Standpipe Other:	ther:
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry Types: Positive N Special	Standpipe Other: Other:	ther: Clock
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Vet Dry Types: Positive N In Special Dience: 1 duplex GFI Dighting Night Light	Standpipe Other: Other: Lighting R	ther: Clock Clock
FIRE PROTECTION: Sprinkler Type:	Vet Dry Types: Positive N In Special Dience: 1 duplex GFI In Use" Light In Use" Light	Standpipe O Gegative Other: Other: Lighting R Night lig	ther: Clock
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Vet Dry Types: Positive N Special dience: 1 duplex GFI ighting Night Light In Use" Light	Standpipe O Gegative Other: Other: Lighting R Night lig	ther: Clock Clock
FIRE PROTECTION: Sprinkler Type:	Vet Dry Types: Positive N In Special Dience: 1 duplex GFI In Use" Light In Use" Light	Standpipe O Gegative Other: Other: Lighting R Night lig	ther: Clock Clock
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Vet Dry Types: Positive N In Special Dience: 1 duplex GFI In Use" Light In Use" Light	Standpipe O Gegative Other: Other: Lighting R Night lig	ther: Clock Clock

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Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING FACILITY			SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		01.0-06-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		WASHROOM, MALE
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0		Vide	com Station o Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Moni	or	Card Reader			ff Assist tient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	:							

Project Name: VALLEYVIEW PROJECT			Department: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:		35720					Program Num	Program Number: 01.0-06 -		01.0-06-02
	Sign Off:	33720	prepop Date Issued:	1 2		7-01-25	RoomName:		,	WASHROOM, MALE
IBI			Client:			MTICS	m²:	2. m²		
DICK LEVEL:			Low				1	2. 111		
RISK LEVEL:	AL DEGLUDEAN	ENTC	Low							
INTERIOR FINISH	<u>RAL REQUIREMI</u>	EN13			6					
Ceiling:	height 2750	GWI	material 3 - Impact Resist	ant	finis Paint	sh		rem	arks	
ceimig.	2730		5 impact resist	arre						
Wall:		GWI	3 - Impact Resist	ant	Paint		Water resista	int		
Floor:					Resilient					
Base:	100	Flash	n Cove							
Wall Protection:	Corner Guards:		Sheet:			Remarks:				
	Crash Rails:	Standa	rd Anti-Li	gature						
	Hand Rails:	Standa	_	_						
	Chair Rail:	Standa	rd Anti-Li	gature						
Door(s):	Clear Opening (W x H)): 9)14 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sideligh	t								
Door Hardware:	Door Protecti Automatic Op Access Contro Door Glazing:	ener	☐ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Remark	s: Double	Swing			
	Hardware Type:: W	R-02								
Windows:	Operable Windov External Glazing a External Glazing I Exterior Window Internal Glazing a Blackout	and Frame: Hardware: Treatment:	Standard	Sec Sec Sec Sec Sec Sec	ure	High Secu High Secu High Secu High Secu ror	rity rity			
Casework / Millwo	ork: Casework	k Security:	Regular	Secur	·e		Remarks			
	Counter Linear Length or % of perimeter wal Upper Cupbo	l: ards	✓ Counte		Work Surface Height (mm):	865 Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45 40-45		RT 60:	N/A		Remarks	Refer to App Noise Contro		Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hook	s: Standard	✓ Anti-Li	gature No	of Coat 4		Mirrors:	Standard	✓ Vandal-Proof
		Dim:			-	Hooks:	Whiteboard	Dim:		
	Remarks:	Provide w urinals. 1	ashroom Access soap dispenser a anti-ligature pa	it each sink,	1 recessed	bars in ac	cessible toile re toilet pape	r dispenser in	each toile	t compartment, 1

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANC	E AND MEETING	1B-MEETING AND TR	RAINING FACILITY
VALLET VIEW PROJECT		FACILITY		
Project Number:	Draft:	•	Program Number:	01.0-06-02
35720	prepop 1 2	Final		01.0-06-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	WASHDOOM MANE
IRI		2017-01-23		WASHROOM, MALE
101	Client:		m²:	
		MTICS	12. m²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS	D	e le el		
HVAC: Type: ASHRAE 62.1-01	Kei	narks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Diversion	a Domorka
sink mounting faucet	tap	✓ Urinal	Eyewash	g Remarks
Handwash ✓ Counter Goosene		Hopper	Water Fountain	
✓ Lavatory Wall ✓ Standard		✓ WC	Emergency Shower	
Janitorial Floor Laborato	· =	✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	✓ Floor Drain	Other:	
Deep Equipment	1-WC, 1-BFWC, 2-	1-WC, 1- BF-WC,	2-Ur. and 2 - Lav.	
Other:	Urinals-2-counter			
Size:	mount lavatories			
	_			
ROOM CONTROLS. Room Temp Control	with Room Relative Humic	lity with Infection	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustment		ressure Monitor Patient Contro	olled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Stan	dpipe Othe	er:	
Deal Starter (2 Are high)	Turan			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
TOTAL				
Receptacle Count: Conven	ience: 1 dunley GEI			
Conven	ilence. I duplex of i			
Power Remarks: GFI				
Patient Care Area Designation				
(as per CSA Z32):				
	_			
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rem	narks:	
Dimmable Lighting	☐ "In Use" Light	Night light	on emergency power.	
Switch & Light Cont	rols Vanity Light		· , .	
Charting Light	_			

Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTF	RANCE AND MEE		SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	35720	— Draft: ☐ ☐ ✔ P			am Number:	01.0-06-02	
	Sign Off:		2017-	01-25 Room	Name:	WASHROOM, MALE	
		Client:	I	MTICS m2:	12. m²		
RISK LEVEL:		Low					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): O utlet: O	v	ntercom Station Video Intercom Station Intercom Master Station	Hands		Status	
SECURITY SYSTEMS: Security Camer Security Camer	=	nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks	:						
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commen	ıt.						

Project Name: VALLEYVIEW PROJECT			Department: 01.0 ENTRANCE AND MEETING FACILITY				1E	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		01.0-07-01
	Sign Off:	33720	Date Issued:	1 2		17-01-25	RoomName:		W	ASHROOM, FEMALE
IBI			Client:			MTICS	m²:	5. m²		
RISK LEVEL:			Low				_			
	, DEOLUDEN	LENTC	LOW							
ARCHITECTURAL INTERIOR FINISHES		ENIS	material		fini	ch		**	marks	
Ceiling:	2750	GW	/B - Impact Resista	ant	Paint	511		16	emarks	
Wall:		GW	/B - Impact Resista	ant	Paint		Water resista	ant		
Floor:					Resilient					
Base:	100	Fla	sh Cove							
Wall Protection: 0	Corner Guards:		Sheet:		I	Remarks:				
C	Crash Rails:	Standa	ard 🗌 Anti-Li	gature						
H	Hand Rails:	Standa	ard 🗌 Anti-Li	gature						
(Chair Rail:	Standa	ard 🗌 Anti-Li	gature						
Door(s):	ear Opening (W x I	H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sidelig	ht								
Door Hardware:	Door Protec Automatic C Access Cont Door Glazing:	pener	✓ Anti-Ligatur Tamperpro ✓ Locking	re & of Hardware	Door Remark	Double	Swing			
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame Hardware:	Standard Standard Standard	Sec Sec Sec Sec Sec Shutter	ure ure ure	High Secu High Secu High Secu High Secu	rity rity			
Casework / Millwork:	: Casewo	rk Security	Regular	Secur	re		Remarks	:		
Min Millwork /Co (mm) or '	wunter Linear Leng % of perimeter wa Upper Cupbo	all: pards	✓ Counte		Work Surface Height (mm)					
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating:	45 40-45		RT 60:	N/A		Remarks	Refer to A Noise Con		Acoustics and
GENERAL ROOM R	REMARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	igature No			Mirrors:	Standard	✓ Vandal-Proof
	Tackboard	Dim:				Hooks:	Whiteboard	Dim:		
	Remarks:	urinals. 1	washroom Access L soap dispenser a - anti-ligature pa	t each sink,	1 recessed	anti-ligatu	re toilet pape	r dispenser	in each toile	t compartment, 1

Project Name:	Department:	ANGE AND MEETING	SUB DEPARTMENT:	AND TRAINING TAGE	
VALLEYVIEW PROJECT	01.0 ENTR	RANCE AND MEETING			
	Draft:	FACILITY	Program Number:		
Project Number: 35720	prepop 1	2 Final		01.0-07-01	
Sign Off:	Date Issued:		RoomName:		
''		2017-01-25		WASHROOM, FEMALE	
IBI	Client:		m²:		
		MTICS	15. m²		
RISK LEVEL:	Low				
MECHANICAL REQUIREMENTS					
Type: ACHDAE 62 1 01		Remarks: Exhaust			
HVAC:					
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0		
to System					
DILINADING FIVELIDES.					
PLUMBING FIXTURES:				7	
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene		Hopper	Water Fountain		
✓ Lavatory Wall ✓ Standard		wc [Emergency Shower		
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings		
Double Double	Electronic Con	Tiber Brain	Other:		
Deep Equipment Other:	3-WC, 1-BFWC, 2- counter mount	3-WC, 1- BF-WC	, 2 - Lav.		
	lavatories				
Size:					
ROOM CONTROLS: Room Temp Control v	vith Room Relative Local Adjustm	·	on Isolation Patie	ent Controlled	
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	ner:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	Positive V N	egative Other:			
EXHAUST: Pressure: Equal	Positive N	egative Other.			
Air Temp: 🗸 Standa	rd Special	Other:			
_	_				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: 1 duplex GFI				
Power Remarks: GFI					
Patient Care Area Designation					
(as per CSA Z32):					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Re	marks:		
Dimmable Lighting	"In Use" Ligh		t on emergency power.		
Switch & Light Cont		Night ligh	t on emergency power.		
Charting Light	¥ 12, 2.8				
			•		

n :		n				CUID DEDARTMENT		
Project Name: VALLEYVIE	VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING FACILITY			SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		01.0-07-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	V	VASHROOM, FEMALE
		Client:		l	MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIT	REMENTS							
IMIT SYSTEMS:								
Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS:	lata): Utlet: Utlet:	nical Camera	_	rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	Duress - Wired
= '	Security Camera Monitor Clinical Camera Monitor Intrusion Detection Patient Assist Duress - Wireless						_	
Security Remarks	•							
OTHER								·
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVI	EW PROJECT	Department: 01.0 ENTRA	ANCE AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	35720	Draft:	2 Final	Program Number:	01.0-07-02	
[_	Sign Off:	Date Issued:	2017-01-25	RoomName:	WASHROOM, FEMALE	
IBI		Client:	MTICS	m²: 15. m²		
RISK LEVEL:		Low				
	OLUDENAENTS					
ARCHITECTURAL REC						
INTERIOR FINISHES:	height	material	finish	remarks		
Ceiling: 27	50 GW	'B - Impact Resistant	Paint			
Wall:	GW	/B - Impact Resistant	Paint	Water resistant		
Floor:			Resilient			
Base: 10	0 Flas	sh Cove				
Wall Protection: Corner	Guards:	Sheet:	Remarks:			
Crash R	tails: Standa	ard Anti-Ligature				
Hand R	ails: Standa	ard Anti-Ligature				
Chair R	ail: Standa	ard Anti-Ligature				
Door(s): Clear Ope	ening (W x H):	914 x 2135 Mate	rial: Solid Core	Finish: Plam		
	oor Sidelight					
Da an Handarana	Ooor Protection	✓ Anti-Ligature &				
	automatic Opener	Anti-Ligature & Tamperproof Hardv	Door Remarks: vare			
	access Control	✓ Locking				
Door	Glazing:					
Hardwa	re Type:: WR-02					
	able Windows: nal Glazing and Frame	Standard Standard	Secure High Secu	Remarks:		
	nal Glazing Hardware:	Standard Standard	Secure High Secu	•		
	ior Window Treatmen		Secure High Secu	•		
Inter	nal Glazing and Frame	Standard	Secure High Secu	rity		
B	Bline Bline	ds Roller Shutter	1 Way Mirror	Other		
Casework / Millwork:	Casework Security:	Regular S	ecure	Remarks:		
Min Millwork /Counter I (mm) or % of pe		Count	ter/ Work Surface 865 Height (mm):			
	Ipper Cupboards	✓ Counter Top	Lockable			
L	ower Cupboards	Stainless Steel				
	ing Wall / 45 or / Ceiling:	R	T 60: N/A	Remarks: Refer to Appendix 1	D - Acoustics and	
	NC Rating: 40-45			Noise Control		
GENERAL ROOM REMA	.RKS: Coat Hoo	ks: Standard 🗸 Ar	nti-Ligature No of Coat 4 Hooks:	Mirrors: Standa	rd 🗸 Vandal-Proof	
1	ackboard Dim:			Whiteboard Dim:		
F	urinals. 1	soap dispenser at each s	sink, 1 recessed anti-ligatu	ccessible toilet compartment and or re toilet paper dispenser in each to ture waste receptacle and baby ch	oilet compartment, 1	

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	01.0 ENTRAN	ICE AND MEETING	1B-MEETING AND TRAINING FACILITY			
VALLET VIEW PROJECT		FACILITY				
Project Number:	Draft:		Program Number: 01.0-07-02			
35/20		2 Final				
Sign Off:	Date Issued:	2017-01-25	RoomName:			
IBI		2017-01-23	WASHROOM, FEMALE			
101	Client:	MTICS	m ² :			
		IVITICS	15. m²			
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS						
Type: ACUDAT 62.1.01		Remarks: Exhaust				
HVAC: ASHRAE 62.1-01		LAHdust				
	0).	Consist Forba	unt Air De suite de O			
Can Air be Returned Rate (A/	C):	Special Exnai	ust Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet	tap		Fuguresh Plumbing Remarks			
Handwash ✓ Counter Goosene		Urinal _	Eyewasii			
✓ Lavatory Wall ✓ Standard		Hopper _	Water Fountain			
Janitorial Floor Laborato		wc _	Emergency Shower			
Double	✓ Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings			
Deep Equipment	3-WC, 1-BFWC, 2-	Floor Drain	Other:			
Other:	counter mount					
	lavatories					
Size:	_					
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:						
Air Temp: 📝 Standa	ord Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:			Clock			
Types of Power: Normal			Clock			
Receptacle Count: Conver	ience: 1 duplex GFI					
Power Remarks: GFI						
one nemana.						
Patient Care Area Designation						
(as per CSA Z32):						
_						
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:			
Dimmable Lighting	In Use" Light	Night light	on emergency power.			
Switch & Light Cont	rols Vanity Light					
Charting Light						

D : 11						CUD DEDARTMENT		
Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING				SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
VALLEYVIE	W PROJECT	FACILITY						
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	01.0-07-02	
	Sign Off:	Date Issued:		20:	17-01-25	RoomName:	WASHROOM, FEMALE	
IRI		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Video	com Station o Intercom Stati com Master Sta		Hands Free Room Sta Telemetry Teleconferencing	tus	
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Read	<u></u>	Staff Assist Patient Assist	Duress - Wired✓ Duress - Wireless	
Security Remarks	:							
OTHER								
Equipment Remarks:				Operationa Remarks:				
Room Data Sheet Commer	ıt:							

Project Name: VALLEYVIEW P	ROJECT	Department: 01.0	ENTRANC	CE AND ME	ETING ACILITY	SUB DEPARTM 1B-		RAINING FACILITY
Project Number:	35720	Draft:prepop	1 2		· · · · · · · · · · · · · · · · · · ·	Program Numb	oer:	01.0-08
IBI	f:	Date Issued: Client:			'-01-25 MTICS	RoomName: m²:). m²	EETING ROOM, SMALL
RISK LEVEL:		Low						
ARCHITECTURAL REQUIRE	MENTS							
INTERIOR FINISHES: heigh	nt	material		finish	ı		remarks	
Ceiling: 2750	Aco	oustic Tile		Pre-Finished				
Wall:	GW	'B - Impact Resista	ant	Paint				
Floor:				Carpet				
Base: 100	Rub	ber			,			
Wall Protection: Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	ard Anti-Li	gature	R	emarks:			
Door(s): Clear Opening (W	к Н):	914 x 2135	Material:	Solid Core		Fin	ish: Plam	
Door Sidel Door Prote Automatic Access Co Door Glazing: Hardware Type:: Windows: Operable Wince Poor Sidel Access Co Door Glazing: Operable Wince	Opener op	Locking	re & of Hardware	Door Remarks:	Double S	Gwing Remarks:		
External Glazir External Glazir Exterior Windr Internal Glazir Blackout	ng Hardware: ow Treatment	Standard t: Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity		
Casework / Millwork: Casew	ork Security:	Regular	Secur	·e		Remarks:	Min 1830 mm long b	ouilt in kitchenette.
Min Millwork /Counter Linear Ler (mm) or % of perimeter Upper Cup Lower Cup	wall: boards	✓ Counte		Work Surface 9 Height (mm):	Lockable			
ACOUSTICS: STC Rating Wall, Floor / Ceilin NC Ratin	g:		RT 60:	0.7			Refer to Appendix 11 Noise Control	D - Acoustics and
GENERAL ROOM REMARKS:	Coat Hoo	ks: Standard	Anti-Li	igature No of	Coat looks:		Mirrors: Standar	d Vandal-Proof
Tackboard	I Dim:					Vhiteboard D	Dim: 1220mm wide	x 915mm high
Remarks:	Shall acco	omodate table an	d seats for	15, storage sp	oace (usec	d by PAC)		

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	01.0 ENTR	ANCE AND MEETING			
TALLET VIEW I NOTECT	Draft:	FACILITY	Drogram Number		
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	01.0-08	
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	J2.0 00	
· ·	Date issued:	2017-01-25	Noominame:	MEETING ROOM, SMALL	
IBI	Client	-	m²:		
	Client:	MTICS	m-: 30. m ²		
RISK LEVEL:	Low				
MECHANICAL REQUIREMENTS					
HVAC: Type: ASHRAE 62.1-01		Remarks:			
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0		
to System					
DI LINADING FIVE 1950					
PLUMBING FIXTURES:				٦	
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene		Hopper	Water Fountain		
Lavatory Wall Standard	Standard	wc [Emergency Shower		
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Cont	rols Floor Drain	Other:		
Deep Equipment					
Other:					
Size:					
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with	n Isolation		
Local Adjustment	Local Adjustme		ressure Monitor	ent Controlled	
Room Control Remarks:	Via DDC				
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:		<u></u>		
EXHAUST: Pressure: Equal	Positive • Ne	egative Other:			
Air Temp: 📝 Standa	rd Special	Other:			
All Temp.	Special	ouici.			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:			Clock		
Types of Power: Normal	& Emergency		▼ 3.36K		
Receptacle Count: Conven	ience: 2 duplex, Floorbo	xes: 1 quadplex			
Power Remarks:					
Patient Care Area Designation					
(as per CSA Z32):					
	. —				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
✓ Dimmable Lighting	In Use" Ligh	t			
Switch & Light Cont	rols Vanity Light				
Charting Light					

Project Name: VALLEYVIEW PROJEC	01.0 ENTRANCE AND MEETING	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number: 3572	Draft: Pro	ogram Number: 01.0-08		
Sign Off:	Date Issued: 2017-01-25	omName: MEETING ROOM, SMALL		
	Client: MTICS m²:	: 30. m²		
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS: Communications Outlet 6	Intercom Station Har	nds Free Room Status		
Quantity (1 voice, 1 data): Tel Outlet: 0	Video Intercom Station Tele	emetry econferencing		
Coax/ Data TV Outlet: 0		econterencing		
IMIT Remarks:				
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Card Reader No.: Intrusion Detection	Staff Assist Duress - Wired Patient Assist • Duress - Wireless		
Security Remarks:				
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	CE AND MEETING FACILITY			
Project Number: 35720	Draft:	Final	Program Number:	01.0-09	
Sign Off:	Date Issued:	2017-01-25	RoomName: ME	EETING ROOM, MEDIUM	
IBI	Client:	MTICS	m²: 44.6 m²		
RISK LEVEL:	Low				
	LOW				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	remarks		
Ceiling: 2750 A	coustic Tile	Pre-Finished			
Wall:	WB - Impact Resistant	Paint			
Floor:		Carpet			
Base: 100 Ri	ubber	'			
Wall Protection: Corner Guards:	Sheet:	Remarks:			
Crash Rails: Stand	dard Anti-Ligature				
Hand Rails: Stand	dard Anti-Ligature				
Chair Rail: Stand	dard Anti-Ligature				
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam		
✓ Door Sidelight					
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Side glazi Hardware Type:: OF-01 Windows: Operable Windows:	Tamperproof Hardware ✓ Locking	914 mm	doors into Breakout Room 1.0-1:	1 and 12. Door size :	
External Glazing and Fram External Glazing Hardwar Exterior Window Treatme Internal Glazing and Fram Blackout	e: Standard Secuent: Standard Secuent: Standard Secuent: Standard Secuent: Standard Secuents	ure High Securi ure High Securi ure High Securi	ity ity ity		
Casework / Millwork: Casework Securit	y: Regular Secur	e	Remarks: Min 2440 mm long	g built in kitchenette.	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface 915 Height (mm):			
✓ Upper Cupboards ✓ Lower Cupboards	Counter Top Stainless Steel	✓ Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Appendix Noise Control	1D - Acoustics and	
GENERAL ROOM REMARKS: Coat Ho	poks: Standard Anti-Li	gature No of Coat	Mirrors: Stand	ard Vandal-Proof	
Tackboard Dim:		Hooks:	/hiteboard Dim: 1220mm wid	le x 915mm high	
Remarks: Provide PAC N		or. Shall accommodate	table and seats for 24, millwork		

Project Name:	Department:		SUB DEPARTMENT:	AAID TD AIAIN : 2 - 2 - 2 - 2 - 2
VALLEYVIEW PROJECT	01.0 ENTRANCE AND MEETING			
	Draft:	FACILITY	Program Number:	
Project Number: 35720	prepop 1	2 Final	i rogram wumber.	01.0-09
Sign Off:	Date Issued:	2 11101	RoomName:	
· ·		2017-01-25		MEETING ROOM, MEDIUM
IBI	Client:		m²:	
		MTICS	44.6 m²	
RISK LEVEL:	Low			
	LOW			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:	_			
sink mounting faucet	tap		7 Evouseh	Plumbing Remarks
Handwash Counter Goosene		Urinal L	Eyewash Water Fountain	
Lavatory Wall Standard		Hopper	Water Fountain Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont		Other:	
Deep Equipment		Tion brain	_ other.	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with	n Isolation	
Local Adjustment	Local Adjustme	·	ressure Monitor	ent Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive V Ne	gative Other:		
LATIAOST.		9		
Air Temp: 🗸 Standa	rd Special	Other:		
_	<u>—</u>			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		✓ Clock	
Receptacle Count: Conven	ience: 4 duplex, Floorbo	xes: 2 quadplex		
Power Remarks:				
. S. G. Remarks.				
Patient Care Area Designation				
(as per CSA Z32):				
	ighting	11.1.1.	an when	
LIGHTING: Workstation Task L		Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont Charting Light	rols Vanity Light			
Graning Light				

Project Name: VALLEYVIEW PROJECT	T Department: 01.0 ENTRANCE AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY
Project Number: 3572	Draft:	Program Number: 01.0-09
Sign Off:	Date Issued: 2017-01-25	RoomName: MEETING ROOM, MEDIUM
	Client: MTICS	m²: 44.6 m²
RISK LEVEL:	Low	
TECHNOLOGY REQUIREMENTS		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: UNIT Remarks: SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Intercom Station Video Intercom Station Intercom Master Station Intercom Master Station Clinical Camera Card Reader No.: Clinical Camera Monitor Intrusion Detection Clinical Camera Monitor Card Reader No.: Clinical Camera Monitor Card Reader No.: Clinical Camera Monitor Clini	Hands Free Room Status Telemetry Teleconferencing Staff Assist Duress - Wired Patient Assist Duress - Wireless
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VALLEYVIEW PRO.	JECT Department: 01.0	01.0 ENTRANCE AND MEETING FACILITY					
Project Number: 3.	Draft: prepop	1 2	✓ Final		Program Numl	oer:	01.0-10
Sign Off:	Date Issued:		2017-0		RoomName:	ME	ETING ROOM, LARGE
IBI	Client:		N	MTICS	m²: 12	5. m²	
RISK LEVEL:	Low						
ARCHITECTURAL REQUIREMEN	V13						
INTERIOR FINISHES: height Ceiling: 2750	material	D.	finish			remarks	
Ceiling: 2750	Acoustic Tile	PI	e-Finished				
Wall:	GWB - Impact Resis	stant Pa	aint				
Floor:		Ca	arpet				
			pc:				
Base: 100	Rubber						
Wall Protection: Corner Guards:	Sheet:	Carl an	Rer	marks:			
Crash Rails:	_	Ligature					
Hand Rails: Chair Rail:	_	Ligature					
Chair Rail:	Standard Anti-I	Ligature					
Door(s): Clear Opening (W x H):	914 x 2135	Material: S	olid Core		Fir	nish: Plam	
✓ Door Sidelight							
Door Hardware: Door Protectio Automatic Ope Access Control Door Glazing: Side	ner Tamperpr	ure & Do	S	ize : 1830		nto Meeting room fror provide doors into Brea Imm	
Hardware Type:: OF-	10						
Windows: Operable Windows External Glazing an		=		gh Securit	Remarks:		
External Glazing Ha				th Securit	-		
Exterior Window Tr		_	= -	gh Securit	•		
Internal Glazing and	d Frame: 🗸 Standard	d Secure	e 🗌 Hig	gh Securit	ty		
Blackout	✔ Blinds Roller	r Shutter	1 Way Mirror		Other		
Casework / Millwork: Casework	Security: Regular	Secure			Remarks:	Min 2440 mm long bu	ilt in kitchenette.
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	2440 & 1220	-	ork Surface 91!	5		Built-in storage unit for mm long X 610 mm de high	
✓ Upper Cupboar✓ Lower Cupboar		ter Top less Steel	✓ Lo	ockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling:		RT 60: 0).7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
NC Rating: 30	0-35						
GENERAL ROOM REMARKS:	Coat Hooks: Standard	d Anti-Liga		coat oks:		Mirrors: Standard	☐ Vandal-Proof
Tackboard D	Dim:			✓ W	hiteboard [Dim: 2440mm wide X	1220mm high
	rovide retractable scree quipment storage, over						

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND I		AND TRAINING FACILITY
VALLETVIEWTROSECT		FACILITY	
Project Number:	-Draft:	Program Number:	01.0-10
35720	prepop 1 2 Final		01.0-10
Sign Off:	Date Issued:	RoomName: 017-01-25	MEETING DOOM LADGE
IRI			MEETING ROOM, LARGE
101	Client:	MTICS m²: 125. m²	
		MTTCS 125. m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:	A A / Faving ant Cooling Deguired	
HVAC: Type: ASHRAE 62.1-01	Remarks.	A/V Equipment Cooling Required	
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
	1] a a
sink mounting faucet	tap	l Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barri	er Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Drain Other:	
Deep Equipment			
Other:			
Size:			
	_		
ROOM CONTROLS Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Dati	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor	ent Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Deal Sterner (2 Archich)	T		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive • Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
	0.5	Clock	
Types of Power: Norma	& Emergency		
Described County			
	video conference equipment)	ex, Special Equipment (additional outle	ts): projector, overhead
screen,	video comerence equipment)		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
		_	
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	☐ "In Use" Light	All lighting on amarganay navva-	
✓ Switch & Light Conf		All lighting on emergency power.	
Charting Light	varinty Light		

n :		n				CUID DEDARTS SENIT	
Project Name: VALLEYVIE	W PROJECT	Department: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY	
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	01.0-10
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	MEETING ROOM, LARGE
		Client:		I	MTICS	m²: 125. m²	
RISK LEVEL:		Low					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camer. Security Camer.	lata): utlet: 1 Clinary	nical Camera nical Camera Monit	Intercom	Station Proom Station Master Station Card Reader Intrusion Det	No.:	Hands Free Room Telemetry Teleconferencing Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	:						
OTHER							
Equipment Remarks:				perational emarks:			
Room Data Sheet Commen	t:						

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	CE AND MEETING FACILITY			
Project Number: 35720	Draft:	Final	Program Number:	01.0-11-01	
Sign Off:	Date Issued:	2017-01-25	RoomName:	BREAKOUT ROOM	
IBI	Client:	MTICS	m²: 22.3 m²		
RISK LEVEL:	Low				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	remarks		
Ceiling: 3000 Acor	ustic Tile	Pre-Finished			
Wall: GWI	B - Impact Resistant	Paint			
Floor:		Carpet			
1001.		carpet			
Base: 100 Rub	hor				
	per	_			
	Sheet:	Remarks:			
Crash Rails: Standa					
Hand Rails: Standa					
Chair Rail: Standa	rd Anti-Ligature				
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam		
Door Sidelight					
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing:	Anti-Ligature & Tamperproof Hardware✓ Locking	Door Remarks:			
Hardware Type:: OF-01					
Windows: Operable Windows: External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Blind	Standard ✓ Section Standard ✓ Section Standard ✓ Section Standard ✓ Section Standard	ure High Secur ure High Secur ure High Secur	rity rity		
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:		
Min Millwork /Counter Linear Length 1830		Work Surface 915			
(mm) or % of perimeter wall: ☐ Upper Cupboards ✓ Lower Cupboards	✓ Counter Top Stainless Steel	Height (mm):└── Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and	
			NA:: □ 0: .	4	
GENERAL ROOM REMARKS: Coat Hook	ks: Standard Anti-Li	gature No of Coat Hooks:	Mirrors: Standard	d Vandal-Proof	
Tackboard Dim:	mmodata 10 to 12, shall be		Whiteboard Dim: 1220mm wide	c 915mm high	
Nemarks. Silali acco	mmodate 10 to 12; shall be	associated With Halfill	ig noom (used by Maples)		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND MEETING			
TALLET VIEW I NOSECT	D	FACILITY	Data and the state of the state	
Project Number: 35720	Draft:		Program Number:	01.0-11-01
	prepop 1	2 Final	PoomName:	01.0 11-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	BREAKOUT ROOM
IBI	Cliente		2.	BREAKOOT KOOW
	Client:	MTICS	m²: 22.3 m²	
			22.5 111	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
iivae.				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc F	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con		Other:	
Deep Equipment			-	
Other:				
Size:	-			
ROOM CONTROLS. Room Temp Control	vith Room Relative	Humidity with	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustme	-	ressure Monitor Patient	Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
				1
EXHAUST: Pressure:	Positive N	egative Other:		
		011		-
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS		L		
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		✓ Clock	
				,
Receptacle Count: Conven	ience: 3 duplex, Floorbo	oxes: 1 quadplex		
Power Remarks:				_
rower nemarks.				
Patient Care Area Designation				_
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Ligh	t		
Switch & Light Cont	rols Vanity Light			
Charting Light				
		·	·	

Desirat Name		Department:				CLID DEDARTMENT:	
1	Project Name: VALLEYVIEW PROJECT		ENTRANCE		TING CILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY	
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	01.0-11-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	BREAKOUT ROOM
		Client:		1	MTICS	m²: 22.3 m²	
RISK LEVEL:		Low					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer Security Camer	lata): utlet: 0 : : : : : : : : : : : : : : : : :	nical Camera nical Camera Monito	Intercom I	Station rcom Station Waster Station Card Reader Intrusion Det	No.:	Hands Free Room Statu Telemetry Teleconferencing Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	:						
OTHER							
Equipment Remarks:				perational emarks:			
Room Data Sheet Commen	t:						

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	CE AND MEETING FACILITY			
Project Number: 35720	Draft:	Final	Program Number:	01.0-11-02	
Sign Off:	Date Issued:	2017-01-25	RoomName:	BREAKOUT ROOM	
IBI	Client:	MTICS	m²: 22.3 m²		
RISK LEVEL:	Low				
ARCHITECTURAL REQUIREMENTS					
INTERIOR EINIGUES		6 . 1			
e.g.ix	material Dustic Tile	finish Pre-Finished	remarks		
ceiling.	Justic Tile	TTC TIIIISIICU			
Wall: GW	/B - Impact Resistant	Paint			
Floor:		Carpet			
		•			
Base: 100 Rul	ober	1			
Wall Protection: Corner Guards: ✓	Sheet:	Remarks:			
Crash Rails: Standa	ard Anti-Ligature				
Hand Rails: Standa	ard Anti-Ligature				
Chair Rail: Standa	ard Anti-Ligature				
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam		
Door Sidelight	314 x 2133	John Core	T I I III		
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks:			
Automatic Opener	Tamperproof Hardware	Door Remarks.			
Access Control	✓ Locking				
Door Glazing:					
Hardware Type:: OF-01					
Windows: Operable Windows:	Standard Sect	ure	Remarks:		
External Glazing and Frame		_			
External Glazing Hardware:	Standard Seco		•		
Exterior Window Treatmen		= -	•		
Internal Glazing and Frame					
☐ Blackout ✓ Blin	ds Roller Shutter	1 Way Mirror	Other		
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:		
Min Millwork /Counter Linear Length 1830 (mm) or % of perimeter wall:		Work Surface 915 Height (mm):			
Upper Cupboards	✓ Counter Top	Lockable			
✓ Lower Cupboards	Stainless Steel				
ACOUSTICS: STC Rating Wall / 50	RT 60:	0.7	Remarks: Refer to Appendix 10	- Acoustics and	
Floor / Ceiling: NC Rating: 30-35			Noise Control		
GENERAL ROOM REMARKS: Coat Hoo	oks: Standard Anti-Li	gature No of Coat	Mirrors: Standard	d Vandal-Proof	
Tackboard Dim:		Hooks:	Vhiteboard Dim: 1220mm wide:		
	ommodate 10 to 12; shall be			- · · · · · · · · ·	
Silali acc	ommodute 10 to 12, shall be	associated with fidilli	18 Woom (asea by Mahies)		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND MEETING			
	Droft:	FACILITY	Drogram Number	
Project Number: 35720	Draft:	2 Final	Program Number:	01.0-11-02
Sign Off:	Date Issued:	∠ i ill@l	RoomName:	32.0 22 42
· ·	_ 500 1550000.	2017-01-25		BREAKOUT ROOM
IBI	Client:		m²:	
		MTICS	22.3 m²	
RISK LEVEL:	Low			
	LOW			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
	G)	6 :151		
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		Hopper _	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC		
Double	Electronic Cont		Corrosion Resistant Fittings	
Deep Equipment			Other:	
Other:				
Size:	_			
Size				
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme	·	n Isolation Patier Patier	nt Controlled
Room Control Remarks:	Via DDC			
	L			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Othe	er:	
Rack Storage (2.4m high)	Types:			
_				1
EXHAUST: Pressure:	Positive Ne	egative Other:		
ALT. GO.	d	Othor		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			✓ Clock	
Types of Power: Normal	& Emergency		•	
Pagantagle County 2	damas 2 damba - Elas I			
Receptacle Count: Conven	ilence: 3 duplex, Floorbo	xes: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
Washatan TI-I	ighting National	Liahtina D	oarks:	
LIGHTING: Workstation Task L		Lighting Ren	11a1 N3.	
Dimmable Lighting	"In Use" Light	t		
Switch & Light Cont Charting Light	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT	01.0 ENTRANCE AND MEETING	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY
	FACILITY □ □ □ ✓	Program Number:
Project Number: 35720	prepop 1 2 Final	01.0-11-02
Sign Off:	Date Issued: 2017-01-25	RoomName: BREAKOUT ROOM
	Client: MTICS	m²: 22.3 m²
RISK LEVEL:	Low	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Video Intercom Station	Hands Free Room Status Telemetry Teleconferencing
	Card Reader No.: Clinical Camera Intrusion Detection	Staff Assist Duress - Wired Patient Assist ✓ Duress - Wireless
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANO	CE AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING ANI	D TRAINING FACILITY
Project Number: 35720	Draft:	Y Final	Program Number:	01.0-12
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMPUTER TRAINING LAB
	Client:	MTICS	m²: 35. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height Ceiling: 2750 Aco	material	finish Dro Finished	remarks	
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall: GW	B - Impact Resistant	Paint		
Floor:		Resilient		
Base: 100 Flas	h Cove			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks:		
Access Control	✓ Locking			
Door Glazing: Upper glazi	ng			
Hardware Type:: OF-01				
Windows: Operable Windows:	☐ Standard ✓ Sec	_	Remarks:	
External Glazing and Frame: External Glazing Hardware:	Standard Sec Standard Sec	= -	•	
Exterior Window Treatment		_		
Internal Glazing and Frame:	Standard Sec	ure High Secur	ity	
☐ Blackout ✓ Blind	Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur	re	Remarks:	
Min Millwork /Counter Linear Length	Counter/	Work Surface		
(mm) or % of perimeter wall:		Height (mm):		
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable		
zower capsourds	Stanness Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50	RT 60:	: 0.9	Remarks: Refer to Appendi	x 1D - Acoustics and
NC Rating: 35-40			Noise Control	
GENERAL ROOM REMARKS: Coat Hool	ks: Standard 🗸 Anti-Li	igature No of Coat 10	Mirrors: Stan	dard Vandal-Proof
Tackboard Dim:		Hooks:		
			- 6	m wide x 915mm high
	etractable screen for project r workstation; (used by Map		10 computer stations or using	laptops and one
instructor	workstation, juseu by Map	nesj		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND M		NG FACILITY
VALLETVIEW INOSECT		FACILITY	
Project Number: 35720	Draft:	Program Number:	.0-12
	prepop 1 2 Final		10 12
Sign Off:	Date Issued:	RoomName: .7-01-25 COMPUTER	TRAINING LAB
IRI			110 1111110 2715
	Client:	MTICS m²: 35. m²	
		33.111	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks: Ac	dditional cooling demand	
nvac.			
✓ Can Air be Returned Rate (A)	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash Plumbing Rema	rks
Handwash Counter Goosen			
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborate	Programme Foot Bodal	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D		
Deep Equipment			
Other:			
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Betieve Controlled	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled	
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
		7	
EXHAUST: Pressure: Fqual	Positive Negative	Other:	
Air Towns A Charlet	ord Others O		
Air Temp: Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerge	ency	Clock	
	ience: 8 duplex, Workstations: 10 quadp	olex, Special Equipment (additional outlets): projector	, overhead
screen			
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light		
Switch & Light Con	rols Vanity Light		
Charting Light			

E		I_				T			
Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTRANCE		ETING CILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		01.0-12	
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	СОМІ	PUTER TRAINING LAB	
		Client:		I	MTICS	m²: 35. m²			
RISK LEVEL:		Low							
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications Of Quantity (1 voice, 1 control of Tel Of Coax/ Data TV Of IMIT Remarks SECURITY SYSTEMS: Security Camer.	lata): Utlet: Utlet:	nical Camera	=	Station Proom Station Master Station Card Reader		Hands Free		☐ Duress - Wired	
Security Camer		nical Camera Monit	or	Intrusion Det	ection	☐ Patient A	ssist	✓ Duress - Wireless	
OTHER									
Equipment Remarks:				perational emarks:					
Room Data Sheet Commen	t:								

_													
Project Name: VAL	LEYVIEW	PROJE		ortment: 01.0	ENTRANG	CE AND	MEETING FACILIT	ì	PARTME 1B-		NG AND T	RAINING	FACILITY
Project Number:		3572	Draft 20	:: prepop	1 2	Fina		Prograr	n Numb	er:		01.0-	-13
	Sign	Off:	Date	Issued:		2	2017-01-25	RoomN	lame:				STORAGE
IBI			Clien	t:			MTICS	S m²:	3.	m²			
RISK LEVEL:				Standar	·d								
	A. DEQUUD	CAACAIT		Standar	<u> </u>								
ARCHITECTUR			<u> </u>										
INTERIOR FINISH		ight		material			finish				remarks		
Ceiling:	2750		Acoustic	Tile		Pre-Finis	shed						
Wall:			GWB			Paint							
- Flaani						Daailiaa	<u> </u>						
Floor:						Resilient	τ						
Base:	100		Flash Cov	/e									
Wall Protection:	Corner Guard	s: 🗸	Sheet	. 🗸			Remarks:						
	Crash Rails:	Sta	andard	Anti-L	igature								
	Hand Rails:	Sta	andard	Anti-L	igature								
	Chair Rail:	Sta	andard	Anti-L	igature								
Door(s):	Clear Opening (\	<i>N</i> x H):	914 x	2135	Material:	Solid Co	ore		Fini	sh: Plam	1		
	Door Sid	 delight											
Door Hardware:			•	_	ire & oof Hardware	Door Ren	narks:						
	Hardware Type	OF-01											
Windows:	Operable W External Gla External Gla Exterior Win Internal Gla	izing and Fr izing Hardw ndow Treat zing and Fr	vare:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure	High Seco	urity urity urity urity	marks:				
Casework / Millwor	rk: Cas	ework Secu	ırity:	Regular	Secur	re		Re	marks:				
Min Millwork /0 (mm) o	Counter Linear I	-			Counter/	Work Surf Height (m							
		Cupboards		Count	er Top ess Steel		Lockable	e					
ACOUSTICS:	STC Rating Wa				RT 60	: N/A		Re		Refer to	Appendix 10) - Acoustic	cs and
	NC Rat	ting: N/A											
GENERAL ROOM	REMARKS:	Coat	Hooks:	Standard	Anti-L	igature	No of Coat Hooks:			Mirrors:	Standar	d 🗌 Van	dal-Proof
	Tackbo	ard Dim:						Whiteboa	ard D	im:			
	Remark	Shall	accommo	odate suppl	ies and equi	ipment							

Project Name:	Department:					SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.	0 ENTR	ANCE	AND ME		1B-MEETING AND T	RAINING FACILITY
VALLET VIEW PROJECT					ACILITY		
Project Number:	Draft:			✓		Program Number:	01.0-13
35720	prepop	1	2	Final			01.0-13
Sign Off:	Date Issued:			2017	7-01-25	RoomName:	STORAGE
IBI				2017	7-01-23		STORAGE
101	Client:				MTICS	m²:	
					WITICS	3. m²	
RISK LEVEL:	Standa	ırd					
MECHANICAL REQUIREMENTS			Rema	rke:			
HVAC: Type: ASHRAE 62.1-01			Keilla	iiks.			
]				
Can Air be Returned Rate (A/	C):			Sį	pecial Exhau	ust Air Required: 0	
to system							
PLUMBING FIXTURES:			.				
						Dlumki	ing Domorks
sink mounting faucet	tap	(0.1)		Urinal		Eyewash	ing Remarks
Handwash Counter Goosene		r/Blades		Hopper		Water Fountain	
Lavatory Wall Standard				wc		Emergency Shower	
Janitorial Floor Laborato	′	Pedal		Barrier F	Free WC	Corrosion Resistant Fittings	
Double	Elect	ronic Con	trols	Floor Dra	ain	Other:	
Deep Equipment							
Other:	_						
Size:							
ROOM CONTROLS. Room Temp Control	with Roo	m Relative	Humidity	v with $\ \ \Box$	□ Infectio	n Isolation	
	1 1						
Local Adjustment	Loca	ıl Adjustm		,	1	Pressure Monitor Patient Contr	olled
Room Control Remarks:	Loca	l Adjustm		,	1	Patient Contr	olled
	Loca	l Adjustm			1	Patient Contr	oneu
					1	ressure Monitor Patient Contr	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr		ent		Room P	ressure Monitor Patient Contr	olled
Room Control Remarks:			ent		Room P	ressure Monitor Patient Contr	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr	у	ent		Room P	ressure Monitor Patient Contr	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dr Types: Positive	у N	Standp	pipe	Room P	ressure Monitor Patient Contr	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Vet Dr Types: Positive	у N	Standp		Room P	ressure Monitor Patient Contr	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dr Types: Positive	у N	Standp	pipe	Room P	ressure Monitor Patient Contr	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dr Types: Positive	у N	Standp	pipe	Room P	ressure Monitor Patient Contr	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dr Types: Positive	у N	Standp	pipe	Room P	ressure Monitor Patient Contr	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dr Types: Positive	у N	Standp	pipe	Room P	er:	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dr Types: Positive	у N	Standp	pipe	Room P	ressure Monitor Patient Contr	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Vet Dr Types: Positive	у N	Standp	pipe	Room P	er:	Olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olied
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olied
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olicu
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olieu
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olied
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olied
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	olicu
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dr Types: Positive	y N	Standp	pipe	Room P	er:	oneu
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr Types: Positive ard Spe	y Noticial	Standp	pipe	Room P Oth	er: Clock	oneu —
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr Types: Positive and Spe	y Noticial	Standp egative Ot	pipe	Room P	er: Clock	oned
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	Vet Dr Types: Positive ard Spe	y Nocial Spatial Spati	Standp egative Ot	pipe	Room P Oth	er: Clock	oned
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr Types: Positive ard Spe	y Noticial	Standp egative Ot	pipe	Room P Oth	er: Clock	oned .
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	Vet Dr Types: Positive ard Spe	y Nocial Spatial Spati	Standp egative Ot	pipe	Room P Oth	er: Clock	oned
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dr Types: Positive ard Spe	y Nocial Spatial Spati	Standp egative Ot	pipe	Room P Oth	er: Clock	

		Т				1			
Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTRANC	E AND ME		SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
VALLEYVI	EW PROJECT			FA	ACILITY				
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		01.0-13	
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		STORAGE	
IBI		Client:			MTICS	m²: 3. m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): Outlet: 0		Video Ir	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is	
IMIT Remark	s:								
SECURITY SYSTEMS:				_					
Security Came Security Came		nical Camera nical Camera Moni	tor	Card Reader Intrusion De			Assist nt Assist	Duress - Wired ✓ Duress - Wireless	
Security Remark	s:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	nt:								

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	CE AND MEETING	SUB DEPARTMENT: 1B-MEETING AND TR	RAINING FACILITY
Project Number: 35720	Draft:	FACILITY Final	Program Number:	01.0-14
Sign Off:	Date Issued: Client:	2017-01-25 MTICS	RoomName: THERAPEUTIC GF m²: 60. m²	ROUP/ FAMILY ROOM
RISK LEVEL:	Low		00. III	
ARCHITECTURAL REQUIREMENTS	LOW			
INTERIOR FINISHES: height	material	finish	remarks	
		Pre-Finished		
Wall:	VB - Impact Resistant	Paint		
Floor:		Resilient		
Base: 100 Fla	ash Cove	"		
Wall Protection: Corner Guards: Crash Rails: Stand Hand Rails: Stand Chair Rail: Stand	lard Anti-Ligature	Remarks:		
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Paint	
Door Sidelight Door Protection Automatic Opener Access Control Door Glazing: Upper gla: Hardware Type:: OF-01 Windows: Operable Windows: External Glazing and Frame External Glazing Hardware Exterior Window Treatmen Internal Glazing and Frame	Iamperproof Hardware ✓ Locking zing Standard ✓ Secure: Standard	ure ure High Secur ure High Secur	rity rity	mm
Blackout ✓ Blir		1 Way Mirror	Other	
Casework / Millwork: Casework Security Min Millwork / Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter/ V	e Work Surface Height (mm): Lockable	Remarks:	
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS: Coat Ho	oks: Standard 🗸 Anti-Li	gature No of Coat 10	Mirrors: Standard	Vandal-Proof
Tackboard Dim:		Hooks: W	Vhiteboard Dim: 2@1220mm wid	de x 915mm high
Remarks: Shall acc	commodate 24 in soft seats (u	sed by Maples)		

Project Name:	Department:		SUB DEPARTMENT:	ALD TO A INUAL OF A CULT		
VALLEYVIEW PROJECT	U1.0 ENTRA	NCE AND MEETING				
	Draft:	FACILITY	Program Number:			
Project Number: 35720	prepop 1	2 Final		01.0-14		
Sign Off:	Date Issued:		RoomName:			
· ·		2017-01-25		JTIC GROUP/ FAMILY ROOM		
IBI	Client:		m²:			
		MTICS	60. m²			
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:				
HVAC: ASHRAE 62.1-01		Remarks.				
Can Air be Returned Rate (A/	C):	Special Exhau	ıst Air Required: 0			
Can Air be Returned Rate (A/	C):	Special Extrac	ist Air Required: U			
·						
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain			
Lavatory Wall Standard	Standard		Emergency Shower			
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Contro		Other:			
Deep Equipment						
Other:	_					
Size:						
		- 1				
ROOM CONTROLS: Room Temp Control	with Room Relative F	lumidity with Infection	n Isolation	t Controlled		
Local Adjustment	Local Adjustmer	nt Room Pr	ressure Monitor	it Controlled		
Room Control Remarks:	Via DDC					
FIRE PROTECTION STATE TO THE		Chandring				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Othe	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Fqual	Positive Neg	gative Other:				
LAIROUT.						
Air Temp: 🗸 Standa	rd Special	Other:				
_	_ -					
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	ency		✓ Clock			
	-					
Receptacle Count: Conven	ience: 12 duplex					
	·					
Power Remarks:						
rowel neillaiks.						
Patient Care Area Designation						
(as per CSA Z32):						
_	_					
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rem	narks:			
Dimmable Lighting	In Use" Light					
Switch & Light Cont	rols Vanity Light					
Charting Light						

Project Name:		Department:				SUB DEPARTMENT:			
VALLEYVIEW PROJECT			ENTRANCE		ETING CILITY	1B-MEETING AND TRAINING FACILITY			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		01.0-14	
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	HERAPEUTIC GF	ROUP/ FAMILY ROOM	
		Client:			MTICS	m²: 60. m²			
RISK LEVEL:		Low							
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer Security Camer	data): utlet: 0 utlet: 1 Cli	nical Camera nical Camera Monito	Intercom	Station Proom Station Master Station Card Reader Intrusion Det	No.:		Room Status If Assist ient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks	:								
OTHER									
Equipment Remarks:				perational emarks:					
Room Data Sheet Commen	nt:								

Project Name: VALLE	YVIEW PI	ROJEC	Depart		ENTRAN	CE AND N	NEETING FACILITY	SUB DEPART		ETING AND TR	RAINING FA	ACILITY
Project Number:		35720	Draft:	prepop	1 2	Final		Program Nur			01.0-1	5
IRI	Sign Of	f:	Date Is	ssued:		20	17-01-25	RoomName:		P-IN OFFICE, TRAI	NING COORE	DINATOR
<u> </u>			Client:				MTICS	m²:	9.3 m²	1		
RISK LEVEL:			S	tandar	d							
ARCHITECTURAL	REOUIRE	MENTS										
INTERIOR FINISHES				material		fin	ish			remarks		
Ceiling:	2750		coustic T			Pre-Finishe				Terriarks		
B	2,30	Ī										
Wall:		G	GWB			Paint						
Floor:		L				Carpet						
						1						
Base:	100	R	lubber									
Wall Protection: Co	rner Guards:	✓	Sheet:	✓			Remarks:					
Cr	ash Rails:	Stan	ndard [Anti-L	igature							
На	ind Rails:	Stan	ndard [Anti-L	igature							
Ch	air Rail:	Stan	ndard [Anti-L	igature							
Door(s): Clea	r Opening (W x	: H):	914 x 2	135	Material:	Solid Core	<u> </u>		inish:	Plam		
	✓ Door Sideli	ght										
	_											
Door Hardware: [Door Prote Automatic Access Cor	Opener		Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remar	ks:					
L	Door Glazing:		azing									
	Į		azırıg									
Ha	rdware Type::	OF-01										
	Operable Wind		_	Standard	_			Remarks	s:			
	External Glazin	J	_	Standard			High Secu					
	External Glazin Exterior Windo	_		Standard Standard	_	ure ure	High Secui High Secui	=				
	Internal Glazin			Standard	_	=	High Secui	-				
ſ	Blackout	✓ B			Shutter [1 Way M		Other				
Casaviante / Millionnie	Casew	ork Securi						Remark	ç.			
Casework / Millwork:				egular	Secui			Kemark	3.			
Min Millwork /Cou (mm) or %	nter Linear Len of perimeter v				Counter/	Work Surface Height (mm						
[Upper Cup	boards		Count	er Top	[Lockable					
[Lower Cup	boards		Stainle	ess Steel							
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling				RT 60	0.7		Remark		er to Appendix 1D se Control	- Acoustics a	nd
	NC Rating								IVOIS	Se Control		
GENERAL ROOM RE	MARKS:	Coat H	looks: 🗸	Standard	Anti-L	igature No	o of Coat 2		Mir	rors: Standard	Vandal	-Proof
[✓ Tackboard	Dim:	1220 mn	n wide x 9	15 mm high	ı	✓ \	Whiteboard	Dim:	1220mm wide x	915mm high	ı
	Remarks:	Shall a	ccommod	late desk	and chair, sı	mall layout	table, side o	chair		-		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	01.0 ENTRANCE AND M		D TRAINING FACILITY
VALLETVIEW PROJECT		ACILITY	
Project Number:	-Draft:	Program Number:	01.0-15
35720	prepop 1 2 Final		01.0-13
Sign Off:	Date Issued:	7-01-25 RoomName: DROP-IN OFFICE.	TRAINING COORDINATOR
IRI		,	TRAINING COORDINATOR
	Client:	MTICS m ² : 9.3 m ²	
		9.3 111	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash Plu	umbing Remarks
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient C	ontrolled
Room Control Remarks:	Via DDC		
noom control nemano.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal			
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadple	ex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
UGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
		Eighteing Nethanks.	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTRA	NCE AND ME	ETING	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
VALLETVI	LVV FINOSECI	- 6			CILITY				
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:	01.0-15		
	Sign Off:	Date Issued:		2017	-01-25	RoomName: DROP-IN OFFICE, TR	RAINING COORDINATOR		
IBI		Client:			MTICS	m²: 9.3 m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUI	IREMENTS								
IMIT SYSTEMS:									
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Vide	ercom Station eo Intercom Station ercom Master Statio		Hands Free Room Sta	itus		
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	nt:								

Project Name: VALLEYVIEW PROJECT			Department: 01.0	oartment: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	ber:	01.0-16		
IBI	Sign Off	:	Date Issued:		2017	'-01-2 5	RoomName:	FC	OOD PREPARATION AREA		
	ı L		Client:			MTICS	m²:	6. m²			
RISK LEVEL:			Low								
ARCHITECTUR	AL DECLUBEA	<i>AENITC</i>									
	150										
INTERIOR FINISH	1ES: height 2750		material ustic Tile		finish Washable	1		remarks			
Ceiling:	2/30	ACO	ustic file		wasnabie						
Wall:		GW	В		Paint		1200 mm hig	h			
Floor					Desilient						
Floor:					Resilient						
Base:	100		h Cove								
Wall Protection:	Corner Guards:	✓ 9	Sheet:		R	lemarks:					
	Crash Rails:	Standa	rd Anti-L	igature							
	Hand Rails:	Standa	rd Anti-L	igature							
	Chair Rail:	Standa	rd Anti-L	igature		ļ					
Door(s):	Clear Opening (W x	H): 9	914 x 2135	Material:	Solid Core		Fir	nish: Plam			
	Door Sidelig	ght		I							
Door Hardware:	Door Protect Automatic C Access Con	Opener trol	Locking	ire & oof Hardware	Door Remarks:						
	Hardware Type:: (OF-01									
Windows:	Operable Windo External Glazing External Glazing Exterior Windoo Internal Glazing Blackout	ows: g and Frame: g Hardware: w Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec	ure	ligh Secui ligh Secui ligh Secui ligh Secui	rity				
Casework / Millwo	ork: Casewo	ork Security:	✓ Regular	Secur	re		Remarks:				
	Counter Linear Leng			Counter/	Work Surface 9	15					
(mm)	or % of perimeter w Upper Cupb Lower Cupb	ooards	✓ Count	er Top ess Steel	Height (mm):└	Lockable					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling NC Rating:	:		RT 60:	N/A		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and		
GENERAL ROOM			s: 🗸 Standard	A+: 1:	igatura No of	Coat 2		Mirrors: Stand	ard Vandal Broof		
GLINERAL ROUN			▼ Standard	Anti-Li		looks:					
	Tackboard Remarks:	Dim:	mmodate Range	e & range ho	ood Dishwash				le x 915mm high ge, food preparation,		
		refrigerat		- 3.31160 110		, 3.000	,		5-, p. aparation,		

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	01.0 ENTRANC	E AND MEETING	1B-MEETING AND TRAINING FACILITY		
VALLETVIEWTROSECT		FACILITY			
Project Number: 35720	-Draft:	<u> </u>	Program Number: 01.0-16		
	prepop 1 2	Final			
Sign Off:	Date Issued:	2017-01-25	RoomName: FOOD PREPARATION AREA		
IBI	Client:		m²:		
	Cheffe.	MTICS	16. m²		
DICK LEVEL:	Low				
RISK LEVEL:	Low				
MECHANICAL REQUIREMENTS					
HVAC: Type: ASHRAE 62.1-01	Rei	marks: Additional co	oling demand		
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0		
to System					
PLUMBING FIXTURES:	· · · · · · · · · · · · · · · · · · ·				
sink mounting faucet	tap		Plumbing Remarks		
Handwash Counter Goosene		Urinal	Eyewasn		
Lavatory Wall Standard		Hopper	Water Fountain		
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Emergency Shower		
✓ Double	Electronic Controls	Floor Drain	Other:		
Deep Equipment		Tiodi Biani	Other.		
Other:					
Size:	-				
-					
ROOM CONTROLS: Room Temp Control	with Room Relative Humio	dity with 🔲 Infectio	n Isolation		
Local Adjustment	Local Adjustment	·	ressure Monitor Patient Controlled		
Room Control Remarks:	via DDC				
FIRE PROTECTION: Sprinkler Type:	/et Dry Star	ndpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive Negative	e Other:			
<u> </u>					
Air Temp: 📝 Standa	rd Special	Other: Domestic Ra	inge Hood		
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Emerge	ency		✓ Clock		
		split duplexes along co	ounters, Special Equipment (additional outlets): fridge,		
dishwa	sher, stove, microwave				
Power Remarks: GFI					
Patient Care Area Designation					
(as per CSA Z32):					
LIGHTING: ₩ Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
LIGHTING: Workstation lask Lighting					
✓ Switch & Light Cont	"In Use" Light	Undercabi	inet lighting		
Charting Light	rols Vanity Light				

Project Name: VALLEYVIEW PROJECT		SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number: 35720	Draft: ☐ ☐ ☑ ✓ Program Numbe	01.0-16		
Sign Off:	Date Issued: 2017-01-25 RoomName:	FOOD PREPARATION AREA		
	Client: MTICS m²: 16.	m²		
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS: Communications Outlet 0	Intercom Station Hands Free	Room Status		
Quantity (1 voice, 1 data): Tel Outlet: 1	Video Intercom Station Telemetry Intercom Master Station Teleconferencing			
Coax/ Data TV Outlet: 0		3		
IMIT Remarks:				
	inical Camera Card Reader No.:	Staff Assist Duress - Wired Patient Assist Duress - Wireless		
Security Remarks:				
OTHER				
Equipment Dishwasher Cl Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VALLEYVIEW PROJECT	Department: 01.0 ENTRANC	CE AND MEETING FACILITY	SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILIT
Project Number: 35720		Final	Program Number: 01.0-17
IBI	Date Issued: Client:	2017-01-25	FURNITURE AND EQUIPMENT STORAGE m²:
		MTICS	20. m²
RISK LEVEL:	Standard		
ARCHITECTURAL REQUIREMENTS			
INTERIOR FINISHES: height	material	finish	remarks
Ceiling: 2750 A	coustic Tile	Pre-Finished	
Wall:	swB	Paint	
Floor:		Resilient	
	lash Cove	F	
Wall Protection: Corner Guards: ✓ Crash Rails: Stan	Sheet: 🗹 dard Anti-Ligature	Remarks:	
	dard Anti-Ligature		
Chair Rail: Stan	dard Anti-Ligature		
Door(s): Clear Opening (W x H):	1830 x 2135 Material:	Solid Core	Finish: Plam
Door Sidelight			
Door Hardware: Door Protection Automatic Opener Access Control	☐ Anti-Ligature & Tamperproof Hardware ✓ Locking	Door Remarks:	
Door Glazing:			
Hardware Type:: OF-01			Remarks:
Windows: Operable Windows: External Glazing and Fran		ure 🗌 High Secur	
External Glazing Hardwar Exterior Window Treatm			
Internal Glazing and Fran	ne: Standard Secu	ure High Secur	rity
	linds Roller Shutter	1 Way Mirror	Other
Casework / Millwork: Casework Securi Min Millwork / Counter Linear Length		e Work Surface	Remarks:
(mm) or % of perimeter wall: Upper Cupboards		Height (mm): Lockable	
Lower Cupboards	Stainless Steel		
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 H	ooks: Standard Anti-Li	gature No of Coat Hooks:	Mirrors: Standard Vandal-Proof
Tackboard Dim:			Whiteboard Dim:
Remarks:			

Project Name:	Department:		SUB DEPARTMENT:	ND =0.410	
VALLEYVIEW PROJECT	01.0 ENTRA	ANCE AND MEETING			
	Droft:	FACILITY	Drogram Number		
Project Number: 35720	Draft:		Program Number:	01.0-17	
Sign Off:	prepop 1 Date Issued:		RoomName:	31.0 1/	
· ·	pate issued:	2017-01-25		E AND EQUIPMENT STORAGE	
IBI	Cliente		m²:		
	Client:	MTICS	20. m²		
			201111		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
HVAC: Type: ASHRAE 62.1-01		Remarks:			
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain		
Lavatory Wall Standard	Standard	□ wc	Emergency Shower		
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Contr	rols Floor Drain	Other:		
Deep Equipment			_		
Other:	_				
Size:					
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infection	n Isolation	ort Comercial and	
Local Adjustment	Local Adjustme		ressure Monitor	nt Controlled	
Room Control Remarks:					
_					
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Othe	er:		
Rack Storage (2.4m high)	Types:				
_				1	
EXHAUST: Pressure: Fequal	Positive Ne	gative Other:			
Air Temp: 🗸 Standa	ard Special	Other:			
All Temp.	Бреста	Other.			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:			Clock		
Types of Power: Norma					
Pagantagla County Constru	ionco: 4 dunlay				
Receptacle Count: Conver	nence: 4 auplex				
Power Remarks:					
Patient Care Area Designation					
(as per CSA Z32):					
	ighting	produce of	aarke:		
LIGHTING: Workstation Task L		Lighting Rem	idi KS:		
Dimmable Lighting	"In Use" Light				
Switch & Light Conf	rols Vanity Light				
Charting Light					

Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTRAN	CE AND ME		SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY		
Project Number:	Project Number: 35720		1 2			Program Number:	01.0-17	
	Sign Off:	Date Issued:		2017	-01-25	RoomName: FURNITURE	AND EQUIPMENT STORAGE	
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 di Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0		Video I	om Station Intercom Station om Master Statio		Hands Free	om Status	
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Moni	[tor [Card Reader	_	Staff Assist Patient Assis	Duress - Wired ✓ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

Project Name: VALLEYVIEW PROJECT			Department: 01.0	ENTRANG		SUB DEPARTMENT: AND MEETING FACILITY SUB DEPARTMENT: 1B-MEETING AND TRAINING FACE 1B-MEETIN			
Project Number:		3572	Draft: prepop	1 2	Final		Program Num	ber:	01.0-18-01
[1	Sign Off:	Date Issued:	Date Issued: 2017-01-2			RoomName:	HC	USEKEEPING CLOSET
IBI			Client:			MTICS	m²:	.5 m²	
RISK LEVEL:	_		Standa	rol .					
				u					
ARCHITECTUR		<u>UIREMENT</u>	<u>S</u>						
INTERIOR FINISH		height	material		finish			remarks	
Ceiling:	275	0	GWB - Moisture Res	sistant	Paint				
Wall:			GWB - Moisture Re	sistant	Paint				
Floor:					Resilient				
Base:	100)	Flash Cove						
Wall Protection:	Corner G		Sheet:		<u>.</u>	emarks:			
wan Protection:	Crash Ra			igature	N.	emarks.			
	Hand Ra	_	=	igature					
	Chair Ra	il: Sta		igature					
5 ()	Clear Oper	ning (W x H):	014 × 2125	Material:	Solid Core		Eir	nish: Plam	
Door(s):	_		914 x 2135	iviateriai.	Solid Core			PldIII	
		oor Sidelight	_						
Door Hardware:		oor Protection	Anti-Ligati Tamperpr	ure & oof Hardware	Door Remarks:				
		tomatic Opener cess Control	✓ Locking						
		Glazing:							
		e Type:: OF-01							
Windows:	•	ble Windows: al Glazing and Fr	Standard Standard	_		:-b C	Remarks:		
		ial Glazing and Fr	_			igh Secur igh Secur			
	Exterio	or Window Treat			_	igh Secur	-		
	Intern	al Glazing and Fra	rame: Standard	Sec	ure 🗌 H	igh Secur	rity		
	Bla	ackout	Blinds Roller	Shutter	1 Way Mirro	or	Other		
Casework / Millwo	rk:	Casework Secu	urity: 🗹 Regular	Secur	·e		Remarks:	Floor to ceiling adjust	
		near Length 200	00	Counter/	Work Surface			450mm deep. Shelf he 1.8m. Provide broom	
(mm)		rimeter wall: oper Cupboards	Count	er Top	Height (mm):└	Lockable			and make managers
		wer Cupboards		ess Steel		LOCKADIE			
ACOUSTICS:	STC Ratir Floor	ng Wall / 40		RT 60	: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	N	NC Rating: N/A							
GENERAL ROOM	REMAR	RKS: Coat	t Hooks: Standard	Anti-L	igature No of	Coat		Mirrors: Standard	Vandal-Proof
	П	ackboard Dim:	:		H		Vhiteboard [Dim:	
	Re		ide shelf with mop a and floor drain	nd broom ho	olders and hoo	oks, soap	dispenser, pa	per towel dispenser. S	hall include mop

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	01.0 ENTRANCE AN	_	1B-MEETING AND TRAINING FACILITY		
VALLET VIEW PROJECT		FACILITY			
Project Number:	Draft:		Program Number: 01.0-18-01		
35720	prepop 1 2 Fin	al			
Sign Off:	Date Issued:	2017-01-25	RoomName:		
IBI		2017-01-25	HOUSEKEEPING CLOSET		
101	Client:	MTICS	m ² :		
		WITICS	3.5 m²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: ACUDAT 62.1.01	Remarks:	Exhaust			
HVAC:	Kemarks.	LAHaust			
	0)	C :151			
Can Air be Returned Rate (A/	C):	Special Exna	ust Air Required: 0		
PLUMBING FIXTURES:					
sink mounting faucet	tan		Flumbing Remarks		
Handwash Counter Goosene	usk Diayor/Blades	rinal	Eyewasii		
	L Ctondard ''	opper	Water Fountain		
Lavatory Wall Standard		/C	Emergency Shower		
Janitorial Floor Laborato		arrier Free WC	Corrosion Resistant Fittings		
Double		oor Drain	Other:		
Deep Equipment	24 X 24 floor mounted				
Other:	janitors sink -				
Size: 24 x 24					
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity wit	h 🖂 Infectio	on Isolation		
Local Adjustment	Local Adjustment		Pressure Monitor Patient Controlled		
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Oth	ner:		
Rack Storage (2.4m high)	Types:				
	_				
EXHAUST: Pressure: Equal	Positive Negative	Other:			
Air Temp: ✓ Standa	rd Special Other:				
T					
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Norma			Clock		
Receptacle Count: Conver	ience: 1 duplex GFI				
Power Remarks: GFI					
Patient Care Area Designation (as per CSA Z32):					
(as per CSA 252):					
UGHTING: Workstation Task L	ighting Night Light	Lighting Rer	marks:		
	O D INIGHT LIGHT				
	"In Health In-				
Dimmable Lighting	"In Use" Light				
☐ Dimmable Lighting ✓ Switch & Light Conf					
Dimmable Lighting	. =				
☐ Dimmable Lighting ✓ Switch & Light Conf	. =				

Project Name: VALLEYVIEW PROJECT		Department: 01.0 ENTRANCE AND MEETING FACILITY				SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:	35720	-Draft: prepop	1	2 Final	0.2	Program Number:	01.0-18-01		
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	HOUSEKEEPING CLOSET		
		Client:			MTICS	m²: 3.5 m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUI	REMENTS								
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): 0 outlet: 0		Vi	tercom Station deo Intercom Station tercom Master Station		Hands Free Room Telemetry Teleconferencing	Status		
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L_	Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	nt:								

Project Name: VALLEYVIEW PROJECT			Depar	tment: 01.0) ENTRAN	CE AND		TING CILITY	SUB	SUB DEPARTMENT: 1B-MEETING AND TRAINING			IG FACILITY		
Project Number:		35	720	Draft:	prepop	1 2	Fina			Prog	ram Numi	oer:		01.	0-18-02
IBI		Sign Off:		Date I	ssued:			2017-	01-25	Roon m²:	nName:			HOUSEKEE	EPING CLOSET
				Client				1	MTICS	m	3.	5 m²			
RISK LEVEL:				9	Standa	rd									
ARCHITECTURA	L REO	UIREMEN	ITS												
INTERIOR FINISHE		height			material			finish					remarks		
Ceiling:	275		GW	/B - Mc	isture Re	sistant	Paint								
Wall:			GW	/R - Mc	oisture Re	cictant	Paint								
			GW	/D - IVIC	isture ne:	Sistairt	raiiit								
Floor:							Resilien	nt							
Base:	100		Fla	sh Cove	9]								
Wall Protection:	Corner G	uards:		Sheet:	✓]	Re	marks:						
	Crash Ra	ils:	Standa	ard	Anti-L	igature									
	Hand Rai	ls:	Standa	ard	Anti-L	igature									
	Chair Rai	l:	Standa	ard	Anti-L	igature									
Door(s):	ear Open	ing (W x H):		914 x 2	2135	Material:	Solid C	Core			Fir	nish: Plan	n		
	Do	or Sidelight				_									
Door Hardware:	Au	or Protection tomatic Oper cess Control Glazing:		✓	Anti-Ligate Tamperpr Locking	ure & oof Hardware	Door Re	marks:							
ŀ	Hardware	Type:: OF-0)1					L							
Windows:	Externa Externa Exterio	ole Windows: al Glazing and al Glazing Har or Window Tro al Glazing and ackout	dware: eatmen	t:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec	ure ure ure	Hi	gh Secur gh Secur gh Secur gh Secur	rity rity rity	Remarks:				
Casework / Millwork	:	Casework S	ecurity:	• F	Regular	Secui	re				Remarks:			ustable she	
Min Millwork /Co (mm) or	% of per	imeter wall:				Counter/	Work Sur Height (r	mm):					-	_	ot to exceed op hangers
	= .	per Cupboard wer Cupboard			=	er Top ess Steel			_ockable						
ACOUSTICS:	STC Ratin Floor	ng Wall / 40 / Ceiling:				RT 60	: N/A				Remarks:	Refer to		1D - Acous	tics and
	N	C Rating: N/	A												
GENERAL ROOM I			oat Hoo	oks:	Standard	l 🗌 Anti-L	igature		oks: 🖵			Mirrors:	Stand	lard 🗌 V	andal-Proof
	∟ Та	ckboard Di	m:						∨	Whiteb	ooard (Dim:			
	Re			shelf w floor d	-	nd broom ho	olders ar	nd hool	ks, soap	dispe	nser, pa	per towe	el dispense	r. Shall incl	ude mop

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	01.0 ENTRAN	CE AND MEETING			
VALLET VIEW PROJECT		FACILITY			
Project Number:	Draft:		Program Number: 01.0-18-02		
35720	prepop 1 2	Final			
Sign Off:	Date Issued:	2017-01-25	RoomName:		
IBI		2017-01-23	HOUSEKEEPING CLOSET		
101	Client:	MTICS	m²:		
		WITICS	3.5 m²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: ACUDAT 62 1 01	P	emarks: Exhaust			
HVAC: ASHRAE 62.1-01	, and the second	Cilians.			
	0)				
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to system					
PLUMBING FIXTURES:					
			Diumbing Domarks		
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks		
Handwash Counter Goosene		Hopper	Water Fountain		
Lavatory Wall Standard		wc [Emergency Shower		
✓ Janitorial ✓ Floor Laborate	_	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Controls	✓ Floor Drain	Other:		
Deep Equipment					
Other:	_				
Size:					
ROOM CONTROLS. Room Temp Control	with Room Relative Hum	nidity with	n Isolation		
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment		ressure Monitor Patient Controlled		
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type:	/et Dry Sta	andpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
Mack Storage (2.411 High)	турсз.				
EXHAUST: Pressure: Equal	Positive Negative	ve Other:			
Air Temp: Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: 1 duplex GFI				
, as the same of t	ienieci z dapież en				
Power Remarks: GFI					
Patient Care Area Designation					
(as per CSA Z32):					
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	In Use" Light				
Switch & Light Cont	rols Vanity Light				
Charting Light					

Project Name: VALLEYVIEW PROJECT		Department: 01.0	ENTR	ANCE AND ME		SUB DEPARTMENT: 1B-MEETING AND TRAINING FACILITY			
Project Number:		Program Number: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
	35720	prepop	1	2 Final			01.0-18-02		
Sign	Off:	Date Issued:		2017	-01-25	RoomName:	HOUSEKEEPING CLOSET		
		Client:			MTICS	m ² : 3.5 m ²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREM	ENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vio	tercom Station deo Intercom Station tercom Master Statio		Hands Free	Status		
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Moni	tor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment:									

Project Name: VALLEY	VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS C	MENT ENTRE	SUB DEPARTM 2A-	ient: Entrance and a	DMINISTRATION
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	ber:	02.0-01
IRI	Sign Off:		Date Issued:		2017	'-01-25	RoomName:	Ţ	WAITING AREA
			Client:			MTICS	m²: 2!	5. m²	
RISK LEVEL:			Medium						
	DEOLUDEM	ENITC							
ARCHITECTURAL I		EIVIS							
INTERIOR FINISHES:	height		material		finish			remarks	
Ceiling:	2750	GW	/B - Impact Resist	ant	Paint				
Wall:		GW	/B - Impact Resist	ant	Paint				
- Flague					Daviliant				
Floor:					Resilient				
Base:	100	Flas	sh Cove						
Wall Protection: Cor	ner Guards:	/	Sheet:		R	emarks:			
Cra	sh Rails:	Standa	ard Anti-Li	gature					
Har	d Rails:	Standa	ard Anti-Li	gature					
Cha	ir Rail:	✓ Standa	ard Anti-Li	gature					
Door(s): Clear	Opening (W x F	1):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
D001(\$).	_		314 X 2133		John Core			Tidiii	
	Door Sideligh	IL	_						
Door Hardware:	Door Protect Automatic O Access Contr oor Glazing: U	pener ·ol	✓ Locking	re & of Hardware	Door Remarks:	Double S	Swing		
			ıııg						
Hard	lware Type:: C	R-01							
E: E:	perable Windo kternal Glazing kternal Glazing kterior Window kternal Glazing a Blackout	and Frame Hardware: Treatmen	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity ity	Roller blinds/ privacy s	hades
Casework / Millwork:	Casewor	k Security:	Regular	Secur	re		Remarks:		
Min Millwork /Coun					Work Surface				
(mm) or % c	of perimeter wa Upper Cupbo Lower Cupbo	oards	Counte		Height (mm):	Lockable			
		45		RT 60:	1		Remarks:	Refer to Appendix 1D	- Acoustics and
	Floor / Ceiling: NC Rating:	35-40						Noise Control	
GENERAL ROOM REI	MARKS:	Coat Hoo	ks: Standard	Anti-Li	gature No of	Coat		Mirrors: Standard	Vandal-Proof
•	Tackboard	Dim: 4	@915mm x 915m	ım		_ v	Vhiteboard [Dim:	
	Remarks:	Shall acco	ommodate 15 sof	t seats for v	risitors and as	sociated s	staff		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIA	2A-ENTRANCE AND A	ADMINISTRATION	
VALLETVIEWTROJECT	D	CENTRE	Data annual Maria	
Project Number:	Draft:		Program Number:	02.0-01
35720	prepop 1 2	Final		02.0-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	MAITING AREA
IBI		2017 01 25		WAITING AREA
101	Client:	MTICS	m²:	
		WITICS	25. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACUDAT C	2.1-01 Rema	orke:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-U1 Rema	iiks.		
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbii	og Domorks
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	· 😑 IIL	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS: Room Temp Control	with Room Relative Humidit	v with 🖂 Infectio	n Isolation	
Local Adjustment	Local Adjustment	.	ressure Monitor Patient Contro	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Stand	oipe Oth	er:	
Rack Storage (2.4m high)	Types:			
	. , pes.			
EXHAUST: Pressure: equal	Positive Negative	Other:		
_	_			
Air Temp: Standa	rd Special O	ther:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	ahtina 🔲 N	liebaie - B	novice.	
LIGHTING: Workstation Task L		Lighting Ren	ndrks:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW I	PROJECT	CENTRE				SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-01
Sign (Off:	Date Issued:		2	017-01-25	RoomName:		WAITING AREA
IBI		Client:			MTICS	m²: 25. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	1		Vic	ercom Station deo Intercom St ercom Master :		Hands Free Telemetry Teleconferencing	Room Statu:	•
SECURITY SYSTEMS: Security Camera Security Camera Mon		nical Camera nical Camera Monit	tor		ader No.:		ff Assist tient Assist	✓ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operatio Remarks				
Room Data								

Project Name: VALLEYVIEW PR	OJECT	Department: 02	.0 PROVIN	CIAL ASSES	_	SUB DEPARTM	MENT: -ENTRANCE AND A	ADMINISTRATION
Project Number:	35720	Draft: prepor		2 Final	CENTRE	Program Num	ber:	02.0-02
Sign Off:	30720	Date Issued: Client:	-		.7-01-25 MTICS	RoomName: m²:	RECEPTION/TRA	ANSACTION COUNTER
RISK LEVEL:		Low						
ARCHITECTURAL REQUIREM	FNTS							
INTERIOR FINISHES: height	2,11,0	materia	al	fini	sh		remarks	
Ceiling: 2750	GW	B - Impact Res	istant	Paint				
Wall:	GW	B - Impact Res	istant	Paint				
Floor:				Resilient				
Base: 100	Flas	h Cove						
Wall Protection: Corner Guards: Crash Rails: [Hand Rails: [Chair Rail: [Standa Standa Standa	rd	-Ligature -Ligature -Ligature		Remarks:			
Door(s): Clear Opening (W x H		914 x 2135	Materia	l: Solid Core		Fil	nish: Plam	
Door Hardware: Door Protect Automatic C Access Cont Door Glazing: Hardware Type::	pener rol Ipper glazi	✓ Locking	ature & proof Hardwar	Door Remark e	es:			
Windows: Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: / Treatment	Standal Standal	rd Se rd Se rd Se	ecure	High Secur High Secur High Secur High Secur	rity rity rity	Roller blinds/ privacy	shades
Casework / Millwork: Casewo	rk Security:	✓ Regular	Seci	ure		Remarks:	Provide solid surface	counter. Reception
Min Millwork /Counter Linear Leng (mm) or % of perimeter wa Upper Cupbe	all: pards		Counter, nter Top nless Steel	/ Work Surface Height (mm):	710/ 1010 Lockable		Counter with security	glazing
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 6	50: 1		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS:	Coat Hook	ks: 🗸 Standa	rd Anti-	Ligature No			Mirrors: Standard	l Vandal-Proof
✓ Tackboard	Dim: 61	.5mm x 915mı	m		Hooks: ✓ v	Whiteboard	Dim: 615 mm wide X	915 mm high
Remarks:								

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES		ND ADMINISTRATION
VALLETVIEWTROJECT		CENTRE	
Project Number:	-Draft:	Program Number:	02.0-02
35720	prepop 1 2 Final		02.0-02
Sign Off:	Date Issued:	7-01-25 RoomName: RECEPTION	/TRANSACTION COUNTER
IRI			/ TRANSACTION COUNTER
101	Client:	MTICS m ² : 3.5 m ²	
		MTICS 3.5 m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
	-, [
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
		Di	umhing Domoste
sink mounting faucet	tap Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene	□ поррег	Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Deticate 6	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Mack Storage (2.411 high)	турсз.		
EXHAUST: Pressure: equal	Positive Negative	Other:	
Air Temp: ✔ Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	rncv	✓ Clock	
,,			
Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 quadple	ex	
Conven	nence. I duplex, Workstations. I quadpi		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light	All lighting on emergency power.	
Switch & Light Cont	rols Vanity Light	,,,,,	
Charting Light			
		L	

Project Name: VALLEYVIE	W PROJECT	Department: 02.0	PROV	/INCIAL ASS	ESSMENT CENTRE	2A-EN	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-02	
	Sign Off:	Date Issued:		2	017-01-25	RoomName:	RECEPTION/TRA	ANSACTION COUNTER	
		Client:			MTICS	m²: 3.5 m²	2		
RISK LEVEL:		Low							
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Coax/ Data TV O	data): utlet: 0	Master Station	Vi	itercom Station ideo Intercom St itercom Master :		Hands Free Telemetry Teleconferencing	Room Statu	is	
SECURITY SYSTEMS: Security Camer Security Camer Security Remarks	=	nical Camera nical Camera Moni transaction coun		_	eader No.: [Staff Assist Patient Assist	Duress - Wired Duress - Wireless	
071150									
OTHER				1				1	
Equipment Remarks:				Operatio Remarks					
Room Data Sheet Commen	ıt·								

Project Name: VALLE	YVIEW PRO	JECT	Department: 02.0	PROVINC	CIAL ASSES	SMENT CENTRE		2A-ENTRANCE AND ADMINISTRATION		
Project Number:	3	5720	Draft: prepop	1 2	✓ Final		Program Num	nber:	02.0-03	
[-	Sign Off:		Date Issued:		201	.7-01-25	RoomName:		VISITOR'S LOUNGE	
IBI			Client:			MTICS	m²:	0. m²		
RISK LEVEL:			Medium	<u> </u>						
ARCHITECTURAL	REQUIREME	NTS								
INTERIOR FINISHES		113	material		fini	ch		romarks		
Ceiling:	height 2750	GWI	B - Impact Resist	ant	Paint	511		remarks		
cening.	2730		5 Impact Resist	ane	- dilite					
Wall:		GWI	B - Impact Resist	ant	Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Cr Ha	orner Guards: ash Rails: and Rails: mair Rail:	Standar Standar Standar	rd Anti-Li	gature	I	Remarks:				
Door(s):	r Opening (W x H):	g	914 x 2135	Material:	Solid Core		Fi	inish: Plam		
	✓ Door Sidelight									
Ha Windows:	Door Protectio Automatic Ope Access Control Door Glazing: Side rdware Type:: CR- Operable Windows External Glazing an	e glazing	✓ Locking ☐ Standard	re & of Hardware Sec Sec		Double S	Remarks:			
		reatment d Frame: Blind	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secui High Secui High Secui	rity rity rity Other	Roller blinds/ privacy		
Casework / Millwork:	Casework :	Security:	Regular	Secui	e		Remarks	Full height built-in boadjustable shelves. 2		
Min Millwork /Cou (mm) or % [nter Linear Length of perimeter wall: Upper Cupboar Lower Cupboar	rds	Counte		Work Surface Height (mm):	Lockable		mm deep X to u/s of	-	
ACOUSTICS: ST	C Rating Wall / 4! Floor / Ceiling: 3!			RT 60	0.7		Remarks	Refer to Appendix 1D Noise Control	0 - Acoustics and	
GENERAL ROOM RE	EMARKS:	Coat Hook	s: Standard	✓ Anti-L	igature No	of Coat 6		Mirrors: Standard	d Vandal-Proof	
	Tackboard [Dim:				∐ v	Whiteboard	Dim:		
		nall be e eception	-	hallaccomm	nodate semi	private are	eas for 3 fami	ilies; shall have access	from Unit and	

Project Name:	Department:					SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSESSMENT					2A-ENTRANCE	AND ADMINISTRATION
VALLETVIEWTROJECT	CENT					Dan service Mr. 1	
Project Number:				✓		Program Number:	02.0-03
35720	prepop	1	2	Final			02.0-03
Sign Off:	Date Issued:			20	17-01-25	RoomName:	VICITOR'S LOUNCE
IBI				20	17 01 25		VISITOR'S LOUNGE
	Client:				MTICS	m²:	
					WITICS	20. m²	
RISK LEVEL:	Mediu	m					
MECHANICAL REQUIREMENTS							
Type: CCA 7217 2 10 ACHDAE 6	2 1 01		Rema	rks.			
HVAC: CSA 2317.2-10, ASHRAE 6	2.1-01		Kema	ii K3.			
] 1				
Can Air be Returned Rate (A/	C):				Special Exha	ust Air Required: 0	
to system							
PLUMBING FIXTURES:			•				
							Dlumbing Domorks
sink mounting faucet	tap	/n		Urinal		Eyewash	Plumbing Remarks
Handwash Counter Goosene		r/Blades		Норре	er	Water Fountain	
Lavatory Wall Standard				wc		Emergency Shower	
Janitorial Floor Laborato	ory Foot	Pedal		Barrie	r Free WC	Corrosion Resistant Fittings	
Double	Elect	ronic Cont	trols	Floor	Drain	Other:	
Deep Equipment							
Other:							
Size:	-						
Doom Town Control	with Door	n Dalativa	. I I . mai ditte		Infactio	n Isolation	
ROOM CONTROLS: Room Temp Control	with Koon	n Relative				n isolation	nt Controlled
Local Adjustment	Local			y with	1 1	Patier	it controlled
Local Adjustment Room Control Remarks:		l Adjustme		y Wicii	1 1	Patier Patier	it controlled
Local Adjustment Room Control Remarks:	Via DDC			y w .c	1 1	Patier	it controlled
Room Control Remarks:	Via DDC	l Adjustme	ent		Room P	ressure Monitor Patier	it controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC	l Adjustme			1 1	ressure Monitor Patier	it controlled
Room Control Remarks:	Via DDC	l Adjustme	ent		Room P	ressure Monitor Patier	it controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Via DDC	l Adjustme	ent Standp		Room P	ressure Monitor Patier	it controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types:	l Adjustme	ent		Room P	ressure Monitor Patier	it Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative		Room P	ressure Monitor Patier	it Controlled
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	ressure Monitor Patier	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	ressure Monitor Patier	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	ressure Monitor Patier	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa ELECTRICAL REQUIREMENTS	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	ressure Monitor Patier	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa ELECTRICAL REQUIREMENTS	Via DDC Vet Dry Types: Positive	l Adjustme	Standp egative	pipe [Room P	ressure Monitor Patier	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Via DDC Vet Dry Types: Positive	/ No	Standp egative	pipe [Room P	er:	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Converting the power Remarks: Patient Care Area Designation (as per CSA Z32):	Via DDC Vet Dry Types: Speciard Speciard Speciard Under Speciard Under Speciard Under Speciard Under Speciard Under Speciard Speciard Speciard Speciard Under Speciard Specia	/ No	Standp egative	pipe [Other:	er: Clock	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types: Speciard Speciard Speciard Nighting Nighting Nighting Dry	Adjustme	Standp	pipe [Room P	er: Clock	
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	Via DDC Vet Dry Types: Positive ard Spec	tht Light Use" Light	Standp	pipe [Other:	er: Clock	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types: Positive ard Spec	Adjustme	Standp	pipe [Other:	er: Clock	
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	Via DDC Vet Dry Types: Positive ard Spec	tht Light Use" Light	Standp	pipe [Other:	er: Clock	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types: Positive ard Spec	tht Light Use" Light	Standp	pipe [Other:	er: Clock	

- · · · ·							
Project Name:		Department: 02.0	PROVING	CIAL ASSES		SUB DEPARTMENT: 2A-ENTRANCE AND	ADMINISTRATION
VALLEYVII	EW PROJECT				CENTRE		
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:	02.0-03
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	VISITOR'S LOUNGE
IRI		Client:			MTICS	m²: 20. m²	
RISK LEVEL:		Medium	1				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 1 utlet: 1		Video	om Station Intercom Static om Master Stat	on	Hands Free Room Star Telemetry Teleconferencing	tus
IIVIII NEIIIAIN:	S.						
SECURITY SYSTEMS:			Г	-			
Security Camer Security Camer		nical Camera nical Camera Monit	tor [Card Reade		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	3:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VALLE	YVIEW PRO	DJECT	Department: 02.0	02.0 PROVINCIAL ASSESSMENT CENTR					SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION			
Project Number:		35720	Draft: prepop	1 2	Fina			Program Nu	mber:		02.0-0	4
	Sign Off:		Date Issued:			2017-01-		RoomName	:	DUDU	CWASHBOO	NA NANE
IBI			Client:			MTI		m²:	27		WASHROO	
						IVIII	103		3.7 m	<u> </u> -		
RISK LEVEL:	252112511		Medium									
ARCHITECTURAL		NIS										
INTERIOR FINISHES Ceiling:	height 2750	GW/	material B - Impact Resista	ant	Paint	finish				remarks		
Cennig.	2730	GW	b - Impact Nesista	311L	railit							
Wall:		GW	B - Impact Resista	ant	Paint		١	Water resis	tant			
Floor:					Resilien	nt						
Base:	100	Flas	h Cove									
Wall Protection: Co	orner Guards: ash Rails: and Rails: anir Rail:	_	Sheet: 🗹 rd 🗌 Anti-Lig	gature		Remark	KS:					
Door(s): Clea	r Opening (W x H) Door Sidelight		914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Protecti Automatic Op Access Contro Door Glazing:	ener ol	Anti-Ligatur Tamperproo	e & of Hardware	Door Re	marks: Doul	ble S	wing				
	Operable Window External Glazing a External Glazing H Exterior Window Internal Glazing a	nd Frame: lardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High So High So High So High So High So y Mirror	ecuri ecuri	ity ity				
Casework / Millwork: Min Millwork /Cou (mm) or %		l: ards	Regular Counte Stainles				able	Remark	cs:			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:			RT 60:	N/A			Remark		er to Appendix 1D ise Control	- Acoustics a	and
GENERAL ROOM RE	MARKS:	Coat Hool	ks: Standard	✓ Anti-Li	igature				Mir	rrors: Standard	✓ Vanda	l-Proof
	Tackboard	Dim:				Hooks:	_	/hiteboard	Dim:			
	Remarks:	Provide w	vashroom Accesso es are to be anti-l							toilet paper holde	r. All washro	nom

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROV	/INCIAL ASSESSMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANC	CE AND ADMINISTRATION
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	02.0-04
Sign Off:	Date Issued:	2017-01-25	RoomName:	PUBLIC WASHROOM, MALE
	Client:	MTICS	m²: 3.7 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal ☐ Hopper ☐ WC ☐ Barrier Free WC ☐ Floor Drain ☐ Electronic Control	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment	' I I	Pressure Monitor	tient Controlled
Air Temp: ✔ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer All lighting	marks: g on emergency power.	

Project Name: VALLEYVIEW I	PROJECT	Department: 02.0	PROV	'INCIAL A			SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	-Draft: prepop	1	2 Fir	/ nal		Program Number:	02.0-04	
Sign (Off:	Date Issued:			2017-0		RoomName:	PUBLIC WASHROOM, MALE	
IBI		Client:			N	/ITICS	m²: 3.7 m²		
RISK LEVEL:		Medium	1						
TECHNOLOGY REQUIREM	ENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vi	tercom Statio deo Intercom tercom Mast	Station		Hands Free Roo Telemetry Teleconferencing	m Status	
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Moni	tor	_	Reader		Staff Assist Patient Assis	Duress - Wired	
Security Remarks:									
OTHER									
Equipment Remarks:				Opera Remai					
Room Data									

Project Name: VALLE	YVIEW PRO	DJECT	Department: 02.0	PROVINC	IAL AS	SESSMEN CENTI	ΙT	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION				
Project Number:		35720	Draft: prepop	1 2	Fina		P	rogram Nur	nber:		02.0-0)5
	Sign Off:		Date Issued:			2017-01-2		toomName:		DUBLICA	MACHBOOK	4 EENANIE
IBI			Client:			MTI	n	n²:	3.7 m ²		VASHROON	
DICK I EVEL:			Madium						3.7 111			
RISK LEVEL:	DEOLUBEAN	NTC	Medium									
ARCHITECTURAL INTERIOR FINISHES:		:1013				6						
Ceiling:	height 2750	GW	material B - Impact Resista	ant	Paint	finish				remarks		
J			·									
Wall:		GW	B - Impact Resista	ant	Paint		W	ater resist	ant			
Floor:					Resilien	nt						
Base:	100	Flas	h Cove									
Wall Protection: Cc Cr Ha	rner Guards: ash Rails: and Rails: air Rail:		Sheet: 🗹 Ird Anti-Lig	gature		Remark	s:					
Door(s): Clea	r Opening (W x H) Door Sidelight		914 x 2135	Material:	Solid C	Core		F	inish:	Plam		
	Door Protecti Automatic Op Access Contro Door Glazing:	ener ol	Anti-Ligatur Tamperproo	e & of Hardware	Door Re	marks: Doub	ole Sw	ving				
	Operable Window External Glazing a External Glazing F Exterior Window Internal Glazing a Blackout	nd Frame: lardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High Se High Se High Se High Se	ecurity ecurity	y y				
Casework / Millwork: Min Millwork /Cou (mm) or % [l: ards	Regular Counte				ble	Remark	s:			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:			RT 60:	N/A			Remark		er to Appendix 1D se Control	- Acoustics	and
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: Standard	✓ Anti-Li	igature		2		Mir	rors: Standard	d ✓ Vand	al-Proof
[Tackboard	Dim:				Hooks:	Wh	niteboard	Dim:			
			vashroom Access All washroom acc							toilet paper holde	er,1 sanitary	napkin

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIA	AL ASSESSMENT	2A-ENTRANCE AND ADMINISTRATION
VALLETVIEWTROSECT		CENTRE	
Project Number:	Draft:	✓	Program Number: 02.0-05
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	PUBLIC WASHROOM, FEMALE
101	Client:	MTICS	m ² :
		WITICS	3.7 m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Pon	narks: Exhaust	
HVAC: Type: ASHRAE 62.1-01	Keil	EXTIGUSE	
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Domarks
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	,	Hopper	Water Fountain
✓ Lavatory ✓ Wall ✓ Standard		✓ WC	Emergency Shower
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls	✓ Floor Drain	Other:
Deep Equipment		Electronic Contro	ol .
Other:			
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Humid	lity with Infectio	n Isolation
ROOM CONTROLS: Local Adjustment	Local Adjustment		Pressure Monitor Patient Controlled
Room Control Remarks:	,		
FIRE PROTECTION: Sprinkler Type: V	/et Dry Stand	dpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Types of Fower. NOTITIAL			
Recentagle County Course	inner 1 deceler CEI		
Receptacle Count: Conver	ience: 1 dupiex GFi		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
		<u>.</u>	
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light	All lighting	T on emergency nower
Switch & Light Cont		All lighting	g on emergency power.
Charting Light	Tames Eight		

Project Name:		Department:	PROV	INCIAL ASS	FSSMENT	SUB DEPARTMENT: 2A-FNTRAN(CE AND	ADMINISTRATION
VALLEYVIEV	V PROJECT	CENTRE						
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-05
· ·	gn Off:	Date Issued:		2	017-01-25	RoomName:	PUBLIC \	WASHROOM, FEMALE
IBI		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outl Quantity (1 voice, 1 dat Tel Outl Coax/ Data TV Outl IMIT Remarks:	a): 0		Vio	tercom Station deo Intercom St tercom Master		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera N Security Remarks:		nical Camera nical Camera Moni	tor		eader No.:	Staff Ass		☐ Duress - Wired ✔ Duress - Wireless
,								
OTHER								
Equipment Remarks:				Operatio Remarks				
Room Data Sheet Comment:								

Project Name: VALL	EYVIEV	V PROJEC		Department: 02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION				
Project Number:		3572	Draft:	prepop 1	2 Fina		Progra	ram Numb	er:		02.0-	06
[-	Si	gn Off:	Date Is	sued:		2017-01-2		nName:		WORKSTATIO	N, OFFICE	MANAGER
IBI			Client:			MTI	CS m²:	6.5	5 m²			
RISK LEVEL:				tandard								
	, DEO!!	IDEA AEAIT		tanuaru								
ARCHITECTURA	•		<u> </u>									
INTERIOR FINISHE	2750	height	A soustis T	material	Dro Fin	finish				remarks		
Ceiling:	2/50		Acoustic T	ile	Pre-Fin	isrieu						
Wall:			GWB		Paint							
Floor:					Carpet							
Base:	100		Rubber									
Wall Protection:	Corner Gua	rds: 🗸	Sheet:	✓	<u></u>	Remarks	s:					
	Crash Rails:	: Sta	indard [Anti-Ligature								
	Hand Rails:	Sta	indard [Anti-Ligature								
1	Chair Rail:	Sta	indard [Anti-Ligature								
Door(s):	ear Opening	g (W x H):	914 x 2	135 Mat	erial: Solid C	Core		Fini	ish: Pla	m		
	Door	Sidelight										
December of the second				Anti Ligatura 9								
Door Hardware:		Protection matic Opener		Anti-Ligature & Tamperproof Hard	Door Re lware	marks:						
		ss Control	✓	Locking								
	Door Gla	zing: Upper į	glazing									
ŀ	lardware T	ype:: OF-01										
Windows:	Operable	Windows:	✓	Standard	Secure		R	Remarks:				
	External	Glazing and Fra	ame:	Standard	Secure	High Se	ecurity					
		Glazing Hardw		Standard	Secure	High Se	-					
		Window Treati		Standard	Secure	High Se						
	Black	Glazing and Fra	Blinds	Standard •• Roller Shutter		☐ High Se y Mirror	ecurity	Other [Pollor k	olinds/ privacy	chados	
			_	_		y iviii i Oi		Ĺ	itoliei k	Jillus, privacy	31180003	
Casework / Millwork	: (Casework Secu	rity: R	egular	Secure		F	Remarks:				
Min Millwork /Co	ounter Linea % of perim	-		Cou	nter/ Work Sur Height (r							
() 61		r Cupboards		Counter Top	rieigiie (i	Lockal	ble					
	Lowe	r Cupboards		Stainless Steel								
ACOUSTICS:	STC Rating '				RT 60: 0.7		F			o Appendix 1D	- Acoustics	and
		Rating: 30-35	;						Noise C	Control		
GENERAL ROOM F	REMARK	S: Coat	Hooks: 🗸	Standard A	nti-Ligature		2		Mirrors	: Standard	d Vand	al-Proof
	✓ Tack	board Dim:	615mm	x 915mm		Hooks: ✓	Whitebo	oard D	im: 6	15 mm wide X	915 mm hi	gh
	Rem	arks:							<u> </u>			

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCI	AL ASSESSMENT	2A-ENTRANCE AND ADMINISTRATION
VALLET VIEW PROJECT		CENTRE	
Project Number:	Draft:		Program Number: 02.0-06
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017-01-23	WORKSTATION, OFFICE MANAGER
101	Client:	MTICS	m²:
		WITICS	6.5 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
MECHANICAL REQUIREMENTS	24.04		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Kei	marks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			Diumbing Domarks
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		□ wc	Emergency Shower
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Humi	dity with 🖂 Infection	n Isolation
Local Adjustment	Local Adjustment		ressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	/et Dry Star	ndpipe Oth	er:
Rack Storage (2.4m high)	Types:		
	. , pes.		
EXHAUST: Pressure: equal	Positive Negative	e Other:	
Air Temp: Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		✓ Clock
Receptacle Count: Conven	ience: 2 duplex, Workstations	s: 1 quadplex	
,	, , , , , , , , , , , , , , , , , , ,		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	=		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEY	valleyview project		PROVINCIA	C	MENT ENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	02.0-06	
	Sign Off:	Date Issued:		2017	'-01-25	RoomName: WORKSTATI	ON, OFFICE MANAGER	
IBI		Client:			MTICS	m²: 6.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQ	UIREMENTS							
Coax/ Data T	, 1 data): el Outlet:	Master Station	=	Station ercom Statior Master Statio		Hands Free Room State Telemetry Teleconferencing	us	
SECURITY SYSTEMS: Security Cal Security Cal	mera Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion De	_	Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Com								

Project Name: VAI	LLEYVIEW PRO	OJECT	Department: 02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	02.0-07-01
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:	WORKSTATION, GEN	ERAL ADMIN SUPPORT
IBI			Client:			MTICS	m²:	.5 m²	
RISK LEVEL:			Standar	d					
	AL REQUIREM	ENITC	Staridar						
INTERIOR FINISH	150	ENIS							
Ceiling:	1ES: height 2750	٨٥٥	material ustic Tile		finish Pre-Finished			remarks	
ceiling.	2750	700	ustic The		i re-i illisiled				
Wall:		GW	В		Paint				
Flaan					Carrat				
Floor:					Carpet				
Base:	100	Rub	ber						
Wall Protection:	Corner Guards:	/	Sheet:		R	emarks:			
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature					
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature					
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x H	1):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
(-,-	Door Sideligh	nt							
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing: U	pener ol	✓ Locking	re & oof Hardware	Door Remarks:				
	Hardware Type:: O								
Windows:	Operable Windov External Glazing External Glazing Exterior Window Internal Glazing a	ws: and Frame: Hardware: Treatment	Standard	Sec Sec Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity	Roller blinds/ privac	y shades
Casework / Millwo	ork: Casewor	k Security:	Regular	Secur	re		Remarks:		
	Counter Linear Lengt or % of perimeter wa Upper Cupbo	II: pards	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 30-35		RT 60:	0.7		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
GENERAL ROOM	Į		s: 🗸 Standard	Anti-Li	gature No of	Coat 2		Mirrors: Standar	d Vandal-Proof
	✓ Tackboard		.5mm x 915mm			looks:	Vhiteboard I	Dim: 615 mm wide	
	ſ			and chart of	ing ochie :	المام المام			
	nemalks.	SIIAII ACCO	mmodate desk a	anu chair, fil	ilig cabinet, s	iue chair			

Project Name:	Department:	UNICIAL ACCECCA AEXIT	SUB DEPARTMENT:	AND ADMINISTRATION	
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT			
	Draft:	CENTRE	Program Number:		
Project Number: 35720	prepop 1	2 Final		02.0-07-01	
Sign Off:	Date Issued:		RoomName:		
'' `		2017-01-25		I, GENERAL ADMIN SUPPORT	
IBI	Client:		m²:		
		MTICS	6.5 m²		
RISK LEVEL:	Standard				
	- Communication				
MECHANICAL REQUIREMENTS	2.1.01	Damarka			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:			
	0)]			
Can Air be Returned Rate (A/C to System	C):	Special Exhai	ust Air Required: 0		
to o jote					
PLUMBING FIXTURES:					
sink mounting faucet	tap		Evousch	Plumbing Remarks	
Handwash Counter Goosene		Urinal	Eyewash 		
Lavatory Wall Standard	=	Hopper	Water Fountain Emergency Shower		
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Con		Other:		
Deep Equipment		TIOOI BIAIII	other.		
Other:					
Size:	=				
Poom Tomp Control	with Doom Polative	Humidity with Infactio	n Isolation		
ROOM CONTROLS: Room Temp Control v	Local Adjustm	·	ressure Monitor Patier	nt Controlled	
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
<u></u>					
EXHAUST: Pressure:	Positive	egative Other:			
Air Town	rd Coosial	Other:			
Air Temp: Standa	rd Special	Other.			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:	0		Clock		
Types of Power: Normal	& Emergency				
Receptacle Count: Conven	ience: A dunloy Workst	ations: 1 quadplay			
neceptacie count. Conven	ierice. 4 dupiex, Workst	auons. 1 quaupiex			
Power Remarks:					
Patient Care Area Designation (as per CSA Z32):					
(as pc. 357.252).					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	"In Use" Ligh	nt			
Switch & Light Cont	_				
Charting Light					

Project Name: VALLEYVIEW PROJECT	CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number: 35720	Draft:	Program Number: 02.0-07-01		
Sign Off:	Date Issued: 2017-01-25	RoomName: WORKSTATION, GENERAL ADMIN SUPPORT		
IBI	Client: MTICS	6.5 m ²		
RISK LEVEL:	Standard			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS: Communications Outlet 1	Intercom Station	Hands Free Room Status		
Quantity (1 voice, 1 data):	Video Intercom Station	Telemetry		
Tel Outlet: 0	✓ Intercom Master Station	Teleconferencing		
Coax/ Data TV Outlet: 0				
IMIT Remarks: Video Intercon	Master Station			
SECURITY SYSTEMS:				
Security Camera	Clinical Camera Card Reader No.:	Staff Assist Duress - Wired		
Security Camera Monitor	Clinical Camera Monitor Intrusion Detection	Patient Assist Duress - Wireless		
Security Remarks:				
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VA l	LLEYVIEW PRO	JECT Department: 02.	0 PROVINCIA	L ASSESSMENT CENTRI	2A	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	3!	Draft: prepop	1 2	✓ Final	Program Num	ber:	02.0-07-02	
	Sign Off:	Date Issued:		2017-01-2	RoomName:	WORKSTATION, GENE	RAL ADMIN SUPPORT	
IB		Client:		MTIC	S m²:	.5 m²		
RISK LEVEL:		Standa	rd					
	DAL DEGLUDENALI							
	RAL REQUIREME!							
INTERIOR FINISI	height 2750	materia		finish		remarks		
Ceiling:	2750	Acoustic Tile	Pre	e-Finished				
Wall:		GWB	Pa	int				
Floor:			Ca	rpet				
Base:	100	Rubber						
Wall Protection:	Corner Guards:			Remarks:				
	Crash Rails:	_	Ligature					
	Hand Rails:	_	Ligature Ligature					
			_					
Door(s):	Clear Opening (W x H):	914 x 2135	Material: So	olid Core	Fi	nish: Plam		
	Door Sidelight							
Door Hardware:	Door Protection			or Remarks:				
	Automatic Ope	Locking	roof Hardware					
	Door Glazing: Upp			_				
	Hardware Type:: OF-	·01						
Windows:	Operable Windows				Remarks:			
	External Glazing and External Glazing Ha		_					
	Exterior Window Tr				-			
	Internal Glazing and							
	Blackout	✓ Blinds Rolle	er Shutter	1 Way Mirror	Other	Roller blinds/ privacy	shades	
Casework / Millwo	ork: Casework S	Security: Regular	Secure		Remarks	:		
	/Counter Linear Length		Counter/ Wo	k Surface				
(mm)	or % of perimeter wall:			ght (mm): Lockable				
	Upper Cupboar Lower Cupboar	=	nter Top Iless Steel	Lockabii	е			
ACOUSTICS:	STC Rating Wall / 45	5	RT 60: 0.	7	Remarks	Refer to Appendix 1D	- Acoustics and	
	Floor / Ceiling: NC Rating: 3(Noise Control		
GENERAL ROOM		Coat Hooks: 🗹 Standar		ure No of Coat 2		Mirrors: Standard		
		Dim: 615mm x 915mr				Dim: 615 mm wide X	915 mm high	
	Remarks: Sh	hall accommodate scre	en for projector.	desk and chair, fi	ling cabinet, sid	de chair		

Project Name:	Department: 02.0 PROVINCIAL ASSES	SUB DEPARTMENT: SMENT 2A-ENTRANCE AND ADMINISTRATION
VALLEYVIEW PROJECT		CENTRE
Project Number: 35720	Draft:	Program Number: 02.0-07-02
Sign Off:	Date Issued: 201	7-01-25 RoomName: WORKSTATION, GENERAL ADMIN SUPPORT
IBI	Client:	MTICS m ² : 6.5 m ²
RISK LEVEL:	Standard	5.5
MECHANICAL REQUIREMENTS	Standard	
HVAC: Type: CSA Z317.2-10, ASHRAE 62	Remarks:	
Can Air be Returned Rate (A/C to System	c):	Special Exhaust Air Required: 0
PLUMBING FIXTURES:		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	Emergency Shower Free WC Corrosion Resistant Fittings
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
Air Temp: 📝 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS GENERAL POWER:	L	
Types of Power: Normal	& Emergency	Clock
Receptacle Count: Conveni	ience: 4 duplex, Workstations: 1 quadpl	ex
Power Remarks:		
Patient Care Area Designation (as per CSA Z32):		
LIGHTING:	In Use" Light	Lighting Remarks:

Project Name: VALLEYVIEW PROJEC	T Department: 02.0 PROVINCIAL ASSESSMENT CENTRE SUB DEPARTMENT: 2A-ENTRANCE AND ADMINIS	2A-ENTRANCE AND ADMINISTRATION		
Project Number: 3572	Draft: Program Number:	-07-02		
Sign Off:	Date Issued: 2017-01-25 RoomName: WORKSTATION, GENERAL ADMII	N SUPPORT		
	Client: MTICS m ² : 6.5 m ²			
RISK LEVEL:	Standard			
TECHNOLOGY REQUIREMENTS				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: Video Interco	Intercom Station			
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		s - Wired s - Wireless		
OTHER				
Equipment Remarks:	Operational Remarks:			
Room Data Sheet Comment:				

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number: 35720	Draft:	Final	Program Number:	02.0-08	
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION, REFE	ERRALS/ ADMISSIONS	
	Client:	MTICS	m²: 26. m²		
RISK LEVEL:	Standard				
	Standard				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	remarks		
Ceiling: 2750 Aco	ustic Tile	Pre-Finished			
Wall:	В	Paint			
Floor:		Carnot			
FIOUI.		Carpet			
200	L				
Base: 100 Rub		_			
	Sheet:	Remarks:			
Crash Rails: Standa					
Hand Rails: Standa					
Chair Rail: Standa	rd 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 &	Door Remarks:			
Automatic Opener	Tamperproof Hardware	Door Remarks.			
Access Control	✓ Locking				
Door Glazing: Upper glazi	ng				
Hardware Type:: OF-01					
Windows: Operable Windows:	✓ Standard Sec	uro	Remarks: Film on internal glazin	og.	
External Glazing and Frame:	✓ Standard Section Standard Section			'S	
External Glazing Hardware:	✓ Standard Sec	_	·		
Exterior Window Treatment	Standard Sec		•		
Internal Glazing and Frame:	✓ Standard Section Se	_			
☐ Blackout ✔ Blind	s Roller Shutter	1 Way Mirror	Other Roller blinds/ privacy	shades	
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:		
Min Millwork /Counter Linear Length		Work Surface			
(mm) or % of perimeter wall: Upper Cupboards	Counter Top	Height (mm): Lockable			
Lower Cupboards	Stainless Steel	Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	RT 60:	0.7	Remarks: Refer to Appendix 1D	- Acoustics and	
NC Rating: 30-35			Noise Control		
GENERAL ROOM REMARKS: Coat Hook	ss: 🗸 Standard 🗌 Anti-Li	gature No of Coat 2	Mirrors: Standard	I ☐ Vandal-Proof	
✓ Tackboard Dim: 40	2615mm x 915mm	Hooks: ✓ w	Vhiteboard Dim: 4@615 mm wid	e X 915 mm high	
			10.000		
Remarks: Shall acco	mmodate 4 workstations, so	ort seating, filing cabine	ets (2), shelving units		

Project Name:	Department: 02.0 PROVINCIAL AS	SESSMENT	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION
VALLEYVIEW PROJECT		CENTRE	
Project Number: 35720	Draft:		Program Number: 02.0-08
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION, REFERRALS/ ADMISSIONS
IBI	Client:		m²:
		MTICS	26. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	.1-01 Remarks:		
HVAC: Type: CSA 2317.2-10, ASHRAE 62			
Can Air be Returned Rate (A/C to System	c):	Special Exha	ust Air Required: 0
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard Will Y Foot Pedal Ba	pper	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:
ROOM CONTROLS: Room Temp Control we Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustment	1 1	on Isolation Patient Controlled Pressure Monitor Peressure Monitor
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			✓ Clock
Types of Power: Normal	& Emergency		▼ Clock
Receptacle Count: Conven	ence: 8 duplex, Workstations: 4 qua	dplex	
rowel reliidits.			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING:	In Use" Light	Lighting Ren	marks:

Project Name: VALLEYVIEW PROJECT		Department: 02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION :		
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:	02.0-08	
	Sign Off:	Date Issued:		2017	-01-25	RoomName: WORKSTATION, F	REFERRALS/ ADMISSIONS	
_]		Client:			MTICS	m²: 26. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O			Vic	tercom Station deo Intercom Station tercom Master Statio		Hands Free Room St Telemetry Teleconferencing	atus	
Coax/ Data TV O	Outlet: 0			tereom waster Statio		releconterencing		
IMIT Remarks	S:							
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks	s:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEY	/VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSES	SMENT CENTRE		ENTRANCE AND A	DMINISTRATION
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	oer:	02.0-09
IRI	Sign Off:		Date Issued:		201	.7-01-25	RoomName:		FILE ROOM
			Client:			MTICS	m²:	1. m²	
RISK LEVEL:			Standar	d					
	DEOLUDEN	AFNITC	<u> </u>						
ARCHITECTURAL I	REQUIREN	IEN IS							
INTERIOR FINISHES:	height		material		fini	sh		remarks	
Ceiling:	2750	GV	VB		Paint				
Wall:		GV	VB		Paint				
Floor:					Resilient				
Base:	100	Fla	sh Cove						
Wall Protection: Cor	ner Guards:	✓	Sheet:		1	Remarks:			
Cra	sh Rails:	Stand	ard 🗌 Anti-Liį	gature					
Har	nd Rails:	Stand	ard 🗌 Anti-Liį	gature					
Cha	air Rail:	Stand	ard 🗌 Anti-Liį	gature					
Dana (a) Clear	Opening (W x	H/·	914 x 2135	Material:	Solid Core		Fin	nish: Plam	
Door(s): Clear	_		914 X 2133	Waterial.	30110 COTE			Pidili	
L	Door Sidelig	gnt							
Door Hardware:	Automatic C	Opener	☐ Anti-Ligatur Tamperpro ✓ Locking	re & of Hardware	Door Remark	rs:			
Haro	dware Type::	OF-02							
E E E	operable Windo xternal Glazing xternal Glazing xterior Windov nternal Glazing	g and Frame g Hardware w Treatmer	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwork:	Casewo	ork Security	: Regular	Secur	е		Remarks:	Floor to ceiling shelving	ng. 450mm deep.
Min Millwork /Coun (mm) or % o	ter Linear Leng of perimeter w				Work Surface Height (mm):			2400mm counter to b	e provided.
	Upper Cupb Lower Cupb		✓ Counte Stainle	er Top ss Steel		Lockable			
	Rating Wall / Floor / Ceiling:	40		RT 60:	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating:	N/A					ļ		
GENERAL ROOM REI	MARKS:	Coat Hoo	oks: Standard	Anti-Li	gature No	of Coat Hooks:		Mirrors: Standard	☐ Vandal-Proof
•	Tackboard	Dim: 6	515mm x 915mm			✓ ∨	Whiteboard D	Dim: 615 mm wide X	915 mm high
	Remarks:	Shall acc	commodate 9 bays	of patient	files and 4 a	dministrati	ive filing cabin	ets	

Project Name:	Department: 02.0 PROVINCIAL ASS	SUB DEPARTME	NT: ENTRANCE AND ADMINISTRATION
VALLEYVIEW PROJECT		CENTRE	
Project Number: 35720	Draft:	Program Number	er: 02.0-09
Sign Off:	Date Issued:	017-01-25 RoomName:	FILE ROOM
IBI	Client:	MTICS m²:	m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS	Standard		
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
Can Air be Returned Rate (A/C to System	c):	Special Exhaust Air Required:	0
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC Ty Foot Pedal Barr		ower
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor	Patient Controlled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	let Dry Standpipe Types:	Other:	
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conven	ence: 4 duplex		
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING:	In Use" Light	Lighting Remarks: All lighting on emergence	y power.

Project Name: VALLEYVIEW PROJECT		02.0 PROVINCIAL ASSESSMENT CENTRE							
Project Number:	35720	Draft: prepop	1		√ nal		Program Number:	02.0-09	
Sign Of	f:	Date Issued:			2017-	01-25	RoomName:	FILE ROOM	
		Client:			I	MTICS	m²: 14. m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREME	NTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vi	tercom Stati deo Intercor tercom Mas	n Station		Hands Free Room State Telemetry Teleconferencing	us	
SECURITY SYSTEMS: Security Camera Security Camera Monito		nical Camera nical Camera Monit	tor		d Reader usion Det		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless	
OTHER									
Equipment Remarks:				Opera Rema	ational Irks:				
Room Data Sheet Comment:									

Project Name: VALLE	YVIEW PI	ROJECT	Departn		PROVINC	CIAL ASS	SESSMENT CENTRE		PARTMEN 2A-EI	it: NTRANCE AN	IIMDA DI	NISTRATION
Project Number:		35720	Draft:	prepop	1 2	✓ Final	l		n Number	:	02.	0-10
IBI	Sign Of	f:	Date Iss	sued:		2	2017-01-25	RoomN m²:	lame:		SHAR	ED OFFICE, OT
			Client:				MTICS		26. 1	m²		
RISK LEVEL:			St	tandar	d							
ARCHITECTURAL	REOUIREI	MENTS										
INTERIOR FINISHES:				material			finish			remarks		
Ceiling:	2750		coustic Til			Pre-Finis				remano		
Wall:		G	WB			Paint						
Floor:						Carpet						
Base:	100	Ri	ubber									
Wall Protection: Co	rner Guards:	✓	Sheet:	✓		1	Remarks:					
Cra	ash Rails:	Stan	dard	Anti-Li	gature							
На	nd Rails:	Stan	dard	Anti-Li	gature							
Ch	air Rail:	Stan	dard	Anti-Li	gature							
Door(s): Clear	Opening (W >	: H):	914 x 21	135	Material:	Solid Co	ore		Finish	n: Plam		
	Door Sideli	ght										
	Door Prote Automatic Access Cor Door Glazing: dware Type::	Opener	_ 1	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Ren	narks:					
Windows: C	Operable Wind External Glazin External Glazin Exterior Windon Internal Glazin	lows: g and Fran g Hardwar ow Treatme	re: 🗸 9 ent: 🗸 9 ne: 🗸 9	Standard Standard Standard Standard Standard Roller	Second Shutter	ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	irity irity irity irity		paque film on ir		
Casework / Millwork:	Casew	ork Securit	ty: 🗸 Re	gular	Secur	·e		Re		built-in cabinets		
Min Millwork /Cour (mm) or %	nter Linear Len of perimeter v				Counter/	Work Surfa Height (m	ım):			ng X 630 mm de	eep X 2185	mm high
	Upper Cup Lower Cup		[Counte	er Top ess Steel		✓ Lockable					
ACOUSTICS: STO	Rating Wall / Floor / Ceiling				RT 60	0.7		Re		efer to Appendiz	x 1D - Acou	stics and
	NC Rating	30-35										
GENERAL ROOM RE	_	ı	ooks: 🗸 S			igature	No of Coat Hooks:	\A/L:- '		lirrors: Stan		andal-Proof
<u> </u>	✓ Tackboard	Dim:	4@615m	m x 915n	nm		✓	Whiteboa	ard Dim	1: 4@615 mm	wide X 915	mm high
	Remarks:	Shall ac	ccommoda	ate 4 wor	kstations, s	helving u	nits, filing cak	oinets (4)			

Project Name:	Department:	#N.O.A. AGG=555 :=::=	SUB DEPARTMENT:						
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT							
	Draft:	CENTRE	Program Number:						
Project Number: 35720	prepop 1	2 Final		02.0-10					
Sign Off:	Date Issued:		RoomName:						
IDI		2017-01-25		SHARED OFFICE, OT					
IBI	Client:	NATICS	m²:						
		MTICS	26. m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:							
iivac.									
Can Air be Returned Rate (A/o	C):	Special Exha	ust Air Required: 0						
to System									
PLUMBING FIXTURES:	DITIMBING EIVITIDES:								
	tan		=	Plumbing Remarks					
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewash	Transmig remarks					
Lavatory Wall Standard		Hopper _	Water Fountain						
Janitorial Floor Laborato		WC _	Emergency Shower						
Double	Electronic Con	trols	Corrosion Resistant Fittings						
Deep Equipment		Floor Drain	Other:						
Other:									
Size:	-								
ROOM CONTROLS: Room Temp Control v	vith Room Relative	Humidity with Infectio	n Isolation	ent Controlled					
Local Adjustment	Local Adjustm	ent Room P	ressure Monitor	ent controlled					
Room Control Remarks:	via DDC								
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: equal	Positive N	egative Other:							
Air Temp: 🕡 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS		<u> </u>							
GENERAL POWER:									
Types of Power: Normal	9. Emorgona		✓ Clock						
Types of Fower. Normal	∞ Emergency		_						
Receptacle Count: Conven	ience: 8 duplex. Workst	ations: 4 quadplex							
· Content	ienieci e aapien, treme	ationor i quaupiex							
Power Remarks:									
Tower Remarks.									
Patient Care Area Designation									
(as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
Dimmable Lighting	"In Use" Light								
✓ Switch & Light Cont	_								
Charting Light	sincy Eight								

Project Name: VALLEYVIEW PROJECT		02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:	02.0-10	
· ·	ign Off:	Date Issued:		20	17-01-25	RoomName:	SHARED OFFICE, OT	
IBI		Client:			MTICS	m²: 26. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta):		Vio	tercom Station deo Intercom Sta tercom Master Si		Hands Free Room Sta	atus	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:		nical Camera nical Camera Moni	tor		der No.:	Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless	
OTHER								
Equipment Remarks:				Operation Remarks:	al			
Room Data Sheet Comment:								

Project Name: VALLEY	/VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS C	MENT CENTRE	SUB DEPARTM 2A-	ient: ENTRANCE AND A	DMINISTRATION
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	ber:	02.0-11
IRI	Sign Off:		Date Issued:		2017	' -01-25	RoomName:		STORAGE
			Client:			MTICS	m²:	D. m²	
RISK LEVEL:			Standard	d					
ARCHITECTURAL I	REQUIREN	IENTS							
INTERIOR FINISHES:	height		material		finish			remarks	
Ceiling:	2750		oustic Tile		Pre-Finished	·		Telliaiks	
cciiiig.	2730	Acc	oustic The		TTC TIMISTICA				
Wall:		GW	VB		Paint				
Floor:					Resilient				
F1001 .					Resilient				
Base:	100	Fla	sh Cove						
Wall Protection: Cor	ner Guards:	✓	Sheet:		r R	emarks:			
Cra	sh Rails:	Standa	ard Anti-Lig	gature					
Har	nd Rails:	Standa	ard Anti-Lig	gature					
Cha	air Rail:	Standa		_					
				_		L			
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sidelig	ht							
Door Hardware:	Automatic C	Opener	☐ Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Remarks:				
Hard	dware Type::)F-02							
E E E	operable Windo xternal Glazing xternal Glazing xterior Windov nternal Glazing	and Frame Hardware: v Treatmen	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity		
Casework / Millwork:	Casewo	rk Security	: Regular	Secur	re		Remarks:		
Min Millwork /Coun				Counter/ \	Work Surface				
(mm) or % (of perimeter was Upper Cupb	oards	Counte	r Top	Height (mm):	Lockable			
	Rating Wall / Floor / Ceiling:	40		RT 60:	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating:							Troise control	
GENERAL ROOM REI	MARKS:	Coat Hoo	oks: Standard	Anti-Li	gature No of	Coat looks:		Mirrors: Standard	☐ Vandal-Proof
	Tackboard	Dim:				∐ v	Vhiteboard [Dim:	
	Remarks:	Shall acc	commodate OT pro	ops and equ	uipment				

Project Name:	Department:	(INICIAL ACCESSA 451:5	SUB DEPARTMENT:	AND ADMINISTRATION					
VALLEYVIEW PROJECT	02.0 PRO\	/INCIAL ASSESSMENT	2A-ENTRANCE AND ADMINISTRATION						
1,201	Draft:	CENTRE	Program Number:						
Project Number: 35720	prepop 1	2 Final	r ogram vamber.	02.0-11					
Sign Off:	Date Issued:	<u> </u>	RoomName:						
· ·		2017-01-25		STORAGE					
IBI	Client:		m²:						
		MTICS	10. m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS	1 01	Remarks:							
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks.							
Detail Die I Bata /A//	c).	Cnosial Evha	ust Air Required: 0						
Can Air be Returned Rate (A/C to System	L):								
,									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard		Emergency Shower						
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Con	trols Floor Drain	Other:						
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control v. Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Figual Air Temp: Standa	Local Adjustm /et Dry Types: Positive N	·	ressure Monitor	nt Controlled					
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
,									
Receptacle Count: Conven	ience: 1 duplex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light	nt							

r		1						
Project Name: VALLEY\	/IEW PROJECT	Department: 02.0	PROVINC	IAL ASSESS	MENT	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft:			LIVIIVE	Program Number:	02.0-11	
		prepop Date Issued:	1 2	Final			02.0 11	
	IBI			2017	-01-25	RoomName:	STORAGE	
		Client:			MTICS	m²: 10. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	<i>UIREMENTS</i>							
IMIT SYSTEMS:								
Communication Quantity (1 voice, Te Coax/ Data TV IMIT Rema	1 data): Outlet: O		Video In	n Station Itercom Station n Master Statio		Hands Free R Telemetry Teleconferencing	oom Status	
SECURITY SYSTEMS: Security Can Security Can		inical Camera inical Camera Moni	itor	Card Reader		Staff Assis		
Security Rema	arks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comn	nent:							

Project Name: VA l	LLEYVIEW PROJ	Department: 02.0	PROVINCIAI	ASSESSMEN CENTF			ADMINISTRATION
Project Number:	35	720 Draft: prepop	1 2	✓ Final	Program Num	ber:	02.0-12
	Sign Off:	Date Issued:		2017-01-2	RoomName:	SHARED OFFICE, P	SYCHIATRIST/DROP-IN
IB	<u>.</u>	Client:		MTIC	CS m²:	.6. m²	
RISK LEVEL:		Standar	·d				
	AL DECLUDENCE		<u>u</u>				
	RAL REQUIREMEN						
INTERIOR FINISI	HES: height 2750	material Acoustic Tile	Dro	finish e-Finished		remarks	
Ceiling:	2750	Acoustic file	PIE	e-rinisneu			
Wall:		GWB	Pai	nt			
Floor:			Cai	rpet			
Base:	100	Rubber			1		
Wall Protection:	Corner Guards:	Sheet:		Remarks	::		
	Crash Rails:	Standard Anti-L	igature				
	Hand Rails:	Standard Anti-L	igature				
	Chair Rail:	Standard Anti-L	igature				
Door(s):	Clear Opening (W x H):	914 x 2135	Material: Sc	olid Core	Fi	nish: Plam	
	Door Sidelight		l <u>L</u>				
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing: Uppe	Locking	oof Hardware	or Remarks:			
	Hardware Type:: OF-0	1					
Windows:	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	dware: Standard ratment: Standard Frame: Standard	Secure Secure Secure Secure	High Se High Se High Se	curity curity curity	Film on internal glaz	
Casework / Millwo	ork: Casework Se	ecurity: Regular	Secure		Remarks	:	
	/Counter Linear Length or % of perimeter wall: Upper Cupboard	_	Counter/ Wor Hei er Top ess Steel	k Surface ght (mm): Lockat	ole		
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: 45 NC Rating: 30-	-35	RT 60: 0.	7	Remarks	Refer to Appendix 11 Noise Control	D - Acoustics and
GENERAL ROOM		at Hooks: Standard	Anti-Ligat	ure No of Coat		Mirrors: Standar	rd Vandal-Proof
	✓ Tackboard Di			Hooks: ✓	Whiteboard		de X 915 mm high
	Remarks: Sha	all accommodate 4 wo	rkstations, soft	seating, filing cah	oinets (2), shelvi	ng units	
			.,	<i>5. 6</i> 1 • • • • • • • • • • • • • • • • • • •	, ,, -		

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIAL	ASSESSMENT CENTRE	2A-ENTRANCE AND ADMINISTRATION
Project Number: 35720	Draft:	✓ Final	Program Number: 02.0-12
Sign Off:	Date Issued:	2017-01-25	RoomName: SHARED OFFICE, PSYCHIATRIST/DROP-IN
IBI	Client:	MTICS	m²: 26. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remark	ss:	
✓ Can Air be Returned Rate (A/	21.	Special Eybar	ust Air Required: 0
Can Air be Returned Rate (A/ to System		эресіаі Ехпас	ast All Nequilleu.
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size: ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high) EXHAUST: Pressure: Lequal	Standard ry Foot Pedal Electronic Controls with Room Relative Humidity Local Adjustment Via DDC	Room P	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other: In Isolation Tressure Monitor Patient Controlled Per:
Air Temp: 📝 Standa	rd Special Oth	er:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER: Types of Power: Normal	8. Emorgonov		Clock
Types of Fower.	& Lineigency		
Receptacle Count: Conven	ience: 8 duplex, Workstations: 4	quadplex	
Patient Care Area Designation (as per CSA Z32):			
LIGHTING:	☐ "In Use" Light	Lighting Ren	narks:

Project Name: VALLEYVIEW PRO	VALLEYVIEW PROJECT		PROV	'INCIA	L ASSES	SMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATIO			
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number: 02.0-12			
Sign Off:		Date Issued:			201	7-01-25	RoomName: SHARED OFFICE, PSYCHIATRIST/DROP-			
IBI		Client:				MTICS	m²: 26. m²			
RISK LEVEL:		Standar	d							
TECHNOLOGY REQUIREMEN	TS									
IMIT SYSTEMS:										
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 0 IMIT Remarks:			Vi		tation rcom Statio Naster Stat		Hands Free Room Status Telemetry Teleconferencing			
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	_	ical Camera ical Camera Monit	or		Card Reade Intrusion D		Staff Assist Duress - Wired Patient Assist Duress - Wireless			
OTHER										
Equipment Remarks:					perational emarks:					
Room Data Sheet Comment:										

Project Name: VALL	EYVIE	W PROJE		epartment: 02.0) PROVINC	CIAL ASSE	ESSMENT CENTRE			ICE AND A	ADMINISTRATION
Project Number:		357		raft:	1 2	Final		Program Num	ber:		02.0-13
IBI		Sign Off:		lient:		20)17-01-25	RoomName: m²:			OFFICE WORKROOM
· -				nent.			MTICS		2. m²		
RISK LEVEL:				Standa	rd						
ARCHITECTURA	L REO	UIREMENT	rs								
INTERIOR FINISHE		height		material		fiı	nish		r	remarks	
Ceiling:	2750		Acous	tic Tile		Pre-Finish					
NA/11-											
Wall:			GWB			Paint					
Floor:						Carpet					
Daga	100		Rubbe			[]					
Base:		. 🗖					. 1				
	Corner G Crash Rai		Sh andard:	eet: 🗸	Ligature		Remarks:				
	land Rai		andard	_	Ligature						
	Chair Rai		andard	_	Ligature						
Door(s):	ar Open	ing (W x H):	91	4 x 2135	Material:	Solid Cor		Fi	nish: Plam		
Door(s).		or Sidelight		.4 X 2133		Jolia Col			I Idili		
December of the second				☐ Anti Ligat	9						
Door Hardware:		or Protection tomatic Opene	r	Anti-Ligat Tamperpr	ure & oof Hardware	Door Rema	rks:				
	Acc	cess Control		✓ Locking							
	Door G	lazing: Side g	lazing								
Н	ardware	Type:: OF-01									
Windows:	Operab	ole Windows:		✓ Standard			_	Remarks:			
		al Glazing and F al Glazing Hard		✓ Standard			High Secu				
		r Window Trea		✓ Standard		ure ure	」High Secui]High Secui	-			
	Interna	l Glazing and F	rame:	✓ Standard		ure _	High Secu	•			
	Bla	ckout	Blinds	Roller	r Shutter [1 Way N	1irror	Other	Roller blir	nds/ privacy :	shades
Casework / Millwork		Casework Sec	urity: [✓ Regular	Secui	re		Remarks:			
Min Millwork /Co		near Length	00		Counter/	Work Surfac Height (mm					
(11111) 01		per Cupboards		✓ Coun	ter Top	TielBite (IIIII	Lockable				
	✓ Lov	ver Cupboards		Stainl	ess Steel						
ACOUSTICS: S	TC Ratin Floor	g Wall / 45 / Ceiling:			RT 60	0.7		Remarks:	Refer to A		- Acoustics and
		C Rating: 30-3	35						Noise coi		
GENERAL ROOM R	EMAR	KS: Coa	t Hooks:	✓ Standard	d Anti-L	igature N	o of Coat 2		Mirrors:	Standard	Vandal-Proof
	✓ Ta	ckboard Dim	: 615	mm x 915mm	1			Whiteboard	Dim: 615	mm wide X	915 mm high
	Re	marks: Shal	l accom	modate phot	ocopier, mai	l sorting ta	ible, statione	ery storage, sh	redder, re	cycling	

Project Name:	Department:		SUB DEPARTMENT:	AND ADMINISTRATION					
VALLEYVIEW PROJECT	02.0 PROV	/INCIAL ASSESSMENT	2A-ENTRANCE	AND ADMINISTRATION					
	Draft:	CENTRE	Program Number:						
Project Number: 35720	prepop 1	2 Final	r rogram wamber.	02.0-13					
Sign Off:	Date Issued:		RoomName:						
'' '		2017-01-25		OFFICE WORKROOM					
IBI	Client:		m²:						
		MTICS	12. m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACUBAE 62	2 1 01	Remarks:							
HVAC: (CSA 2317.2-10, ASHRAE 62	2.1-01	Remarks.							
✓ Can Air be Returned Rate (A/0	7).	Snecial Exhau	ust Air Required: 0						
to System	<i>C</i> ₁ .	Special Exhau	direct.						
PLUMBING FIXTURES:				_					
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard	□ wc	Emergency Shower						
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Con	trols Floor Drain	Other:						
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pressure: Pequal Positive Negative Other:									
Air Temp: 📝 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:	0.5		Clock						
Types of Power: Normal	& Emergency								
Receptacle Count: Conven	ience: 4 duplex, Special	Equipment (additional outle	ets): photocopier, shredder						
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	☐ "In Use" Ligh	nt							

		1				1		
Project Name: VALLEYV	/IEW PROJECT	Department: 02.0	PROVINCI		MENT	SUB DEPARTMENT: 2A-ENTRAN	ICE AND A	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	Final	LIVIIL	Program Number:		02.0-13
	Sign Off:	Date Issued:			-01-25	RoomName:		OFFICE WORKROOM
IBI	IBI				MTICS	m²: 12. m²		
RISK LEVEL:		Standar	·d					·
TECHNOLOGY REQU	JIREMENTS							
IMIT SYSTEMS: Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): 0 / Outlet: 0		Video In	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor	inical Camera inical Camera Moni	itor	Card Reader		Staff As		Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALLE	YVIEW PRO	JECT	Department: 02.0	PROVINC	IAL AS			SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION				
Project Number:	3	5720	Draft: prepop	1 2	Fina			Program Nu	ımber:		02.0-14	ļ
[-	Sign Off:		Date Issued:			2017-01		RoomName	2:		OFFICE, DI	RECTOR
IBI —			Client:			M ⁻	TICS	m²:	15. m	l ²		
RISK LEVEL:	1		Standard					1			1	
ARCHITECTURAL	RFOUIRFMF	NTS										
INTERIOR FINISHES			material			finish				remarks		
Ceiling:	2750	Acou	ustic Tile		Pre-Fini							
Wall:		GWI	В		Paint							
Floor:					Carpet							
Base:	100	Rubl	ber									
Cr Ha	orner Guards: ash Rails: and Rails: and Rails:	Standai Standai Standai	rd	gature	I	Rema	arks:					
Door(s): Clea	r Opening (W x H):		914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Protection Automatic Ope Access Contro Door Glazing: Sid rdware Type:: OF-	ener I e glazing	✓ Locking	e & of Hardware	Door Re	marks:						
	Operable Window External Glazing ar External Glazing H. Exterior Window T Internal Glazing ar Blackout	nd Frame: ardware: Treatment:	✓ Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High	Securi Securi Securi Securi	ity ity ity		n on internal glazin		
Casework / Millwork: Min Millwork /Cou (mm) or %	Casework nter Linear Length of perimeter wall: Upper Cupboa Lower Cupboa	rds	Regular Counte			mm):	kable	Remar	ks:			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating: 3			RT 60:	0.7			Remar		er to Appendix 1D ise Control	- Acoustics a	nd
GENERAL ROOM RE	MARKS:	Coat Hook	s: 🗸 Standard	Anti-Li	gature				Mir	rrors: Standard	Vandal-	Proof
	✓ Tackboard I	Dim: 2@	[©] 615mm x 915m	m		Hook		/hiteboard	Dim:	615 mm wide X	915 mm high	
	Remarks: S	hall acco	mmodate a mee	ting area fo	or 4 in ac	ddition to	regula	ar office fu	rnishir	ngs		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIA	AL ASSESSMENT	2A-ENTRANCE AND A	ADMINISTRATION
VALLET VIEW PROJECT		CENTRE		
Project Number:	Draft:		Program Number:	02.0-14
35720	prepop 1 2	Final		02.0-14
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE DIRECTOR
IBI		2017-01-23		OFFICE, DIRECTOR
101	Client:	MTICS	m²:	
		IVITICS	15. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
MECHANICAL REQUIREMENTS	0.1.01 Pon	narks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Ken	idiks.		
			. [
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbii	og Domorks
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	vith Room Relative Humid	ity with 🖂 Infection	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment		ressure Monitor Patient Control	olled
Room Control Remarks:	via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Stand	dpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
Mack Storage (2.4111 High)	Types.			
EXHAUST: Pressure: equal	Positive Negative	Other:		
Air Temp: ✔ Standa	rd Special (Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Emerge	ncv		Clock	
,,				
Receptacle Count: Conven	ience: 2 duplex, Workstations	: 1 guadplex		
Conven	ser = dapter, FFOIRstations	quaupien		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	_			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light	All lighting	g on emergency power.	
Switch & Light Cont	rols Vanity Light	56	2 / 1	
Charting Light	•			
		L		

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		PROVIN	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATIO			
Project Number:	35720	-Draft: prepop	1 :	√ 2 Final		Program Number:		02.0-14	
	Sign Off:			2017	7-01-25	RoomName:		OFFICE, DIRECTOR	
		Client:			MTICS	m²: 15. m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIR	EMENTS								
IMIT SYSTEMS:									
Communications Ou Quantity (1 voice, 1 di Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): tlet: 0 tlet: 0		Video	om Station Intercom Statior om Master Statio	n _	Hands Free Telemetry Teleconferencing	Room State	us	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reade			aff Assist	☐ Duress - Wired ✓ Duress - Wireless	
Security Remarks:									
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment	:								

								_				
Project Name: VALLE	YVIEW F	ROJEC		partment: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE			RANCE AND A	DMINIST	RATION
Project Number:		3572		aft: prepop	1 2	✓ Final		Program Nui	mber:		02.0-1	.5
	Sign C	Off:	Da	te Issued:		201	7-01-25	RoomName:		ARDROOM/CLINI	CAL MEETIN	NG ROOM
			Clie	ent:			MTICS	m²:	14.6 m²			
RISK LEVEL:				Standar	d							
ARCHITECTURAL	RFOLIIRE	MFNTS	:									
INTERIOR FINISHES:				material		finisl	2			remarks		
Ceiling:	2750		Acousti			Pre-Finished				Temarks		
J												
Wall:			GWB			Paint						
Floor:		Į.				Carpet						
Base:	100		Rubber									
Wall Protection: Co	rner Guards:	✓	She	et:		ı	Remarks:					
Cra	ash Rails:	Sta	ndard	Anti-Li	gature							
На	nd Rails:	Sta	ndard	Anti-Li	gature							
Ch	air Rail:	✓ Sta	ndard	Anti-Li	gature							
Door(s): Clear	Opening (W	x H):	914	x 2135	Material:	Solid Core		- 1	Finish: PI	am		
•	✓ Door Side	elight										
	Door Pro Automati Access Co Door Glazing	c Opener ontrol Side gla		Anti-Ligatu Tamperpro	re & oof Hardware	Door Remarks	Film on	sidelite				
E E	Operable Wir External Glaz External Glaz Exterior Wind Internal Glazi	ing and Fra ing Hardwa low Treatr ng and Fra	ame: are: ment:	Standard Standard Standard Standard Standard Roller	Sec	cure	High Secui High Secui High Secui High Secui or	rity rity rity		on internal glazin		
Casework / Millwork:	Case	work Secu	rity: 🗸	Regular	Secur	re		Remark		3600 mm long X		
Min Millwork /Cour					Counter/	Work Surface				mm high built in red for undercou)pening
_	of perimeter Upper Cu Lower Cu	pboards		✓ Counte	er Top ess Steel	Height (mm):L	Lockable		. oqu			
ACOUSTICS: STO	C Rating Wall Floor / Ceili NC Ratin		1		RT 60	: 0.5		Remark		to Appendix 1D Control	- Acoustics	and
GENERAL ROOM RE	MARKS:	Coat	Hooks:	Standard	Anti-L	igature No o	f Coat Hooks:		Mirro	rs: Standard	Vanda	al-Proof
	Tackboar	d Dim:						Whiteboard	Dim:	1220mm wide x	915mm hig	,h
	Remarks		board,							ate tables and ch with equipment		ler. Sink

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSESS	
7/122211120011103201		CENTRE Discourse Name have
Project Number: 35720	-Draft:	Program Number: 02.0-15
Sign Off:	Date Issued:	RoomName:
. 5		7-01-25 BOARDROOM/CLINICAL MEETING ROOM
IBI	Client:	m²:
		MTICS 44.6 m ²
RISK LEVEL:	Standard	
	Standard	
MECHANICAL REQUIREMENTS		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remarks:	
Can Air be Returned Rate (A/ to System	C): S	pecial Exhaust Air Required: 0
to system		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash ✓ Counter Goosene		Eyewash Water Fountain
Lavatory Wall Standard		Emergency Shower
Janitorial Floor Laborato		
Double	Electronic Controls Floor Dr	<u> </u>
Deep Equipment		
Other: Bar Sink		
Size:	-	
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Daticat Controlled
ROOM CONTROLS: Accord Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Equal	Positive Negative	Other:
EXTROST.		
Air Temp: 🗸 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal		✓ Clock
Receptacle Count: Conven	ience: 8 duplex, Floorboxes: 1 quadplex,	Special Equipment (additional outlets): projector, overhead
screen,	video conference equipment.	
Power Remarks: In-floor	electrical/data/voice,data/power in ceilir	llew bne p
Tower nemerical in moor	ciectifedi, data, voice, data, power in ceim	g und wull
Patient Care Area Designation		
(as per CSA Z32):		
	talata	inhatine December
LIGHTING: Workstation Task Lighting		ighting Remarks:
✓ Dimmable Lighting	. —	All lighting on emergency power.
✓ Switch & Light Cont Charting Light	rols Vanity Light	
Undrung Light		

		Department:							
Project Name: VALLEYVIEW I	VALLEYVIEW PROJECT		PROV	INCIAL		MENT ENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft: prepop	1		✓ Final		Program Number:	02.0-15	
Sign (Off:	Date Issued:			2017-	-01-25	RoomName: BOARDROOM/CLINIC	AL MEETING ROOM	
		Client:				MTICS	m²: 44.6 m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREM	ENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	1 0		Vio	tercom Sta deo Interco tercom Ma	om Station		Hands Free Room Status Telemetry Teleconferencing		
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Moni	tor		rd Reader trusion Det		Staff Assist Patient Assist	Duress - Wired Duress - Wireless	
OTHER									
Equipment Remarks:					rational arks:				
Room Data Sheet Comment:									

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number: 35720	-Draft:	Final	Program Number:	02.0-16	
Sign Off:	Date Issued:	2017-01-25	RoomName:	MEETING ROOM	
	Client:	MTICS	m²: 13.9 m²		
RISK LEVEL:	Standard				
	Staridard				
ARCHITECTURAL REQUIREMENTS INTERIOR FINISHES: height		6.11			
e.g	material ustic Tile	finish Pre-Finished	remarks		
Z750 Acco	ustic file	Tre Tillisticu			
Wall: GW	В	Paint			
Floor:		Carpet			
Davis 100 Duk	h				
Base: 100 Rub		Г			
	Sheet:	Remarks:			
Crash Rails: Standa Hand Rails: Standa					
Chair Rail: ✓ Standa	_				
		Calid Care	Finish: Plam		
2001(3).	914 x 2135 Material:	Solid Core	Fillisti. Plam		
✓ Door Sidelight					
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks:			
Access Control	✓ Locking				
Door Glazing: Side glazing	3				
Hardware Type:: OF-01					
Windows: Operable Windows:	Standard Secu	ıre	Remarks: Film on internal glazi	ng	
External Glazing and Frame:		_		6	
External Glazing Hardware:	Standard Secu	_			
Exterior Window Treatment Internal Glazing and Frame:	StandardStandard✓ Secular✓ Secular	= -			
Blackout 🕜 Blind		1 Way Mirror	Other Roller blinds/ privacy	shades	
Casework / Millwork: Casework Security:	Regular Secure	<u> </u>	Remarks:		
Min Millwork /Counter Linear Length		Vork Surface			
(mm) or % of perimeter wall:		Height (mm):			
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable			
			_		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50	RT 60:	0.7	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and	
NC Rating: 30-35			. Tolse delite		
GENERAL ROOM REMARKS: Coat Hool	ks: Standard Anti-Li		Mirrors: Standard	d Vandal-Proof	
Tackboard Dim:		Hooks: W	Vhiteboard Dim: 1220mm wide	x 915mm high	
Remarks: Wall mou	inted TV screen. Shall accomi	modate table and chair	rs for 8		
			-		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVI	NCIAL ASSESSMENT	2A-ENTRANCE AND A	ADMINISTRATION
VALLETVIEWTROJECT	D	CENTRE	Dura mana Manada	
Project Number:	Draft:		Program Number:	02.0-16
35720	prepop 1	2 Final		02.0-10
Sign Off:	Date Issued:	2017-01-25	RoomName:	MEETING DOOM
IRI		2017 01 25		MEETING ROOM
101	Client:	MTICS	m²:	
		WITICS	13.9 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks.		
	-,			
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbi	na Domostra
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Contr	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
	_			
ROOM CONTROLS. Room Temp Control	with Room Relative I	Humidity with	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustme	·	ressure Monitor Patient Contr	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	gative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Normal				
Receptacle Count: Conven	ience: 2 duplex, Special E	Equipment (additional outle	ets): Wall mounted TV for present	ations
Power Remarks:				
rowel Remarks.				
Dationt Core Arra D				
Patient Care Area Designation (as per CSA Z32):				
(05 pci 65/1252).				
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Light			
Switch & Light Cont	. =			
Charting Light	rols Vanity Light			

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROV	INCIAL AS	SESSMENT CENTRE	SUB DEPARTMENT: 2A-ENTRANCE AND ADMINISTRATION		
Project Number:	35720	Draft: prepop	1	2 Fina		Program Number:	02.0-16	
Sign	Off:	Date Issued:			2017-01-25	RoomName:	MEETING ROOM	
IBI		Client:			MTICS	m²: 13.9 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIREM	1ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vio	tercom Station deo Intercom S tercom Master	_	Hands Free R Telemetry Teleconferencing	oom Status	
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Moni	tor	_	eader No.: [on Detection	Staff Assis		
0=11=0								
OTHER								
Equipment Remarks:				Operati Remark				
Room Data								

Project Name: VALLE	YVIEW PRO		Department: 02.0	O PROVINC	CIAL ASSE	ESSMENT CENTRE	SUB DEPARTM		OGRAM SUPPORT
Project Number:		35720	Draft: prepop	1 2	Final		Program Numl	ber:	02.0-17
IBI	Sign Off:		Date Issued: Client:		20	017-01-25	RoomName: m²:		LINEN STORAGE
نت			Chefft.			MTICS		. m²	
RISK LEVEL:			Standa	rd					
ARCHITECTURAL	REOUIREM	ENTS							
INTERIOR FINISHES			material		fi	nish		remarks	
Ceiling:	2750	Acoi	ustic Tile		Pre-Finish			, e.manie	
Wall:		GWI	3		Paint				
Floor:					Resilient				
Base:	100	Flasi	n Cove						
Ci H	orner Guards: rash Rails: and Rails:	Standar Standar Standar	rd	Ligature Ligature Ligature		Remarks:			
Door(s): Clea	ar Opening (W x H		914 x 2135	Material:	Solid Cor	·e	Fir	nish: Plam	
Door Hardware:	Door Protect Automatic Op Access Contr Door Glazing:	pener	☐ Anti-Ligat Tamperpi ✓ Locking	cure & roof Hardware	Door Rema	arks:			
Ha	Operable Windov External Glazing a External Glazing b External Glazing b Internal Glazing a Blackout	ws: and Frame: Hardware: Treatment	Standard Standard Standard	d Sec d Sec d Sec	ure [High Secur High Secur High Secur High Secur Airror	rity rity		
Casework / Millwork:	Casewor	k Security:	Regular	Secui	·e		Remarks:	Floor to ceiling shelvir	ng-maximize extent
Min Millwork /Cou (mm) or %	inter Linear Lengt 6 of perimeter wa Upper Cupbo Lower Cupbo	ll: pards	=	Counter/ ter Top less Steel	Work Surfac Height (mm			of room	
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:	40 N/A		RT 60	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM RI	EMARKS:	Coat Hook	s: Standar	d 🗌 Anti-L	igature N	o of Coat Hooks:		Mirrors: Standard	Vandal-Proof
	Tackboard	Dim:				v	Vhiteboard [Dim:	
	Remarks:	Shall adjo	in Unit laundry	for moveme	nt of racks	and linens t	to the Unit		

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT	2B-STAFF PR	OGRAM SUPPORT					
VALLET VIEW PROJECT		CENTRE							
Project Number:	Draft:		Program Number:	02 0 17					
35720	prepop 1	2 Final		02.0-17					
Sign Off:	Date Issued:	2017.01.25	RoomName:						
LDI		2017-01-25		LINEN STORAGE					
IBI	Client:		m²:						
		MTICS	8. m²						
RISK LEVEL:	Standard								
	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 6:	2.1-01	Remarks:							
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks					
Handwash Counter Goosene			Water Fountain						
Lavatory Wall Standard	Standard	Hopper							
Janitorial Floor Laborato		wc _	Emergency Shower						
Double	Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings						
Deep Equipment	Electronic cont	Floor Drain	Other:						
Other:	-								
Size:									
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:			Clock						
Types of Power: Normal			CIOCK						
Receptacle Count: Conven	ience: 1 dupiex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:						
Dimmable Lighting	"In Use" Light								
✓ Switch & Light Cont	. =								
Charting Light	rols Vanity Light								

Project Name: VALLEYVIEW PRO		Department: 02.0	PROV	INCIAL	ASSESS	MENT	SUB DEPARTMENT		OGRAM SUPPORT
Project Number:	35720	Draft:	1	2	Final	LIVIIVE	Program Number:		02.0-17
		prepop	1		FIIIdi				02.0 17
Sign Off:		Date Issued:			2017	-01-25	RoomName:		LINEN STORAGE
		Client:				MTICS	m²: 8. m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREMENT	TS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vi		ation om Station aster Statio		Hands Free Telemetry Teleconferencing	Room Statu	5
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	_	ical Camera ical Camera Monit	or		ard Reader strusion De	L		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					erational narks:				
Room Data									

Project Name: VALL	EYVIE	W PROJE	,	tment: 02.0	PROVINC	IAL ASS	ESSMENT CENTRI	Г	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPOR			PPORT	
Project Number:		357	Draft:	prepop	1 2	✓ Final		Prog	gram Numb	er:		02.0-18	3
[-		Sign Off:	Date I	ssued:		20	2017-01-25		mName:			ŀ	KITCHEN
IBI			Client:				MTIC	m²:	20). m²			
RISK LEVEL:			(Standar	d								
	, DEO	LUDEAGENE		- Carraar									
ARCHITECTURA			3										
INTERIOR FINISHE		height	I	material			inish				remarks		
Ceiling:	275	0	GWB - MC	isture Resi	istant	Paint							
Wall:			GWB - Mo	isture Res	istant	Paint							
Floor:						Resilient							
			T			1							
Base:	100		Flash Cove	9									
Wall Protection:	Corner G	iuards: 🗸	Sheet:	✓			Remarks:	:					
	Crash Ra	ils: Sta	andard	Anti-Li	gature								
	Hand Rai	ils: Sta	andard	Anti-Li	gature								
	Chair Rai	il: Sta	andard	Anti-Li	gature								
Door(s):	ear Open	ning (W x H):	1220 x	2135	Material:	Solid Co	re		Fin	ish: Plam	ı		
	Do	or Sidelight							1				
Door Hardware:	☐ Au ✓ Ac Door G	tor Protection stomatic Opener cess Control Glazing: Upper	glazing	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Rema	arks: Provid	le seco	nd Dutch	door to	dining room.	Door size : 91	4 mm
Windows:	Externa Externa Exterio	_	rame: vare: ment: ame: Blinds	Standard Standard Standard Roller	_	ure [High Second Hirror	curity curity curity	Remarks:				
Casework / Millwork	:	Casework Secu	urity: 🗸 R	egular	Secui	re					de island with	with sinks ar	ıd
Min Millwork /Co		near Length 720	00		Counter/	Work Surface Height (mn				open cu	pboards.		
(IIIII) OI		per Cupboards		✓ Counte	er Top	neight (iiii	✓ Lockable	le					
	٠ ـــــــ	wer Cupboards		_	ss Steel								
ACOUSTICS:		ng Wall / 45 / Ceiling:			RT 60	: 1				Refer to	Appendix 1D	- Acoustics a	nd
	N	IC Rating: 35-40	0										
GENERAL ROOM I	REMAR	RKS: Coat	Hooks: 🗸	Standard	Anti-L	igature N	lo of Coat 2			Mirrors:	Standard	☐ Vandal-	-Proof
	∐ Та	ckboard Dim:					✓	White	board [0im: 91	5 mm wide X	915 mm high	1
	Re	secui		to Living U	nit; shall ind						t to client kito s, sink, dishwa		

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	02.0 PROVIN	NCIAL ASSESSMENT	2B-STAFF PROGRAM SUPPORT			
VALLETVIEWTROJECT		CENTRE				
Project Number: 35720	-Draft:	2 Final	Program Number:	02.0-18		
Sign Off:	Date Issued:		RoomName:			
ini		2017-01-25		KITCHEN		
IBI	Client:		m²:			
		MTICS	20. m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks: Exhaust				
HVAC: Type: CSA 2317.2-10, ASTRAE 0.						
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 1			
to System						
PLUMBING FIXTURES:						
			Dih	a - Damanda		
sink mounting faucet	tap	☐ Urinal ✔	Eyewasn	ng Remarks e Interceptor -		
Handwash Counter Goosene □ Lavatory Wall ✓ Standard		Hopper	Water Fountain provid	le hot water for		
Lavatory Wall ✓ Standard Janitorial Floor Laborato		wc _	Emergency Shower dishwa	asher.		
✓ Double	Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings			
Deep Equipment	2@(30x24x19) +	Floor Brain	<u>-</u>			
✓ Other: 3 Commercial Sized sinks and 1 isl	1@(24x18x12),		arge capacity ovens gas and Sink, wall mount,			
Size: 2@(30x24x19) + 1@(24x18x12), (24x1	(24x18x8)		faucet, single knee			
<u> </u>						
ROOM CONTROLS: Room Temp Control	with Room Relative H	umidity with Infection	n Isolation	allad		
Local Adjustment	Local Adjustment	1 1	ressure Monitor Patient Control	ollea		
Room Control Remarks:	Via DDC					
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	or:			
	vet	Standpipe Oth	ы.			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Equal	Positive Nega	ative Other:				
Air Temp: 🗸 Standa	rd Special		sland type high efficiency ventilato m, Exhaust hood with fire protection	-		
		ap an piena	n, Exhaust hood with the protection	on system		
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	encv		✓ Clock			
,,						
Receptacle Count: Conven	ience: 4 duplex, Counterto	op: Split duplexes along co	ounter, Special Equipment (additio	nal outlets): stove,		
fridge,	dishwasher, cooking equip	oment, etc.				
Power Remarks: GFI						
Patient Care Area Designation						
(as per CSA Z32):						
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	"In Use" Light	Undercahi	net lighting. All lighting on emerge	ency power.		
Switch & Light Cont	rols Vanity Light	3	0 - 0 - mg	/ P		
Charting Light						

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVI	NCIAL ASSESS	MENT ENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPO		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-18
· ·	gn Off:	Date Issued:		2017	'-01-25	RoomName:		KITCHEN
B]		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS: Communications Outleting	et 0		Inte	ercom Station		Hands Free	Room Statu	ıs
Quantity (1 voice, 1 data Tel Outle	,			eo Intercom Station		Telemetry		
Coax/ Data TV Outle	et: 0			ercom Master Static	л <u> </u>	Teleconferencing		
IMIT Remarks:								
SECURITY SYSTEMS:							_	
Security Camera Security Camera N		nical Camera nical Camera Monit	or	Card Reader Intrusion De	_		aff Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:	Dishwasher CP	CI		Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW PROJE	Department: 02.0 F	PROVINCIA	AL ASSESSI Cl	MENT ENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPO		
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Num	ber:	02.0-19
	Sign Off:	Date Issued:	Date Issued: 2017-01-25			RoomName:		KITCHEN STORAGE
IBI		Client:		1	MTICS	m²:	3. m²	
RISK LEVEL:		Standard	1					
ARCHITECTURAL	DECLUDEMENT							
INTERIOR FINISHES				6 . 1				
Ceiling:	height 2750	material GWB - Moisture Resis	tant P:	finish			remarks	
ceiling.	2730	GWD - Moisture Resis	itanit 11	anne				
Wall:		GWB - Moisture Resis	tant Pa	aint				
Floor:			Re	esilient				
Base:	100	Flash Cove						
Cr Ha	and Rails: S	Sheet: tandard Anti-Lig tandard Anti-Lig tandard Anti-Lig	ature	Re	emarks:			
Door(s): Clea	r Opening (W x H):		Material:			Fi	nish:	
[Door Sidelight		L					
Ha	Door Protection Automatic Opene Access Control Door Glazing: rdware Type::	Anti-Ligature Tamperproo	_	oor Remarks:		Remarks:		
	External Glazing and I External Glazing Hard Exterior Window Trea Internal Glazing and F	Frame: Standard ware: Standard atment: Standard	Secur Secur Secur Secur	e Hi e Hi e Hi	gh Securi gh Securi gh Securi gh Securi	ity ity ity		
Casework / Millwork:	Casework Sec	curity: Regular	Secure			Remarks	:	
Min Millwork /Cou (mm) or % [nter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	=	Тор	eight (mm):	Lockable			
ACOUSTICS: ST	C Rating Wall / 45 Floor / Ceiling: N/A		RT 60:	N/A		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM RE	MARKS: Coa	at Hooks: Standard	Anti-Liga	ature No of (Coat		Mirrors: Standard	I ☐ Vandal-Proof
[Tackboard Dim	n:				Vhiteboard	Dim:	
	Remarks: Refe	er to Appendix 1G: Rooi	n Equipmen	t				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT	2B-STAFF PF	ROGRAM SUPPORT
VALLET VIEW PROJECT		CENTRE		
Project Number:	Draft:		Program Number:	02.0-19
35720	prepop 1	2 Final		02.0-13
Sign Off:	Date Issued:	2017-01-25	RoomName:	KITCHEN CTODACE
IBI		2017-01-23		KITCHEN STORAGE
101	Client:	MTICS	m²:	
		IVITICS	8. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS	2 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.		
	. [. [
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
	4		Dlum	hing Romarks
sink mounting faucet	tap	Urinal	Eyewash	bing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Cont	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
POOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infactio	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustme		Pressure Monitor Patient Con	trolled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Types of Fower. Normal				
Receptacle Count: Conven	ionos 1 dunlov			
Receptacie Count: Conven	lence: 1 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Ligh	t All lighting	g on emergency power.	
Switch & Light Cont		An ngnung	s on emergency power.	
Charting Light	a.my Eight			

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		PROVINCI	AL ASSESS C	MENT	SUB DEPARTMENT		OGRAM SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-19
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		KITCHEN STORAGE
		Client:			MTICS	m²: 8. m ²	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	eta): tlet: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion De			Staff Assist Patient Assist	☐ Duress - Wired ☐ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

.			T				la			
Project Name: VAL	LEYVIEV	V PROJEC	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPART		F PROGRAI	M SUPPORT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	nber:	02.	.0-20
IBI	1 Si	gn Off:	Date Issued:		2017	7-01-25	RoomName:		F	REEZER ROOM
			Client:			MTICS	m²:	6. m²		
RISK LEVEL:			Standar	d						
ARCHITECTUR	AL REOU	IREMENTS								
INTERIOR FINISH	EC.	height	material		finish	2		remar	·bc	
Ceiling:	2750	-	GWB - Moisture Res	istant	Paint			remai	K3	
J										
Wall:		(GWB - Moisture Res	istant	Paint					
Floor:		L			Resilient					
Base:	100	í	Flash Cove]					
Wall Protection:	Corner Gua Crash Rails: Hand Rails: Chair Rail:	Star	Sheet: ndard Anti-Li ndard Anti-Li ndard Anti-Li	gature	J F	Remarks:				
Door(s):	Clear Opening	g (W x H):		Material:			F	inish:		
2001(3).	Door	Sidelight								
Door Hardware:	Autor Acces Door Gla:	уре::	Locking	of Hardware		:				
Windows:	External (External (Exterior)	Windows: Glazing and Fra Glazing Hardwa Window Treatm Glazing and Fra out E	are: Standard nent: Standard me: Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwor	rk: C	Casework Secur	rity: 🕢 Regular	Secur	re		Remark	s:		
Min Millwork /				Counter/	Work Surface					
(mm) c	=	r Cupboards r Cupboards	Counte	er Top ss Steel	Height (mm):	Lockable				
ACOUSTICS:	STC Rating \ Floor / C	Ceiling:		RT 60:	: N/A		Remark	s: Refer to Apper Noise Control	ndix 1D - Acou	stics and
	NC I	Rating: N/A								
GENERAL ROOM		S: Coat I	Hooks: Standard	Anti-Li	igature No o	Hooks:	Vhiteboard	Mirrors: St	tandard \[\	/andal-Proof
							* mcodaru	5		
	Rema	arks: Refer	to Appendix 1G: Roo	om Equipme	ent					

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT	2B-STAFF PRO	OGRAM SUPPORT
VALLET VIEW PROJECT		CENTRE		
Project Number:	Draft:		Program Number:	02.0-20
35720	prepop 1	2 Final		02.0-20
Sign Off:	Date Issued:	2017-01-25	RoomName:	FREEZER ROOM
IRI		2017 01 23		FREEZER ROOM
.' ''.	Client:	MTICS	m²: 6. m²	
		Willes	0.111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01	Remarks: Dedicated co	oling system fed from delayed vital	power
HVAC: Type: CSA 2317.2-10, ASTRAE 6.			3 3,444	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System		Special Exita	user in riequireur U	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
✓ Handwash ☐ Counter ☐ Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont		Other:	
Deep Equipment				
Other:				
Size:	=			
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustme		Pressure Monitor Patient Control	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	/et ✓ Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Tanan Canada	nd Consider	Othern	, 	
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Emerge	ency		Clock	
Receptacle Count: No rece	eptacles			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	abting		marks.	
LIGHTING: Workstation Task Li		Lighting Rer	narks:	
Dimmable Lighting	"In Use" Light	Weatherp	roof type	
Switch & Light Cont Charting Light	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PRC		partment: 02.0	PROV	INCIAL	ASSESS	MENT	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPOR		
Project Number:	Dra		1	2	Final		Program Number:		02.0-20
ļ.,		prepop	1	۷	FIIIdI				02.0 20
Sign Off:	Dat	te Issued:			2017	-01-25	RoomName:		FREEZER ROOM
	Clie	ent:				MTICS	m²: 6. m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREMENT	S								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vi		ation om Station aster Statio		Hands Free Telemetry Teleconferencing	Room Statu	5
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		l Camera l Camera Monit	or	\equiv	ard Reader atrusion De			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:					erational narks:				
Room Data									

Project Name: VALLEYV	IEW PROJEC	Department: 02.0 F	PROVINC	IAL ASSESSI CI	MENT ENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT		
Project Number:	3572	Draft: Drepop	1 2	✓ Final		Program Numl	ber:	02.0-21
[]	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		STAFF BREAK ROOM
IBI		Client:			MTICS	m²:	5. m²	
RISK LEVEL:		Standard	1					
ARCHITECTURAL RE	QUIREMENT.	<u> </u>						
INTERIOR FINISHES:	height	material		finish			remarks	
Ceiling: 21	750	Acoustic Tile		Pre-Finished				
Wall:		GWB		Paint				
Floor:				Resilient				
_								
Base:	00	Flash Cove						
Crash		Sheet: 🗸		Re	emarks:			
Hand I Chair I		andard Anti-Ligandard Anti-Ligandard						
2001(3).	ening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
Doo	Door Protection Automatic Opener Access Control or Glazing: are Type:: OF-01	☐ Anti-Ligature Tamperproo ✓ Locking		Door Remarks:				
Exte Exte Exte Inte	rable Windows: rnal Glazing and Fr rnal Glazing Hardw rior Window Treat rnal Glazing and Fr Blackout	rare: Standard ment: Standard	Seculor Seculo	ure Hi ure Hi ure Hi	gh Secur gh Secur gh Secur gh Secur	rity rity rity	Roller blinds/ privacy	shades
Casework / Millwork:	Casework Secu	rity: 🗸 Regular	Secur	e		Remarks:		
		✓ Counter Stainless	Тор	Vork Surface Height (mm):	Lockable			
	or / Ceiling: 45 NC Rating: 35-40)	RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMA	ARKS: Coat	Hooks: 🗸 Standard	Anti-Li	gature No of (Mirrors: Standard	☐ Vandal-Proof
	Tackboard Dim:			H	ooks: L	Vhiteboard [Dim:	
	Remarks: Shall chair.		0 people; s	shall include co	ounter ar	nd sink, fridge	e, dishwasher, soft seat	ting and table and 4

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIA		2B-STAFF PR	OGRAM SUPPORT
VALLETVIEWTROJECT		CENTRE		
Project Number:	Draft:	•	Program Number:	02.0-21
35720	prepop 1 2	Final		02.0-21
Sign Off:	Date Issued:	2017-01-25	RoomName:	CTAFF DDFAK DOOM
IRI		2017 01 25		STAFF BREAK ROOM
101	Client:	MTICS	m²:	
		IVITICS	25. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Rema	arks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-U1 Rema	arks. Extraust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
✓ Lavatory Wall ✓ Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
✓ Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment			-	
Other:				
Size:	=			
ROOM CONTROLS: Room Temp Control Local Adjustment	vith Room Relative Humidit Local Adjustment		n Isolation Patient Contr	rolled
Room Control Remarks:		KOOIII F	ressure Monitor	
Room Control Remarks.	Via DDC			
FIRE PROTECTION: Sprinkler Type:	/et Dry Stand	oipe Oth	er·	
TIME PROTECTION. Sprinker Type:	Jan Jana			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:		
EXHAUST:	1 OSITIVE NEGATIVE	other.		
Air Temp: ✓ Standa	rd Special O	ther:		
7th Temp. Stands	Tu Special 0	ther.		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Emerge	ncy		✓ Clock	
Receptacle Count: Conven	ience: 4 duplex, Countertop: Sp	olit duplexes along co	ounter, Special Equipment (additio	onal outlets): fridge,
	sher, etc			
Power Remarks: GFI				
Patient Care Area Designation				
(as per CSA Z32):				
	\Box			
LIGHTING: Workstation Task L		Lighting Ren	narks:	
Dimmable Lighting	In Use" Light	All lighting	on emergency power.	
Switch & Light Cont	rols Vanity Light			
Charting Light				
		L		

Project Name: VALLEYVIE\	VALLEYVIEW PROJECT	Department: 02.0	PROVII	NCIAL ASSESS C	MENT ENTRE	SUB DEPARTMENT:	2B-STAFF PR	OGRAM SUPPORT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-21
''	ign Off:	Date Issued:		2017	-01-25	RoomName:		STAFF BREAK ROOM
IBI		Client:			MTICS	m²: 25. m²	:	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 dat Tel Outi Coax/ Data TV Outi IMIT Remarks:	et: 0		Vide	rcom Station co Intercom Station rcom Master Statio		Hands Free Telemetry Teleconferencing	∟ Room Statu	15
SECURITY SYSTEMS: Security Camera Security Camera	=	nical Camera nical Camera Monit	tor	Card Reader			itaff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:	Dishwasher CP	CI		Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAI	LLEYVIEW PRO	OJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTM		F PROGRAM SUPPORT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	02.0-22
[-	Sign Off:		Date Issued:		2017	7-01-25	RoomName:		STAFF WELLNESS ROOM
IBI	J		Client:			MTICS	m²:	0. m²	
RISK LEVEL:			Standar	·d					
	AL DEOLUBEA	ENTC	Staridai	<u> </u>					
	RAL REQUIREM	EIVIS							
INTERIOR FINISH	height 2750	A c o i	material ustic Tile		finish Pre-Finished	1		remark	S
Ceiling:	2730	ACUI	ustic file		Pre-Fillistieu				
Wall:		GWI	3		Paint				
Floor:					Carpet				
Base:	100	Rub	ber			I			
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		F	Remarks:			
	Crash Rails:	Standa		igature					
	Hand Rails:	Standa	rd 🗌 Anti-L	igature					
	Chair Rail:	Standa	rd 🗌 Anti-L	igature					
Door(s):	Clear Opening (W x H	I): 9	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
2001(3).	Door Sideligh								
Da an Handware	☐ Door Protect		Anti-Ligatu	uro 9.					
Door Hardware:	Automatic O			oof Hardware	Door Remarks	Upper gl	lazing?		
	Access Contr	ol	✓ Locking						
	Door Glazing: Si	de glazing							
	Hardware Type:: O	F-01							
Windows:	Operable Windo	ws:	✓ Standard	Sec	ure		Remarks:		
	External Glazing		✓ Standard			ligh Secur			
	External Glazing	Hardware:	✓ Standard	Sec		ligh Secur			
	Exterior Window				_	ligh Secur	-		
	Internal Glazing a	and Frame: Blind	☐ Standard S ☐ Roller	Shutter	ure F 1 Way Mirro	ligh Secur	Other	Roller blinds/ p	rivacy shades
						OI.			Tivacy snades
Casework / Millwo		k Security:	Regular	Secur	_		Remarks:		
	Counter Linear Lengt or % of perimeter wa				Nork Surface Height (mm):				
	Upper Cupbo		Count	er Top		Lockable			
	Lower Cupbo	oards	Stainle	ess Steel					
ACOUSTICS:		45		RT 60:	0.7		Remarks:	Refer to Appen	dix 1D - Acoustics and
	Floor / Ceiling: NC Rating:	30-35						Noise Control	
GENERAL ROOM	1 REMARKS:	Coat Hook	s: Standard	Anti-Li	0	f Coat		Mirrors: Sta	andard Vandal-Proof
	Tackboard	Dim:			H	Hooks: L	Vhiteboard I	Dim:	
	Remarks:	Shall acco	mmodate soft o	ouch, high a	coustic separ	ration		<u> </u>	
				, , ,					

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL A		2B-STAFF P	ROGRAM SUPPORT
VALLETVIEWTROJECT		CENTRE		
Project Number:			Program Number:	02.0-22
35720	prepop 1 2 Fi	nal ————————————————————————————————————		02.0-22
Sign Off:	Date Issued:	2017-01-25	RoomName:	STAFF WELLNESS ROOM
IBI		2017 01 23		STAFF WELLINESS ROOM
101	Client:	MTICS	m²:	
		WITICS	10. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACUDAT C	2.1-01 Remarks:			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.I-UI Remarks.			
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
				ahing Dame-I
sink mounting faucet		Irinal	Eyewash	nbing Remarks
Handwash Counter Goosene	글	lopper	Water Fountain	
Lavatory Wall Standard		vc _	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal E	arrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	loor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity wi	h 🗆 Infection	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	1 1	ressure Monitor Patient Co	ntrolled
Room Control Remarks:	Via DDC			
	1.0 0 0 0			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: equal	Positive Negative	Other:		
Air Temp: 📝 Standa	rd Special Other			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Normal				
Becontrol County	Sames Advants			
Receptacle Count: Conver	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
(
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Light			
Switch & Light Cont				
Charting Light	valility right			

Project Name: VALLEYVIEW PROJECT	T Department: 02.0	D PROVINC	CIAL ASSESS		SUB DEPARTMENT: 2B-ST	TAFF PROGRAM SUPPORT
Project Number: 3572	O prepop	1 2	✓	CENTRE	Program Number:	02.0-22
Sign Off:	Date Issued:		2017	7-01-25	RoomName:	STAFF WELLNESS ROOM
	Client:			MTICS	m²: 10. m²	
RISK LEVEL:	Standa	rd				
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Video I	om Station ntercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Status
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Clinical Camera Mon	[nitor [Card Reade Intrusion De		Staff Ass	
Security Remarks:						
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comment:						

Project Name: VALLEYVIEW PROJE	Department: 02.0 PROVING	CIAL ASSESSMENT CENTRE		SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT			
Project Number: 357	720 Draft:		Program Number:	02.0-23			
Sign Off:	Date Issued:	2017-01-25	RoomName: WASHROOM/0	CHANGE ROOM MALE			
IBI	Client:	MTICS	m²: 20. m²				
RISK LEVEL:	Standard						
ARCHITECTURAL REQUIREMENT	rs						
INTERIOR FINISHES: height	material	finish	remarks				
Ceiling: 2750	GWB - Moisture Resistant	Paint	· emand				
Wall:	GWB - Moisture Resistant	Paint	HIHF wall panelling to shower room	ı walls			
Floor:		Resilient	Slip resistant in shower room				
Base: 100	Flash Cove						
Hand Rails: St	Sheet: Anti-Ligature tandard Anti-Ligature tandard Anti-Ligature tandard Anti-Ligature	Remarks:	1200 mm high. 2400 mm high in sh	nower rooms			
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam				
Door Hardware: Door Protection Automatic Opene Access Control Door Glazing: Hardware Type:: WR-0:	✓ Locking	Door Remarks: Privacy	lock				
Windows: External Glazing and F External Glazing Hard Exterior Window Trea Internal Glazing and F	Frame: Standard Sec ware: Standard Sec thment: Standard Sec	ture ture High Secu ture High Secu ture High Secu ture High Secu ture High Secu	rity rity				
Casework / Millwork: Casework Sec	curity: 🗸 Regular 🗌 Secu	re	Remarks: Sinks integrated into	vanity unit			
Min Millwork /Counter Linear Length 18 (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	✓ Counter Top	Work Surface 865 Height (mm): Lockable					
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 40-4		: N/A	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and			
GENERAL ROOM REMARKS: Coa	t Hooks: 🗹 Standard 🗌 Anti-L	igature No of Coat 6 Hooks:	Mirrors: 🗸 Standard	Vandal-Proof			
Tackboard Dim	1:		Whiteboard Dim:				
side		ch sink, 1 toilet paper	b bars in accessible toilet compartm holder in each toilet compartment, 1 waste receptacle.				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINC	IAL ASSESSMENT	2B-STAFF PROGRAM SUPPORT
VALLETVIEWTROJECT		CENTRE	
Project Number:	-Draft:		Program Number: 02.0-23
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: WASHROOM/CHANGE ROOM MALE
IBI	Client:		m²:
		MTICS	20. m²
RISK LEVEL:	Standard		
	Stallualu		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Re	emarks: Exhaust	
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Allring	Frequench Plumbing Remarks
Handwash Counter Goosene		✓ Urinal Hopper	Eyewash Water Fountain
✓ Lavatory Wall ✓ Standard		✓ WC	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls		Other:
Deep Equipment			ng 2-urinals 1-barrier
Other:			C, 2- Lavatories and
Size:		two showers	
ROOM CONTROLS: Room Temp Control v	with Room Relative Hum	idity with Infection	n Isolation
Local Adjustment	Local Adjustment	Room P	ressure Monitor Patient Controlled
Room Control Remarks:			
FIRE PROTECTION. Controller Tunes.	/		
FIRE PROTECTION: Sprinkler Type:	/et Dry Sta	ndpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negativ	e Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy		Clock
Receptacle Count: Conven	ience: 4 duplex		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	_	All lighting	g on emergency power.
Charting Light	▼ Volincy Light		
			
		L	

Project Name: VALLEYVIE	W PROJECT	Department: 02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-23
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	WASHROOM/0	CHANGE ROOM MALE
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d			=	com Station o Intercom Stati		Hands Free	Room Statu	S
Tel Ou	ıtlet: 0			com Master Sta		Telemetry Teleconferencing		
Coax/ Data TV Ou	ıtlet: 0					releasing		
IMIT Remarks								
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Read			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PRO		epartment: 02.0	PROVING	CIAL ASSESS	SMENT CENTRE		SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT		
Project Number: 3	5720	raft:prepop	1 2			Program Num	ber:	02.0-24	
Sign Off:		ate Issued:		2017	7-01-25	RoomName:	WASHROOM/CH/	ANGE ROOM FEMALE	
IBI	C	lient:			MTICS	m²:	2. m²		
RISK LEVEL:		Standar	d						
ARCHITECTURAL REQUIREME	NTS								
INTERIOR FINISHES: height	7475	material		finisl	h		remarks		
Ceiling: 2750	GWB	- Moisture Res	istant	Paint			remarks		
Wall:	GWB	- Moisture Res	istant	Paint		HIHF wall par	nelling to shower room	walls	
Floor:				Resilient		Slip resistant	in shower room		
Base: 100	Flash	Cove							
Wall Protection: Corner Guards: Crash Rails: Hand Rails:	Standard	Anti-Li	gature	!	Remarks:	1200 mm hig	th. 2400 mm high in sh	nower rooms	
Chair Rail: Door(s): Clear Opening (W x H): Door Sidelight		I Anti-Li 4 x 2135	gature Material:	Solid Core		Fi	nish: Plam		
Door Hardware: Door Protectic Automatic Ope Access Control Door Glazing: Hardware Type:: WF	ener I	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks	Privacy	lock			
Windows: Operable Window: External Glazing ar Externor Window T Internal Glazing an Blackout	nd Frame: ardware: reatment:	Standard Standard Standard Standard Standard Roller	Sec	cure	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwork: Casework	Security: [✓ Regular	Secu	re		Remarks	Sinks integrated into v	vanity unit	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboa	rds	✓ Counte		Work Surface (Height (mm):	685] Lockable				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 4			RT 60	: N/A		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM REMARKS:	Coat Hooks	✓ Standard	Anti-L	0	of Coat 6 Hooks:		Mirrors: Standard	☐ Vandal-Proof	
Tackboard I	Dim:					Whiteboard	Dim:		
si	ide of urin		enser at ea	ich sink, 1 toi	ilet paper	holder and 1	ssible toilet compartm sanitary napkin disposi		

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROV	/INCIAL ASSESSMENT CENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT				
Project Number: 35720	Draft:	2 Final	Program Number: 02.0-24				
Sign Off:	Date Issued:	2017-01-25	RoomName: WASHROOM/CHANGE ROOM FEMALE				
	Client:	MTICS	m²: 22. m²				
RISK LEVEL:	Standard						
MECHANICAL REQUIREMENTS							
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust					
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0				
PLUMBING FIXTURES:		1					
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	8 fixtures including	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other: Ing 1-barrier free WC, 3- Dries and two showers				
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:							
Air Temp: 🕡 Standa	rd Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:			_				
Types of Power: Emerge	ncy		Clock				
Receptacle Count: Conven Power Remarks: GFI	ience: 4 duplex						
Patient Care Area Designation (as per CSA Z32):							
LIGHTING:	☐ "In Use" Ligh	Lighting Ren	narks: g on emergency power.				

Project Name: VALLEYVIEW PROJECT	T Department: 02.0 PROVINCIAL ASSESSMENT CENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT					
Project Number: 3572	Draft:	Program Number: 02.0-24					
Sign Off:	Date Issued: 2017-01-25	RoomName: WASHROOM/CHANGE ROOM FEMALE					
IBI	Client: MTICS	m²: 22. m²					
RISK LEVEL:	Standard						
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Status Telemetry Teleconferencing					
SECURITY SYSTEMS: Security Camera Clinical Camera Card Reader No.: Staff Assist Duress - Wired Security Camera Monitor Intrusion Detection Patient Assist Duress - Wireless Security Remarks:							
OTHER							
Equipment Remarks:	Operational Remarks:						
Room Data Sheet Comment:							

Project Name: VAL	LEYVIEW PROJI	Department: 02.0	PROVINC	CIAL ASSESSI CE	ΛENT ENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT		
Project Number:	35	720 Draft: prepop	1 2	✓ Final		Program Numl	oer:	02.0-25
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		HOUSEKEEPING CLOSE
IBI		Client:		Ŋ	MTICS	m²:	5 m²	
RISK LEVEL:		Standar	·d			0.		
	AL DECLUDEMEN		u					
INTERIOR FINISH	AL REQUIREMEN			finish			vo mo o rio	-
Ceiling:	height 2750	material GWB - Moisture Res	sistant	finish			remark	.5
J								
Wall:		GWB - Moisture Res	sistant	Paint				
Floor:				Resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		Re	marks:			
	Crash Rails:	Standard Anti-L	igature					
		_	igature					
	Chair Rail:	Standard Anti-L	igature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sidelight							
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing:	☐ Anti-Ligatu Tamperpro ✓ Locking	ure & oof Hardware	Door Remarks:				
	Hardware Type:: OF-0	1						
Windows:	Operable Windows: External Glazing and External Glazing Hard Exterior Window Tre Internal Glazing and Blackout	dware: Standard atment: Standard Frame: Standard	Sec	ure Hig ure Hig ure Hig	gh Securi gh Securi gh Securi gh Securi	ity ity		
Casework / Millwo	rk: Casework Se	ecurity: 🗸 Regular	Secur	·e		Remarks:	_	cupboards with doors.
	Counter Linear Length 1 or % of perimeter wall: Upper Cupboard: Lower Cupboard:	s Count		Work Surface 91 Height (mm):	5 ockable		1200mm wide :	X 630 mm deep.
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: N/A	Ą	RT 60:	N/A		Remarks:	Refer to Appen Noise Control	dix 1D - Acoustics and
GENERAL ROOM	REMARKS. Co	at Hooks: Standard		igature No of C	oat		Mirrors: Sta	andard Vandal-Proof
SCHERAL ROOM	Tackboard Dir		Anu-Li		oks:	/hiteboard [Dim:	andard Vandal-Proof
		vide shelf with mop ar k and floor drain	nd broom ho	olders and hook	s, soap c	dispenser, pa	per towel dispe	nser. Shall include mop

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	02.0 PROVI	NCIAL ASSESSMENT	2B-STAFF PROGRAM SUPPORT			
VALLET VIEW PROJECT		CENTRE				
Project Number:	Draft:		Program Number: 02.0-25			
35720	prepop 1	2 Final				
Sign Off:	Date Issued:	2017-01-25	RoomName:			
IRI		2017 01 23	HOUSEKEEPING CLOSET			
.' ''.	Client:	MTICS	m²: 3.5 m²			
		WITTES	5.5 111			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks: Exhaust				
HVAC: CSA Z317.2-10, ASRIKAE 6.						
Can Air be Returned Rate (A/	7).	Special Eyhai	ust Air Required: 0			
to System	C).	Special Extra	ust All Required.			
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks			
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain			
Lavatory Wall Standard	✓ Standard	□ Nopper □	Emergency Shower			
✓ Janitorial ✓ Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Contr		Other:			
Deep Equipment	24 X 24 floor mounted					
Other:	janitors sink					
Size: 24 X 24	-					
- INZI						
ROOM CONTROLS. Room Temp Control	vith Room Relative F	dumidity with Infectio	n Isolation			
ROOM CONTROLS: Local Adjustment	Local Adjustmer		ressure Monitor Patient Controlled			
Room Control Remarks:						
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
	··					
EXHAUST: Pressure: Equal	Positive • Neg	gative Other:				
4: -		011				
Air Temp: 🗸 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:			Clock			
Types of Power: Normal			Clock			
Receptacle Count: Conven	ience: 1 duplex GFI					
Power Remarks: GFI						
Patient Care Area Designation						
(as per CSA Z32):						
□						
LIGHTING: Workstation Task Li		Lighting Ren	narks:			
Dimmable Lighting	In Use" Light	All lighting	g on emergency power.			
Switch & Light Cont	rols Vanity Light					
Charting Light						

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVI	NCIAL ASSE	SSMENT CENTRE	SUB DEPARTMENT: 2B-STAFF PROGRAM SUPPORT		
Project Number:	35720	Draft: prepop	1	2 Final	\-	Program Number:		02.0-25
	Sign Off:	Date Issued:		20	17-01-25	RoomName:	нс	USEKEEPING CLOSET
		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 utlet: 0		Vide	ercom Station eo Intercom Stat ercom Master St		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor		der No.: Detection		f Assist ent Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operationa Remarks:	ıl			
Room Data Sheet Comment	t:							

Project Name: VALLE	YVIEV	V PROJEC	·	Department: 02.0 PROVINCIAL ASSESSMENT CENTRE				SUB DEPARTMENT: 2C-SECURE ADMISSIONS AREA		
Project Number:		3572		epop 1 2	Final		Program Numb	per:	02.0-26	
IBI	Si	gn Off:	Date Issued	d: 	2017	'-01-25	RoomName:	ADMISSION	SECURITY VESTIBULE	
<u> </u>			Client:			MTICS	m²:	. m²		
RISK LEVEL:			Me	dium						
ARCHITECTURAL	RFOLL	IRFMFNT	ς							
INTERIOR FINISHES				torial	finish			no mo mire		
Ceiling:	2750	height	GWB - Impact	Resistant	Paint			remarks		
cening.	2730		GVVD IIIIpact	Resistant	T direc					
Wall:			GWB - Impact	Resistant	Paint					
Floor:					Resilient					
11001.					nesment					
Base:	100		Flash Cove							
Wall Protection: Co	rner Gua	ards:	Sheet:	•	R	emarks:				
Cr	ash Rails:	: Sta	ndard 🔲 i	Anti-Ligature						
На	and Rails:	Sta	andard	Anti-Ligature						
Ch	air Rail:	Sta	andard	Anti-Ligature						
Daniel Clas	r Onening	g (W x H):	1830 x 213	5 Material:	Solid Core	<u> </u>	Fin	nish: Plam		
Door(s): Clea	_		1050 X 215) Waterial.	30llu Core			ridiii		
L	Door	Sidelight								
[Auto	Protection matic Opener ss Control zing: Upper	Tam ✓ Loci	i-Ligature & nperproof Hardware king	Door Remarks:					
			giazirig							
Ha	rdware Ty	ype:: XC-01								
	External (External (Exterior \	e Windows: Glazing and Fr Glazing Hardw Window Treate Glazing and Fr cout	ame: Sta	=	ure H ure H	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity			
Casework / Millwork:	C	Casework Secu	rity: 🗌 Regu	lar Secui	re		Remarks:			
Min Millwork /Cou				Counter/	Work Surface					
(mm) or % [[Uppe	eter wall: er Cupboards er Cupboards		Counter Top Stainless Steel	Height (mm):	Lockable				
ACOUSTICS: ST	C Rating \			RT 60	: 0.7		Remarks:	Refer to Appendix 1D	- Acoustics and	
	Floor / 0	Rating: 35-4()					Noise Control		
GENERAL ROOM RE	MARK	S: Coat	Hooks: Sta	ndard	igature No of H	Coat		Mirrors: Standard	I ☐ Vandal-Proof	
[Tack	board Dim:					Vhiteboard [Dim:		
	Rema	arks: Shall	be located at s	ecure service enti	rance to facilit	y and adj	acent to verti	cal circulation		

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	02.0 PROVINCI	AL ASSESSMENT	2C-SECURE ADMISSIONS AREA		
VALLET VIEW PROJECT		CENTRE			
Project Number:	-Draft:	✓	Program Number:		
35720	prepop 1 2	Final	02.0-26		
Sign Off:	Date Issued:	2047.04.25	RoomName:		
LDI		2017-01-25	ADMISSION SECURITY VESTIBULE		
IBI	Client:		m²:		
		MTICS	8. m²		
RISK LEVEL:	Medium				
NISK LEVEL.	ivieululli				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Rer	marks:			
,					
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to System		•			
PLUMBING FIXTURES:					
sink mounting faucet	tap		Plumbing Remarks		
Handwash Counter Goosene		Urinal	Eyewasii		
		Hopper	Water Fountain		
		□ wc	Emergency Shower		
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Controls	Floor Drain	Other:		
Deep Equipment					
Other:	_				
Size:					
ROOM CONTROLS. Room Temp Control	with Room Relative Humic	lity with 🖂 Infection	n Isolation		
ROOM CONTROLS: Local Adjustment	Local Adjustment		Patient Controlled		
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: V	/et Dry Stan	dpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:			
Air Temp: 🗸 Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:			Clark		
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: 1 duplex				
Power Remarks:					
Patient Care Area Designation					
(as per CSA Z32):					
<u></u>					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	In Use" Light				
✓ Switch & Light Cont	rols Vanity Light				
Charting Light	<u> </u>				

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVI	NCIAL ASSES	SMENT CENTRE	SUB DEPARTMENT: 2C-SECURE ADMISSIONS AREA		
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		02.0-26
''	Sign Off:			201	7-01-25	RoomName:	ADMISSION	SECURITY VESTIBULE
IBI		Client:			MTICS	m²: 8. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:				6				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Telemetry Intercom Master Station Teleconferencing								
Coax/ Data TV Out	et: 0			eroom master otat		relecontenencing		
IMIT Remarks:								
SECURITY SYSTEMS:								
Security Camera Security Camera I		nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks: Read in, read out								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT			Department: 02.0	PROVINC	CIAL ASSE	SSMENT CENTRE		SUB DEPARTMENT: 2C-SECURE ADMISSIONS AREA		
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	nber:	02.0-	-27
	Sign Off:		Date Issued:		20	17-01-25	RoomName:	OFFICE / TEMPO	RARY HOLDING	(PRE-UNIT)
IBI			Client:			MTICS	m²:	.5. m²		
RISK LEVEL:	'		Medium	1						
	AL REQUIREM	FNTS								
INTERIOR FINISH			material		fin	ish		remarks		
Ceiling:	2750	GW	B - Impact Resist	ant	Paint	11311		Telliark	-	
S			·							
Wall:		GW	B - Impact Resist	ant	Paint					
Floor:					Resilient					
Base:	100	Flas	h Cove				•			
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		J	Remarks:				
	Crash Rails:	Standa		gature						
	Hand Rails:	Standa	rd Anti-Li	gature						
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature						
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core	<u> </u>	Fi	inish: Plam		
D001 (3).	Door Sideligh		71. 12100		33					
Door Hardware:	✓ Door Protect		Anti-Ligatu Tamperpro	re & of Hardware	Door Remar	ks:				
	✓ Access Contro		✓ Locking							
	Door Glazing: U	pper glazi	ng							
	Hardware Type:: O	F-02								
Windows:	Operable Window		Standard	✓ Sec	uro		Remarks:	Sidelight		
willdows.	External Glazing a		=	✓ Sec		High Secu		Sideligit		
	External Glazing I	Hardware:	Standard	✓ Sec		High Secu				
	Exterior Window			✓ Sec	_	High Secu				
	Internal Glazing a	and Frame:	Standard Is Roller:	✓ Sec	ure ∟ □ 1 Way M	High Secu	rity Other			
			.s Kolici .		I way w	11101				
Casework / Millwo	rk: Casewor	k Security:	Regular	Secur	re		Remarks	:		
	Counter Linear Lengtl or % of perimeter wal			Counter/	Work Surface Height (mm)					
()	Upper Cupbo		Counte	er Top	[Lockable				
	Lower Cupbo	ards	Stainle	ss Steel						
ACOUSTICS:	STC Rating Wall /	45		RT 60	: 0.7		Remarks	: Refer to Append	dix 1D - Acoustic	cs and
	Floor / Ceiling:							Noise Control		
	NC Rating:	30-35								
GENERAL ROOM		Coat Hool	ks: Standard	✓ Anti-L	igature No	of Coat 2		Mirrors: Sta	ındard 🗌 Van	dal-Proof
	✓ Tackboard	Dim: 61	15mm x 915mm			✓ \	Whiteboard	Dim: 615 mm w	vide X 915 mm h	nigh
	Remarks:	Shall be o	pen area betwee	en elevator	and Unit to	stabilize in	dividuals			
	L								-	

Project Name:	Department:	SUB DEPARTMENT:			
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES		2C-SECURE ADMISSIONS AREA		
VALLETVIEWTROJECT		CENTRE			
Project Number:	-Draft:	Program Number:	02.0-27		
35720	prepop 1 2 Final		02.0-27		
Sign Off:	Date Issued:	.7-01-25 RoomName: OFFICE / TEMPO	NDARY HOLDING (DRE LINIT)		
IRI		- ,	PRARY HOLDING (PRE-UNIT)		
101	Client:	MTICS m²:			
		MTICS 15. m ²			
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS					
Type: ACHDAE 62.1.01	Remarks:				
HVAC: Type: ASHRAE 62.1-01	Remarks.				
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0			
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene	поррег	Water Fountain			
Lavatory Wall Standard	Standard WC	Emergency Shower			
Janitorial Floor Laborato	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings			
Double	Electronic Controls Floor D	rain Other:			
Deep Equipment					
Other:					
Size:	-				
	2 2				
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient	Controlled		
Room Control Remarks:	via DDC	Noomi ressure Monton			
Room Control Remarks.	via DDC				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:			
TIME PROTECTION. Sprinker Type.	Januaripe				
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:			
EXHAUST: Pressure:	1 Oslave Negative	J Guici.			
Air Temp: 🗸 Standa	ard Special Other:				
7 Temp. Standa	Japenia Strict.				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal		Clock			
Receptacle Count: Conven	ience: 1 duplex, Workstations: 2 quadple	ex			
Power Remarks:					
Patient Care Area Designation Basic					
(as per CSA Z32):					
LIGHTING: Workstation Task Li		Lighting Remarks:			
Dimmable Lighting	In Use" Light	All lighting on emergency power.			
Switch & Light Cont	rols Vanity Light				
Charting Light					

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVING	CIAL ASSESS	SMENT	SUB DEPARTMENT: 2C-SECURE ADMISSIONS AREA		
VALLEYVI	EW PROJECT			(CENTRE			
Project Number:	35720	-Draft: prepop	1 2	✓ 2 Final		Program Number:	02.0-27	
	Sign Off:	Date Issued:		2017	7-01-25	RoomName: OFFICE / TEMPORA	RY HOLDING (PRE-UNIT)	
IBI		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Video	om Station Intercom Statio om Master Stati		Hands Free	atus	
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Moni		✓ Card Reade ☐ Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTM		ECURE AD	OMISSIONS AREA
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		02.0-28
IBI	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName: m²:		STORAGE,	INDIVIDUAL EFFECTS
· -			Chefft.			MTICS		2. m²		
RISK LEVEL:			Standar	d						
ARCHITECTURAL	REOLUREN	1FNTS								
INTERIOR FINISHES:			material		finish	h		ro	marke	
Ceiling:	2750		oustic Tile		Pre-Finished	1		Te.	marks	
СеВ.	2733	, 101								
Wall:		GW	VB		Paint					
Floor:					Resilient					
Base:	100	Fla	sh Cove			I.				
Wall Protection: Co	rner Guards:		Sheet:			Remarks:				
	ash Rails:	Stand		gature	'	Kemarks.				
	nd Rails:	Stand	_	_						
	air Rail:	Stand		_						
Class	Opening (W x			_	Call d Carr	Ĺ	r:	nishu Di		
Door(s):	_		914 x 2135	Material:	Solid Core		FII	nish: Plam		
L	Door Sidelig	ght								
Door Hardware: [Door Protect Automatic (Access Conf	Opener	☐ Anti-Ligatur Tamperpro ✓ Locking	re & of Hardware	Door Remarks	:				
Har	dware Type::	OF-01								
! !	Operable Windo External Glazing External Glazing Exterior Windoo nternal Glazing Blackout	g and Frame g Hardware: w Treatmer	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwork:	Casewo	ork Security	: 🕢 Regular	Secur	e		Remarks:			ht adjustable
Min Millwork /Cour (mm) or %	nter Linear Leng of perimeter w				Work Surface Height (mm):			shelving to perimeter v	-	to 75% of
]	Upper Cupb		Counte	er Top ss Steel		Lockable				
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling:	40		RT 60:	N/A		Remarks:	Refer to Ap	-	- Acoustics and
	NC Rating:	N/A								
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	Anti-Li	gature No o	f Coat Hooks:		Mirrors:	Standard	☐ Vandal-Proof
	Tackboard	Dim:				□ v	Vhiteboard	Dim:		
	Remarks:	Shall inc	lude storage for su	uitcases.						

Project Name:	Department:	/INCIAL ASSESSMENT	SUB DEPARTMENT:	ECURE ADMISSIONS AREA
VALLEYVIEW PROJECT	02.0 FNOV	CENTRE		LOOKE ADMINISSIONS AREA
Project Number: 35720	Draft:		Program Number:	02.0-28
Sign Off:	Date Issued:	2017-01-25	RoomName:	CTODACE INDIVIDUAL FEETOTS
IBI	Client:	2017-01-23	m²:	STORAGE, INDIVIDUAL EFFECTS
نت	Client.	MTICS	12. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC _	Emergency Shower	_
Double	Electronic Con	Barrier Free WC trols Floor Drain	Corrosion Resistant Fitting Other:	35
Deep Equipment		The state of the s		
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control volucial Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	' I I	ressure Monitor	tient Controlled
EXHAUST: Pressure:	Positive No	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
SUSCEPTION DECLUDEMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	:1 dl			
Power Remarks:	ience. 1 duplex			
Patient Care Area Designation (as per CSA Z32):				
		,, , , , , =		
LIGHTING:	☐ "In Use" Ligh	Lighting Ren	narks:	

Project Name: VALLEYVIE\	VALLEYVIEW PROJECT	Department: 02.0	PROVI	INCIAL ASS	ESSMENT CENTRE	SUB DEPARTMENT:	2C-SECURE A	DMISSIONS AREA
Project Number:	35720	Draft: prepop	1	2 Final	CLIVITAL	Program Number:		02.0-28
	iign Off:	Date Issued:			017-01-25	RoomName:	STORAGE,	INDIVIDUAL EFFECTS
IBI		Client:			MTICS	m²: 12. m²	:	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): O		Vid	ercom Station deo Intercom St ercom Master S		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	=	nical Camera nical Camera Monit	or		ader No.: [n Detection		staff Assist Patient Assist	□ Duress - Wired ☑ Duress - Wireless
Security Remarks.								
OTHER								
Equipment Remarks:				Operation Remarks:	nal			
Room Data Sheet Comment:								

Project Name: VALLEY	VIEW PROJI		Department: 02.0 PROVINCIAL ASSESSMENT CENTRE					SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES				
Project Number:	35	720 Dr	aft: prepop	1 2	✓ Final		Progran	n Numbei	r:		02.0-29	
	Sign Off:	Da	te Issued:		20	17-01-25	RoomN	ame:			LAUNDRY RO	ОМ
IBI		Cli	ent:			MTICS	m²:	12.	m²			
RISK LEVEL:			Medium									
	FOLUBENIEN	TC	Wicaiaiii									
ARCHITECTURAL R		13										
INTERIOR FINISHES:	height	CMD	material	-4		nish			re	emarks		
	2750		Impact & Mois	sture	Paint							
Wall:			Impact & Mois int Secure	sture	Paint							
Floor:					Resilient							
Base:	100	Flash C	Cove									
Wall Protection: Corn	er Guards: 🗸	She	et: 🗸			Remarks:						
Crasi	h Rails:	Standard	Anti-Lig	gature								
Hand	d Rails:	Standard	Anti-Lig	gature								
Chai	r Rail:	Standard	Anti-Lig	gature								
Door(s): Clear C	pening (W x H):	914	x 2135	Material:	Solid Core	e		Finisl	h: Plam			
	Door Sidelight											
Door Hardware:	Door Protection Automatic Open Access Control oor Glazing: Uppe		Anti-Ligatur Tamperproo Locking	e & of Hardware	Door Rema		swing. F ze : 914 r		second e	gress door t	o Soiled Utility.	
Hardy	ware Type:: CR-0	1										
Ex Ex Ex	perable Windows: ternal Glazing and ternal Glazing Hard ternal Window Tre ternal Glazing and Blackout	dware: atment:	Standard Standard Standard Standard Standard Roller S	✓ Sec ✓ Sec ✓ Sec Sec Sec Sec	ure ure	High Secu High Secu High Secu High Secu	urity urity urity urity	marks:				
Casework / Millwork:	Casework Se	curity:	Regular	✓ Secur	re		Re	marks:				
Min Millwork /Counte (mm) or % of	er Linear Length 1	800		Counter/	Work Surfac Height (mm							
✓	Upper Cupboard Lower Cupboard		Counte Stainles		[✓ Lockable						
	Rating Wall / 50 loor / Ceiling:			RT 60:	N/A		Re		efer to A		- Acoustics and	
	NC Rating: N/A	4										
GENERAL ROOM REM	IARKS: Co	at Hooks:	Standard	Anti-Li	gature No	o of Coat Hooks:		N	Airrors:	Standard	Vandal-Prod	of
	Tackboard Dir	n:					Whiteboa	ırd Din	n:			
	Remarks: Sha	ıll accomı	modate 2 wash	ner and 2 d	ryers and f	olding table	e and sin	k				

	Department:	D. ((A) C(A)	CCN 45	SUB DEPARTMENT:	AAA CUIDDOOT CC : CC
VALLEYVIEW PROJECT	02.0 PR	OVINCIAL ASSE		2D-SECURE PROGR	AM SUPPORT SPACES
	Draft:		CENTRE	Program Number:	
Project Number: 35720	prepop 1	2 Final		3.2	02.0-29
Sign Off:	Date Issued:		47.04.05	RoomName:	
IDI		20:	17-01-25		LAUNDRY ROOM
I D I	Client:		MTICS	m²: 12. m²	
			1011103	12. III-	
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: E	xhaust		
Can Air be Returned Rate (A/ to System	C):		Special Exha	ust Air Required: 0	
to system					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Urinal		Eyewash	lumbing Remarks
Handwash 🗸 Counter 🗸 Goosene	ck 🕢 Lever/Blade		_	Water Fountain	Provide commercial tandard hot & cold water
Lavatory Wall Standard	Standard	wc	Γ	¬ II	onnections and drainage
Janitorial Floor Laborato	ry Foot Pedal	Barrie	r Free WC		or the washing machine.
Double	Electronic C	ontrols Floor I	Drain	Other:	
Deep Equipment					
✓ Other: deep sink	-				
Size:					
ROOM CONTROLS: Room Temp Control of Local Adjustment	vith Room Relat	ive Humidity with		n Isolation Patient	Controlled
•	Lucai Aujus				
Room Control Remarks:	Via DDC		KOOIII P	ressure Monitor	
Room Control Remarks:	Via DDC		KOOIII P	Tessure Monitor	
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: • W	_	Standpipe	Oth		
FIRE PROTECTION: Sprinkler Type:	/et Dry				
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry	Standpipe	Oth		
FIRE PROTECTION: Sprinkler Type:	/et Dry				
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er:	sauct with separate lint tran
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:		naust with separate lint trap
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er:	naust with separate lint trap
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er:	naust with separate lint trap
FIRE PROTECTION: Sprinkler Type:	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er:	naust with separate lint trap
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er:	naust with separate lint trap
FIRE PROTECTION: Sprinkler Type:	/et □ Dry Types: □ Positive ✔	Standpipe Negative	Other:	er: Cial Dryer - provide dryer exh	naust with separate lint trap
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er: Cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	/et	Standpipe Negative Other:	Other:	er:cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	rd □ Dry Types: □ □ Positive ✔ rd □ Special	Standpipe Negative Other: [:	Other:	cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	rd □ Dry Types: □ □ Positive ✔ rd □ Special ience: 2 duplex, Cour	Standpipe Negative Other: [:	Other:	cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	rd Dry Types: Positive Positive rd Special ience: 2 duplex, Cour ghting Night Ligh "In Use" L	Standpipe Negative Other: [:	Other:	cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type:	rd Dry Types: Positive Positive rd Special ience: 2 duplex, Cour ghting Night Ligh "In Use" L	Standpipe Negative Other: [:	Other:	cial Dryer - provide dryer exh	
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convendryers Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Switch & Lighting Switch & Light Conte	rd Dry Types: Positive Positive rd Special ience: 2 duplex, Cour ghting Night Ligh "In Use" L	Standpipe Negative Other: [:	Other:	cial Dryer - provide dryer exh	

Project Name: VALLEYV	IEW PROJECT	Department: 02.0	PROVINCIA		MENT ENTRE	SUB DEPARTMENT: 2D-SECURE	PROGRAM	SUPPORT SPACES
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-29
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		LAUNDRY ROOM
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		_	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Det			f Assist ent Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								,
Equipment Remarks:				Operational Temarks:				
Room Data Sheet Comm	ent:]

Project Name: VALLE	YVIEW PRO	DJECT	Department: 02.0	PROVINC	IAL AS	SSESSME CEN		SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:	:	35720	-Draft: prepop	1 2	Fina			Program N	Number	:	02.0-30
[-	Sign Off:		Date Issued:			2017-01	L-25	RoomNan	ne:		SENSORY ROOM
IBI			Client:			М	TICS	m²:	15. n	m²	
RISK LEVEL:			Medium								
ARCHITECTURAL	RFOLIRFMI	ENTS									
INTERIOR FINISHES:			material			finish				remarks	
Ceiling:	2750	GW	B - Impact Resista	ant	Paint	1111311				remarks	
_			·								
Wall:		GW	B - Impact Resista	ant	Paint			Provide P	lywood	d backing for padde	d wall
Floor:					Carpet			50% Carp	et and	50% padded floorir	ng
Base:	100	Rub	ber								
Wall Protection: Co	rner Guards:	<u> </u> 1	Sheet:]	Rema	ırks:				
	ash Rails:	_ Standa		gature							
Ha	nd Rails:	Standa	rd 🗌 Anti-Lig	gature							
Ch	air Rail:	Standa	rd 🗌 Anti-Lig	gature							
Door(s): Clea	r Opening (W x H)):	914 x 2135	Material:	Solid C	Core			Finish	ı: Plam	
[Door Sideligh	t									
	Door Protecti Automatic Op Access Contro Door Glazing:	oener ol	✓ Anti-Ligatur Tamperpro ✓ Locking	re & of Hardware	Door Re	marks: Doi	uble s	swing			
	Operable Window External Glazing A External Glazing B Exterior Window Internal Glazing a Blackout	and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec Sec	ure ure ure ure	High: High: High: High:	Secur Secur	rity rity			
Casework / Millwork:	Casework	Security:	Regular	✓ Secur	e			Rema		ilt-in Unit Cupboard .85 high x 1220 wid	
Min Millwork /Coui (mm) or % [nter Linear Length of perimeter wal Upper Cupbo Lower Cupbo	l: ards	Counte		Work Sur Height (r		kable			.63 High X 1220 Wid	ii x 030 iiiii deptii
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling:	50		RT 60	0.7			Rema		efer to Appendix 1D	- Acoustics and
	NC Rating:	30-35							No	oise Control	
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: Standard	Anti-L	igature				М	lirrors: Standard	☐ Vandal-Proof
[Tackboard	Dim:				Hooks		Vhiteboard	Dim	n:	
			nt with television, electrical outlets		quipmen	– nt. Shall be	e prov	vided with	ı dimm	able lighting, black	out blinds if glazing,

Project Name:	Department:	INCIAL ASSESSMENT	SUB DEPARTMENT: 2D-SECURE PROGRAM	SLIDDORT SDACES
VALLEYVIEW PROJECT		CENTRE	2D-SECONE PROGRAM	JOI I OINT JEACES
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-30
Sign Off:	Date Issued:	2017-01-25	RoomName:	SENSORY ROOM
IBI	Client:	MTICS	m²: 15. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme		on Isolation Patient Contro Pressure Monitor	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Types:	Standpipe Oth	ner:	
EXHAUST: Pressure:	Positive Ne	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ence: 4 duplex, Special	Equipment (additional outl	ets): Wall mounted TV	
Power Remarks: Switch t	o turn receptacle powe	r on/off in Nurse Station		
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lighting Dimmable Lighting Switch & Light Control Charting Light	"In Use" Ligh	Lighting Rer	marks:	

Project Name: VALLEYVIEV	V PROJECT	Department: 02.0	PROVIN	CIAL ASSESS		SUB DEPARTMENT: 2D-SECURE	PROGRAM	SUPPORT SPACES
		Draft:			CENTRE	Program Number:		
Project Number:	35720	prepop	1 :	✓ 2 Final		rrogram Number.		02.0-30
I D I	ign Off:	Date Issued:		2017	7-01-25	RoomName:		SENSORY ROOM
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outl Quantity (1 voice, 1 dat Tel Outl Coax/ Data TV Outl	a): et: 0		Video	om Station Intercom Statioi om Master Statio	n 🗌	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	:or	Card Reade			ff Assist ient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	CIAL ASSESSMENT CENTRE				
Project Number: 35720	Draft:	✓ Final	Program Number:	02.0-31		
Sign Off:	Date Issued:	2017-01-25	RoomName:	TS AND CRAFTS ROOM		
	Client:	MTICS	m²: 40. m²			
RISK LEVEL:	Low					
	2000					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height	material	finish	remarks			
Ceiling: 2750 GW	B - Impact Resistant	Paint				
Wall: GWI	B - Impact Resistant	Paint				
Floor:		Resilient				
Base: 100 Flas	h Cove					
Wall Protection: Corner Guards:	Sheet:	Remarks:				
Crash Rails: Standa	rd Anti-Ligature					
Hand Rails: Standa	rd Anti-Ligature					
Chair Rail: Standa	rd Anti-Ligature					
Door(s): Clear Opening (W x H): 1	830 x 2135 Material:	Solid Core	Finish: Plam			
Door Sidelight						
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Upper glazi Hardware Type:: OF-10	Anti-Ligature & Tamperproof Hardware ✓ Locking	Door Remarks: Provide of	double french doors to exterior			
Windows: External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Blind	Standard ✓ Sec Standard ✓ Sec Standard Sec	ure High Secur	ity	ewed		
Casework / Millwork: Casework Security:	Regular Secur	re	Remarks: Provide specialized s	•		
Min Millwork /Counter Linear Length 4800mr	n Counter/	Work Surface	upper and lower cup open shelving with o	· · · · · · · · · · · · · · · · · · ·		
(mm) or % of perimeter wall: ☐ ✓ Upper Cupboards ✓ Lower Cupboards	✓ Counter Top Stainless Steel	Height (mm):L	approved by owner			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60	: 1	Remarks: Refer to Appendix 1 Noise Control	D - Acoustics and		
inc rating. 35-40			L			
GENERAL ROOM REMARKS: Coat Hook	s: Standard 🗸 Anti-L	igature No of Coat Hooks:	Mirrors: Standar	d Vandal-Proof		
Tackboard Dim:			Vhiteboard Dim:			
Remarks: Shall acco	mmodate up to 10; shall inc	clude sink, open and sec	cure storage, large work tables, pr	esentation surfaces		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	U2.0 PROV	02.0 PROVINCIAL ASSESSMENT		GRAM SUPPORT SPACES
	Draft:	CENTRE ✓	Program Number:	
Project Number: 35720	prepop 1	2 Final		02.0-31
Sign Off:	Date Issued:	2017 01 25	RoomName:	
IBI		2017-01-25		ARTS AND CRAFTS ROOM
	Client:	MTICS	m²: 40. m²	
	_	Willes	40.111	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
	-			
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
PLUMBING FIXTURES:				_
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		□ wc	Emergency Shower	
☐ Janitorial ✔ Floor ☐ Laborato	· =	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	Floor Drain	Other:	
Deep Equipment	48 x 18			
Other: Solids interceptor to collect miscel	=			
Size: 48 x 18	_			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	Room Relative Local Adjustme		n Isolation Pati ressure Monitor	ent Controlled
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Othe	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Ne	gative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
<u>—</u>	_			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clark	
Types of Power: Normal			✓ Clock	
December 1 country 1				
Receptacle Count: Conven	ience: 12 duplex			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Lighting		Lighting Rem	пагкs:	
✓ Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont Charting Light	rols Vanity Light			

Project Name:		Department: 02.0	PROVI	NCIAL ASSE	SSMENT	SUB DEPARTMENT: 2D-SECURE	PROGRAM :	SUPPORT SPACES
VALLEYVII	EW PROJECT				CENTRE			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-31
	Sign Off:	Date Issued:		20	17-01-25	RoomName:	ART:	S AND CRAFTS ROOM
181		Client:			MTICS	m²: 40. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Of Quantity (1 voice, 1 of Tel Of Coax/ Data TV Of IMIT Remarks) SECURITY SYSTEMS:	data): utlet: utlet: 1 utlet: 1	inical Camera	Vid	ercom Station leo Intercom Sta ercom Master S	ation	Hands Free Telemetry Teleconferencing	Room Status	Duress - Wired
Security Camer		inical Camera Moni	tor	Intrusion	Detection	Pati	ent Assist	Duress - Wireless
	Double swipe loo	ck and unlock						
OTHER								
Equipment Remarks:				Operation Remarks:	al			
Room Data	nt.							

Project Name: VALLE	YVIEW PROJE	Department: 02.0	PROVINCIA		MENT ENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES		
Project Number:	357	720 Draft: prepop	1 2	✓ Final		Program Num	per:	02.0-32
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		PIANO ALCOVE
IBI		Client:			MTICS	m²:). m²	
RISK LEVEL:		Medium	1					
ARCHITECTURAL	RE∩LIIREMEN'							
INTERIOR FINISHES:				fininh.				
Ceiling:	height 2750	material GWB - Impact Resist	ant D	finish aint			remarks	
cennig.	2730	GWB - Impact Nesist	ant i	anic				
Wall:		GWB - Impact Resist	ant P	aint				
Floor:			R	esilient				
Base:	100	Flash Cove						
Cra Ha	nd Rails: S	tandard Anti-Li	gature gature gature	Re	emarks:			
Door(s): Clear	Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Protection Automatic Opene Access Control Door Glazing: Uppe dware Type:: OF-10	✓ Locking r glazing	ore & D	oor Remarks:				
E E	Operable Windows: External Glazing and I External Glazing Hard Exterior Window Trea Internal Glazing and I Blackout	ware: Standard atment: Standard Frame: Standard	Secur Secur Secur Secur Secur Secur	re	gh Securi gh Securi gh Securi gh Securi	ity ity		
Casework / Millwork:	Casework See	curity: Regular	✓ Secure			Remarks:	Provide built-in unit c	upboard with
	oter Linear Length 24 of perimeter wall: Upper Cupboards Lower Cupboards	. Counte		eight (mm):	Lockable		shelving- 2185 high x mm depth	2400 width X 650
ACOUSTICS: STO	Rating Wall / Floor / Ceiling: 45 NC Rating: 35-4	40	RT 60:	1		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗹 Standard	Anti-Liga	ature No of	Coat 2		Mirrors: Standard	☐ Vandal-Proof
L	Tackboard Din	n:			∟ w	/hiteboard [Dim:	
		ove part of Arts and Cr cable	aft Room 02.0	— 0-31. Shall ac	commod	late piano, m	- illwork for musical inst	rument storage,

Project Name:	Department:		SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES						
VALLEYVIEW PROJECT	02.0 PROV	/INCIAL ASSESSMENT	2D-SECURE PROGRA	AIVI SUPPORT SPACES					
1,201	Draft:	CENTRE	Program Number:						
Project Number: 35720	prepop 1	2 Final	rogram vamber.	02.0-32					
Sign Off:	Date Issued:		RoomName:						
· ·		2017-01-25		PIANO ALCOVE					
IBI	Client:		m²:						
		MTICS	10. m²						
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:							
HVAC:		Kemarks.							
✓ Can Air be Returned Rate (A/0	71.	Special Exhau	ust Air Required: 0						
to System	-)·	Special Extra	ust All Nequired. U						
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	umbing Remarks					
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard		Emergency Shower						
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Con	trols Floor Drain	Other:						
Deep Equipment									
Other:	-								
Size:									
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Local Adjustment Room Pressure Monitor Other: Other:								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 4 dunley								
Power Remarks:	enee. Taapiex								
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
Dimmable Lighting ✓ Switch & Light Cont Charting Light	☐ "In Use" Ligh								

Project Name: VALLEYVI	Project Name: VALLEYVIEW PROJECT		PROVIN	ICIAL ASSES	SMENT	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:	35720	Draft: prepop	1	2 Final	CENTRE	Program Number:	02.0-32		
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	PIANO ALCOVE		
		Client:			MTICS	m²: 10. m²			
RISK LEVEL:		Medium	1						
TECHNOLOGY REQU	IREMENTS								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (Coax/ Dat	data): Outlet: 0 Outlet: 0		Vide	com Station o Intercom Stati com Master Sta		Hands Free Room St Telemetry Teleconferencing	atus		
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Read		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless		
Security Remark	SS:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	ent:								

Project Name: VALLE	YVIEW PROJE	Department: 02.0 PR	OVINCI	AL ASSESS C	MENT ENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:	357	Draft:	. 2	✓ Final		Program Nur	mber:	02.0-33-01	
[]	Sign Off:	Date Issued:		2017	-01-25	RoomName:		COMPUTER ALCOVE	
IBI		Client:			MTICS	m²:	4. m²		
RISK LEVEL:		Medium							
ARCHITECTURAL	REOLUREMENT								
INTERIOR FINISHES		material		finish			remarks		
Ceiling:	2750	GWB - Impact Resistant	P	Paint			Terrains		
Wall:		GWB - Impact Resistant	P	Paint					
Floor:			F	Resilient					
Base:	100	Flash Cove							
Wall Protection: C	orner Guards:	Sheet:		Re	emarks:				
С	rash Rails: S	tandard Anti-Ligatı	ıre						
н	and Rails: S	tandard Anti-Ligato	ıre						
С	hair Rail: S	tandard Anti-Ligatu	ure						
Door(s):	ar Opening (W x H):	N	∕laterial:			F	Finish:		
	Door Sidelight								
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing:	Anti-Ligature & Tamperproof H		Door Remarks:					
На	ardware Type:: OF-01	L							
Windows:	Operable Windows: External Glazing and I External Glazing Hard Exterior Window Trea Internal Glazing and I Blackout	ware: Standard stment: Standard	Secu Secu Secu Secu Secu Secu	re Hre Hre Hre	igh Secur igh Secur igh Secur igh Secur	rity rity	53		
Casework / Millwork:	Casework Sec	curity: Regular	Secure	!		Remark	s:		
	unter Linear Length 6 of perimeter wall: Upper Cupboards Lower Cupboards	Counter To	р	ork Surface Height (mm):	Lockable				
ACOUSTICS: ST	Floor / Ceiling:		RT 60:	0.7		Remark	s: Refer to Appendix 1E Noise Control) - Acoustics and	
	NC Rating: 35-4	40							
GENERAL ROOM R	EMARKS: Coa	at Hooks: Standard	Anti-Lig				Mirrors: Standar	d Vandal-Proof	
	Tackboard Dim	n:		н	looks: L	Vhiteboard	Dim:		
	Remarks: Alco	ove part of TV Rm 2.0-52.		1					

Project Name:	Department:	#NIGHAL 100757	SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PRO\	/INCIAL ASSESSMENT	
	Draft:	CENTRE	Program Number:
Project Number: 35720	prepop 1	2 Final	02.0-33-01
Sign Off:	Date Issued:	2047.04.25	RoomName:
IBI		2017-01-25	COMPUTER ALCOV
	Client:	MTICS	6 m²: 4. m²
			4.111
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Additional c	ooling demand
	->]	
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0
·			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal [Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper [Water Fountain
Lavatory Wall Standard		wc [Emergency Shower
Janitorial Floor Laborato	. =	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Con	Floor Drain [Other:
Deep Equipment			
Other:	=		
Size:	144		
ROOM CONTROLS: Room Temp Control v	Vith Room Relative Local Adjustm	·	on Isolation Patient Controlled
Room Control Remarks:	-		
_			
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Ot	ther:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive N	egative Other:	
Air Temp: Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Types of Foliation (Normal			
Receptacle Count: Conven	ience: Workstations: 1	duplex	
		·	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Re	emarks:
Dimmable Lighting	"In Use" Ligh		
Switch & Light Cont			
Charting Light			

·		1				Ti and the second secon		
Project Name:		Department: 02.0	PROVINC	AL ASSES		SUB DEPARTMENT: 2D-SECURE F	PROGRAM	SUPPORT SPACES
VALLEYVI	EW PROJECT			(CENTRE			
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		02.0-33-01
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		COMPUTER ALCOVE
IBI		Client:			MTICS	m²: 4. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (data): Outlet: 0		Video In	m Station Itercom Statio m Master Stati	n 🗌	Hands Free Telemetry Teleconferencing	Room Statu	s
IMIT Remark	xs:							
SECURITY SYSTEMS:				7 64 04-	No. [Ctaff	Assist	□ p
Security Came		nical Camera nical Camera Moni	tor	Card Reade			nt Assist	Duress - Wired ✓ Duress - Wireless
Security Remark	KS:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name:	LLEYVIEW PROJE	CT Department: 02.0 PROV	INCIAL ASSESSMENT CENTRE	2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:	357	Draft:	2 Final	Program Number:	02.0-33-02		
	Sign Off:	Date Issued:	2017-01-25	RoomName:	COMPUTER ALCOVE		
IB	J	Client:	MTICS	m²: 4. m²			
RISK LEVEL:		Medium					
	RAL REQUIREMENT						
INTERIOR FINISI		material	finish	remarks			
Ceiling:	2750	GWB - Impact Resistant	Paint				
Wall:		GWB - Impact Resistant	Paint				
Floor:			Resilient				
Base:	100	Flash Cove					
Wall Protection:	Hand Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature	Remarks:				
Door(s):	Clear Opening (W x H):	Mate	rial:	Finish:			
Door Hardware:	Door Protection Automatic Opener Access Control Door Glazing: Hardware Type:: OF-01	Locking	Door Remarks:				
Windows:	Operable Windows: External Glazing and F External Glazing Hards Exterior Window Trea Internal Glazing and F	rame: Standard ware: Standard tment: Standard standard standard	Secure Secure High Secu Secure High Secu Secure High Secu Secure High Secu 1 Way Mirror	rity rity			
Casework / Millwo	ork: Casework Sec	urity: Regular S	ecure	Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	ter/ Work Surface Height (mm): Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	R	T 60: 0.7	Remarks: Refer to Append	ix 1D - Acoustics and		
	NC Rating: 35-4	0					
GENERAL ROOM	I REMARKS: Coa	t Hooks: Standard Ar	nti-Ligature No of Coat Hooks:	Mirrors: Star	ndard		
	Tackboard Dim	:		Whiteboard Dim:			
	Remarks: Alco	ve part of Game Rm 2.0-51.		_	_		

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVI	NCIAL ASSESSMENT	2D-SECURE PROGRAM SUPPORT SPACES
VALLETVIEWTROSECT		CENTRE	
Project Number:	Draft:		Program Number: 02.0-33-02
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	COMPUTER ALCOVE
101	Client:	MTICS	m²:
		WITCS	4. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACUBAE 6	2 1 01	Remarks: Additional co	oling domand
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Additional co	oning demand
	-1		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Demonts
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		☐ wc	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Contro	ols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
Doom Town Control	with Doom Polative II	umidituuith — Infaatia	n Isolation .
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative H Local Adjustmen	1 1	n Isolation Patient Controlled
Room Control Remarks:			· · · · · · · · · · · · · · · · · · ·
noon control nemano.			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:
	, ,		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Neg	ative Other:	
Air Temp: ✓ Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Norma			Crock
Receptacle Count: Conver	ience: Workstations: 1 du	plex	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
UGHTING ✓ Workstation Task L	ighting Nijaht Liaht	Lighting Ren	narks:
		rigiting Ken	III NO.
Dimmable Lighting	In Use" Light		
Switch & Light Conf	rols Vanity Light		
Charting Light			

Project Name: VALLEYVII	W PROJECT	Department: 02.0	PROVING	CIAL ASSES	SMENT CENTRE	SUB DEPARTME 2D-SEC	INT: CURE PROGRAM	M SUPPORT SPACES
Project Number:	35720	-Draft: prepop	1 2			Program Numb	er:	02.0-33-02
	Sign Off:			201	7-01-25	RoomName:		COMPUTER ALCOVE
		Client:			MTICS	m²:	m²	
RISK LEVEL:		Medium	า					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Video	om Station Intercom Statio om Master Stati	n 🗍	Hands Free Telemetry Teleconferencir	Room Sta	itus
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	[tor [Card Reade		[Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	ıt:							

Project Name: VALL	EYVIEW	/ PROJEC	Department: 02.0	PROVING	CIAL ASSE	SSMENT CENTRE	2D-	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program No	umber:		02.0-33-	03
[]	Sig	n Off:	Date Issued:		20	17-01-25	RoomName	2:		COMPUTER A	LCOVE
IBI			Client:			MTICS	m²:	4. m²			
RISK LEVEL:			Mediun	<u> </u>							
ARCHITECTURA	I REOLIII	REMENTS									
INTERIOR FINISHE	r.	neight	material		fir	nish			remarks		
Ceiling:	2750		GWB - Impact Resist	ant	Paint				remarks		
Wall:			GWB - Moisture Res	istant	Paint						
Floor:		L			Resilient						
Base:	100		Flash Cove]						
Wall Protection:	Corner Guar	ds:	Sheet:		J	Remarks:					
1	Crash Rails:	Sta	ndard 🗌 Anti-Li	gature							
	Hand Rails:	Sta	ndard Anti-Li	gature							
	Chair Rail:	Sta	ndard Anti-Li	gature							
Door(s):	ear Opening	(W x H):		Material:				Finish:			
	☐ Door S	Sidelight									
Door Hardware:	Autom	Protection natic Opener s Control ing:	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Rema	rks:					
H	lardware Tyj	pe:: OF-01									
Windows:	Operable \		Standard	Sec	ure		Remarl	cs:			
Windows.		lazing and Fra		✓ Sec] High Secu					
		ilazing Hardw		✓ Sec	_	High Secu	-				
		/indow Treatr lazing and Fra	_	✓ Sec	ure	High Secu					
	Blacko	_		Shutter [1 Way M		Othe	r			
Casework / Millwork	. Ca	asework Secu	rity: Regular	Secu	re		Remar	ks:			
Min Millwork /Co			,	_	Work Surfac	e					
	% of perime	eter wall:			Height (mm	ı):L					
	=	Cupboards Cupboards	Counte	er Top ess Steel	l	Lockable					
ACOUSTICS:	STC Rating W Floor / Ce			RT 60	: 0.7		Remar		o Appendix 1D	- Acoustics and	t
		ating: 35-40)					Noise (CONTROL		
GENERAL ROOM F	REMARKS	: Coat	Hooks: Standard	Anti-L	igature N	o of Coat		Mirrors	s: Standard	☐ Vandal-P	roof
	Tackb	oard Dim:				Hooks: \	Whiteboard	Dim:			
	Remai	rks: Alcov	e part of multi-purpo	ose Rm 2.0-	49.						=
				_							

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVIN	ICIAL ASSESSMENT	2D-SECURE PROGRAM SUPPORT SPACES
TALLET VILLY I NOTECT	D	CENTRE	Durante Muselani
Project Number:	-Draft:		Program Number: 02.0-33-03
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IRI		2017 01 25	COMPUTER ALCOVE
101	Client:	MTICS	m²:
		WITICS	4. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01		Remarks: Additional co	oling demand
HVAC:		Additional Co	oling demand
	0)		
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Domayle
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		wc [Emergency Shower
Janitorial Floor Laborato	· =	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Control	ls Floor Drain	Other:
Deep Equipment			
Other:	_		
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Hu	ımidity with	n Isolation
ROOM CONTROLS: Local Adjustment	Local Adjustment		Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry S	Standpipe Oth	er:
Death Steamer (2 Are high)	T		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Nega	ative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Types of Fower. NOTITIAL			
Pacantacla County Convers	: \\\/ \	-1	
Receptacie Count: Conven	ience: Workstations: 1 dup	plex	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
_			

						1		
Project Name:		Department: 02.0	PROVINC	IAL ASSES		SUB DEPARTMENT: 2D-SECURE I	PROGRAM	SUPPORT SPACES
VALLEYVI	EW PROJECT				CENTRE			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-33-03
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		COMPUTER ALCOVE
IRI		Client:			MTICS	m²: 4. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (data): Outlet: 0		Video II	m Station ntercom Statio m Master Stat	on	Hands Free Telemetry Teleconferencing	Room Statu	s
IMIT Remark	cs:							
SECURITY SYSTEMS: Security Came Security Came		nical Camera nical Camera Moni	tor [Card Read			Assist ent Assist	Duress - Wired Duress - Wireless
Security Remark	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	YVIEW PRO	OJECT	Department: 02.0	PROVINC	IAL AS			SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES				
Project Number:		35720	Draft: prepop	1 2	Fina			Program Nur	nber:		02.0-34	4
	Sign Off:		Date Issued:		:	2017-0	1-25	RoomName:			LIBRARY	ALCOVE
IBI			Client:			М	ITICS	m²:	16. m	2		
RISK LEVEL:			Medium					1				
ARCHITECTURAL	RFOUIRFM	FNTS										
INTERIOR FINISHES:			material			finish				remarks		
Ceiling:	2750	GW	B - Impact Resista	ant	Paint							
Wall:		GW	B - Impact Resista	ant	Paint							
Floor:					Resilien	it						
Base:	100	Flas	h Cove		<u> </u>							
	erner Guards:	∠ Standa	Sheet: 🗹	gaturo	J	Rem	narks:					
	and Rails:	Standa		_								
Ch	air Rail:	Standa		_								
Door(s): Clea	r Opening (W x H):	914 x 2135	Material:	Solid C	Core		F	inish:	Plam		
[Door Sideligh								L			
	Door Protect Automatic O Access Contr Door Glazing:	pener ol	Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Rei	marks: Do	ouble s	wing				
Windows:	rdware Type:: O Operable Windox External Glazing a External Glazing b Exterior Window Internal Glazing a Blackout	ws: and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High	n Securi n Securi n Securi n Securi	ity ity	:			
Casework / Millwork:	Casewor	k Security:	Regular	Secur	·e			Remark		vide built-in books		
Min Millwork /Cou (mm) or % [[nter Linear Lengt of perimeter wa Upper Cupbo	ll: pards	Counte	Counter/ \er Top ss Steel	Work Suri Height (r	mm):	ckable			size of a unit: 915 deep X 2185 mm	_	325
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	45		RT 60:	0.7			Remark		er to Appendix 1D se Control	- Acoustics a	ind
	NC Rating:	35-40										
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: Standard	Anti-Li	igature	No of Co			Mir	rors: Standard	Vandal	-Proof
[Tackboard	Dim:				1.50		/hiteboard	Dim:			
		obstructi								s. Columns are cor helf. Shall accomm		s of

Project Name:	Department:		SUB DEPARTMENT:	DANA CLIDDODT CDACEC
VALLEYVIEW PROJECT	U2.U PROV	'INCIAL ASSESSMENT CENTRE	ZD-SECUKE PKOG	RAM SUPPORT SPACES
Project Number: 35720	Draft:	CENTRE 2 Final	Program Number:	02.0-34
Sign Off:	Date Issued:	2 11101	RoomName:	
· ·		2017-01-25		LIBRARY ALCOVE
IBI	Client:	MTICS	m²: 16. m²	
RISK LEVEL:	Medium			
	Wiedidiii			
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:		
HVAC:		nemarks.		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	- Using -	7 F	Plumbing Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Conf		Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustme	ent Room P	ressure Monitor	it Controlled
FIRE PROTECTION: Sprinkler Type: V		Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive No	egative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clast.	
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Ligh	t		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIE	W PROJECT	Department: 02.0	PROVIN	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACE				
Project Number:	35720	-Draft: prepop	1	2 Final	CLIVITYL	Program Number:	02.0-34			
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		LIBRARY ALCOVE		
		Client:			MTICS	m²: 16. m²				
RISK LEVEL:		Medium	1							
TECHNOLOGY REQUIR	EMENTS									
IMIT SYSTEMS:										
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	tlet: 0		Video	com Station Intercom Station com Master Stati	n 🗍	Hands Free Telemetry Teleconferencing	☐ Room Stat	us		
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reade			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless		
Security Remarks:										
OTHER										
Equipment Remarks:				Operational Remarks:						
Room Data Sheet Comment	:									

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVINC	IAL ASSES	SMENT CENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPAC				PACES	
Project Number:		3572	Draft: prepop	1 2	Final		Program Nu	mber:		02.0-35	j
	Sign	Off:	Date Issued:		201	7-01-25	RoomName	:		EXERCISE	ROOM
IBI			Client:			MTICS	m²:	34. m²	:		
RISK LEVEL:			Mediun	<u> </u>							
	I DEOLUD	ENAENITO									
ARCHITECTURA	· C ·				_						
INTERIOR FINISHE		ight	material	ont	finis	h			remarks		
Ceiling:	2750	(GWB - Impact Resist	ant	Paint						
Wall:		(GWB - Impact Resist	ant	Paint						
Floor:					Sport						
Base:	100	I	Rubber								
	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: ndard Anti-Li ndard Anti-Li ndard Anti-Li	gature	I	Remarks:					
Door(s): CI	ear Opening (\		1830 x 2135	Material:	Solid Core	L		Finish: F	Plam		
Door Hardware:		g: Upper g	✓ Locking	re & of Hardware	Door Remarks	Double s	swing. Prov	ide do	uble french doors	to exterior.	
Windows:	Operable W External Gla External Gla Exterior Wir Internal Gla Blackou	nzing and Fra nzing Hardwa ndow Treatn zing and Fra	are: Standard nent: Standard me: Standard	Section Section Section Section Section Section Section Section Section Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity	5:			
Casework / Millwork	: Cas	ework Secur	rity: Regular	Secur	·e		Remark	s:			
Min Millwork /Co (mm) or	% of perimete		Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:	STC Rating Wa Floor / Cei NC Rat			RT 60:	1		Remark		er to Appendix 1D e Control	- Acoustics ar	nd
GENERAL ROOM	REMARKS:	Coat I	Hooks: Standard	Anti-Li	gature No o	of Coat Hooks:		Mirr	ors: Standard	Vandal-	Proof
	✓ Tackboa	ard Dim:	1220mm x 915mm	1			Whiteboard	Dim:	2440mm wide x	915mm high	
	Remark		de weight bearing ce ines, free weight are								

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINC	IAL ASSESSMENT	2D-SECURE PROGRAM S	SUPPORT SPACES
31.122.11.121.11.11.11.11.11.11.11.11.11.	Draft:	CENTRE	Program Number:	
Project Number: 35720	prepop 1 2		rrogram Number.	02.0-35
Sign Off:	Date Issued:	Tinui	RoomName:	
. 5	Date issued.	2017-01-25	The state of the s	EXERCISE ROOM
IBI	Client:		m²:	
		MTICS	34. m²	
RISK LEVEL:	Medium			
	Wicalani			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Re	emarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 1	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbin	ig Remarks
Handwash Counter Goosene		Urinal	Eyewasii	, remains
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		∐ wc	Emergency Shower	
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic controls	Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control v Local Adjustment	with Room Relative Hum Local Adjustment	·	n Isolation Patient Contro	lled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Sta	ndpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negativ	e Other:		
Air Temp: 🕡 Standa	rd Special	Other:		
Air Temp: Standa	Tu Special	Other.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				•
Types of Power: Normal			✓ Clock	
Types of Power: Normal				
Recentacle Count: Convon	ience: 8 duplex, Special Equi	nmant (additional aut)	ots): 4 oversise mashines	
Neceptacie Count. Conven	ierice: 8 dupiex, Speciai Equi	pment (additional odtie	ets): 4 exercise machines	
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
		rigituing Kett	iui no.	
✓ Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont Charting Light	rols Vanity Light			
Chanting Light				

Project Name: VALLEYVIEW	valleyview PROJECT		PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACE				
Project Number:	35720	Draft: prepop	1 2		Z_11111L	Program Number:	Program Number:			
Signal Si	gn Off:	Date Issued:		2017	7-01-25	RoomName:		EXERCISE ROOM		
		Client:			MTICS	m²: 34. m²				
RISK LEVEL:		Medium								
TECHNOLOGY REQUIRE	MENTS									
IMIT SYSTEMS:										
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	a): et: 1		Video I	m Station ntercom Statior m Master Statio	n _	Hands Free Telemetry Teleconferencing	☐ Room Statu	ıs		
SECURITY SYSTEMS: Security Camera Security Camera N		nical Camera nical Camera Monit	tor [Card Reade			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless		
Security Remarks:										
OTHER										
Equipment Remarks:				Operational Remarks:						
Room Data Sheet Comment:										

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINCIAL ASSESS	SUB DEPARTM 2D-SE CENTRE	ENT: CURE PROGRAM SUPPORT SPACES
Project Number: 35720	Draft:	Program Numb	02.0-36
Sign Off:	Date Issued: 2017	7-01-25 RoomName:	STORAGE
IBI	Client:	MTICS m²:	. m²
RISK LEVEL:	Low		
	LOVV		
ARCHITECTURAL REQUIREMENTS			
INTERIOR FINISHES: height	material finish	1	remarks
Ceiling: 2750 GW	B - Impact Resistant Paint		
Wall: GW	B - Impact Resistant Paint		
Floor:	Resilient		
Base: 100 Flas	h Cove		
Wall Protection: Corner Guards: ✓	Sheet: F	Remarks:	
Crash Rails: Standa		lemano.	
Hand Rails: Standa			
Chair Rail: Standa			
Door(s): Clear Opening (W x H):	.220 x 2135 Material: Solid Core	Ein	ish: Plam
2001(0).	Material: Solid Core	FIII	Plam
Door Sidelight			
Door Hardware: Door Protection	Anti-Ligature & Door Remarks: Tamperproof Hardware	:	
Automatic Opener Access Control	Locking		
Door Glazing:			
Hardware Type:: OF-01			
Windows: Operable Windows:	Standard Secure	Remarks:	
External Glazing and Frame		ligh Security	
External Glazing Hardware: Exterior Window Treatmen		ligh Security	
Internal Glazing and Frame:		ligh Security ligh Security	
Blackout Bline			
Casework / Millwork: Casework Security:	Regular Secure	Remarks:	Floor to ceiling shelving on the wall. Min
			915 mm long.
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: 40	RT 60: N/A		Refer to Appendix 1D - Acoustics and Noise Control
NC Rating: N/A			
GENERAL ROOM REMARKS: Coat Hoo		f Coat Hooks:	Mirrors: Standard Vandal-Proof
Tackboard Dim:			Dim:
Remarks:			

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES		AM SUPPORT SPACES
VALLETVIEWTROSECT		CENTRE	
Project Number:	-Draft:	Program Number:	02.0-36
35720	prepop 1 2 Final		02.0-30
Sign Off:	Date Issued:	RoomName: 17-01-25	STORAGE
IBI			STORAGE
101	Client:	MTICS m ² :	
		MITCS 8. m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:		
HVAC: ASHRAE 62.1-01	itematiks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			<u></u>
PLUMBING FIXTURES:			
			umbing Remarks
sink mounting faucet	tap Urinal	Eyewash	unbing Kemarks
Handwash Counter Goosene	порре	r Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	, _	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Orain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Deticate	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
		-	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		_	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 1 duplex		
	·		
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
Modestation Tools	ighting Aliebatic	Lighting Romarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT	Departm CT		PROV	'INCIA	L ASSE	SSMENT	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number: 3572	Draft:	Draft:					Program Number:	02.0-36		
			1		FIIIdI			02.0 00		
Sign Off:	Date Issu	ied:			20:	17-01-25	RoomName:	STORAGE		
	Client:					MTICS	m²: 8. m²			
RISK LEVEL:	Lo	W						'		
TECHNOLOGY REQUIREMENTS										
IMIT SYSTEMS:										
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: UMIT Remarks:			Vic		itation rcom Stat Master Sta		Hands Free Room S Telemetry Teleconferencing	tatus		
SECURITY SYSTEMS:	1									
Security Camera Security Camera Monitor	Clinical Cam Clinical Cam		or			der No.: Detection	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless		
Security Remarks:										
OTHER										
Equipment Remarks:					perationa emarks:					
Room Data Sheet Comment:										

Project Name: VALLE	YVIEW PI	ROJEC	T Department: 02.0	PROVINC	IAL AS	SESSME CEN		SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES					
Project Number:		35720	O Draft: prepop	1 2	✓ Fina			Program N	lumber:	:		02.0-3	7
[Sign Of	f:	Date Issued:			2017-01	1-25	RoomNam	ie:			TOILETS, O\	/ERSIZED
IBI			Client:			M	TICS	m²:	6.5 n	n²			
RISK LEVEL:			Medium										
ARCHITECTURAL	DEOI IIDEI	MENITS											
INTERIOR FINISHES			material			finish				remark	, c		
Ceiling:	2750		GWB - Impact Resista	ant	Paint	1111311				Temark			
Wall:		G	GWB - Impact Resista	ant	Paint			Water res	istant				
Floor:					Resilien	nt							
Base:	100	F	Flash Cove										
Cr Ha	orner Guards: rash Rails: and Rails: nair Rail:	Stan	Sheet: ndard Anti-Lig ndard Anti-Lig ndard Anti-Lig	gature		Rema	arks:	Anti-ligatu	ıre gra	b bars as per	code		
Door(s): Clea	r Opening (W)	(H):	914 x 2135	Material:	Solid C	Core	<u> </u>		Finish	: Plam			
	Door Sidel	ight											
На	Door Prote Automatic Access Cor Door Glazing: rdware Type:: Operable Wind	Opener ntrol	Anti-Ligatur Tamperpro Locking Standard	re & of Hardware	Door Re	marks:		Remai	rks:				
	External Glazir External Glazir Exterior Windo Internal Glazin	g Hardwai ow Treatm g and Fran	re: Standard nent: Standard me: Standard Blinds Roller S	Secondary Second	ure ure ure	High High	Secui Secui Secui Secui	rity rity	er				
Casework / Millwork:	Casew	ork Securi	ity: Regular	Secur	e			Rema	ırks:				
Min Millwork /Cou (mm) or %	nter Linear Len of perimeter v Upper Cup Lower Cup	vall: boards	Counte	Counter/ ' or Top ss Steel	Work Sur Height (r	mm):	kable						
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling			RT 60	N/A			Rema		efer to Appen Dise Control	dix 1D	- Acoustics a	ind
	NC Rating	g: 40-45											
GENERAL ROOM RE	MARKS:	Coat H	Hooks: Standard	✓ Anti-L	igature	No of Coa Hook			М	irrors: Sta	andard	✓ Vanda	-Proof
	Tackboard	Dim:						Whiteboard	Dim	:			
	Remarks:		le washroom accessonser, 1 waste recept										

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVIN	NCIAL ASSESSMENT	2D-SECURE PROGRAM S	UPPORT SPACES
31.122.11.121.11.11.11.11.11.11.11.11.11.	Draft:	CENTRE	Program Number:	
Project Number: 35720	prepop 1	2 Final	riogram Number.	02.0-37
Sign Off:	Date Issued:	Z Tillui	RoomName:	
'. <u> </u>	Jace issuedi	2017-01-25		TOILETS, OVERSIZED
IBI	Client:		m²:	
		MTICS	6.5 m²	
RISK LEVEL:	Medium			
	iviculum			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbins	g Remarks
Handwash Counter Goosene		Urinal	Eyewasii	, nemano
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		wc _	Emergency Shower	
Double	✓ Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	V Electronic contro	Floor Drain	Other:	
Other:				
	-			
Size:	_			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment	·	n Isolation Patient Control Patient Control	led
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Nega	ative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal				
December 1 County 10				
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation Basic				
(as per CSA Z32):				
	ahtina 🗆	11 1 m	an elec	
LIGHTING: Workstation Task Li		Lighting Ren	IdfKS:	
Dimmable Lighting	In Use" Light	All lighting	on emergency power.	
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVI	VALLEYVIEW PROJECT		PROV	/INCIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2D-SECURE PROGRAM SUPPORT SPACES			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	02.0-37		
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	TOILETS, OVERSIZED		
		Client:			MTICS	m²: 6.5 m²			
RISK LEVEL:		Mediun	1						
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS: Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark SECURITY SYSTEMS: Security Came	data): 0 uutlet: 0 ss:	nical Camera	Vi	ntercom Station ideo Intercom Station ntercom Master Station	on	Hands Free R Telemetry Teleconferencing	Room Status Status		
Security Came		nical Camera Moni	tor	Intrusion De	etection	✓ Patient A:	✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	nt:								

Project Name: VALL	EYVIEV	V PROJEC	Department: 02.0	PROVINC	IAL ASSESS C	MENT ENTRE	SUB DEPART		OGRAM S	UPPORT SPACES
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		02.0-38-01
	Si	gn Off:	Date Issued:		2017	'-01-25	RoomName	:	TO	ILETS, BARRIER-FREE
IBI			Client:				m²:			
						MTICS		4.6 m²		
RISK LEVEL:			Medium							
ARCHITECTURA	L REQU	IREMENTS	S							
INTERIOR FINISHE	S:	height	material		finish	ı		re	emarks	
Ceiling:	2750		GWB - Impact Resist	ant	Paint					
Wall:			GWB - Impact Resist	ant	Paint		Water resis	tant		
Floor:		[Resilient					
Base:	100		Flash Cove							
(Corner Gua Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: andard Anti-Li andard Anti-Li andard Anti-Li	gature	l R	emarks:	Anti-ligatur	e grab bars a	s per code	
Door(s):	ear Opening	g (W x H):	914 x 2135	Material:	Solid Core			Finish: Plam		
	Door	Sidelight								
	Auto	ype:: WR-03	Locking	of Hardware	Door Remarks:					
Windows:	External (External (Exterior \	e Windows: Glazing and Fra Glazing Hardw Window Treatr Glazing and Fra cout	vare: Standard ment: Standard ame: Standard	Seco	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork	: 0	Casework Secu	ırity: 🗌 Regular	Secur	re		Remarl	ks:		
Min Millwork /Co (mm) or	% of perim Uppe		Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS: S	Floor / C		5	RT 60:	N/A		Remark	Refer to Ap Noise Cont		- Acoustics and
GENERAL ROOM F	REMARK	S: Coat	Hooks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors:	Standard	✓ Vandal-Proof
	Tackl	board Dim:				<u></u>	Whiteboard	Dim:		
	Rema		de washroom access r towel dispenser, 1							okin disposal, 1

Project Name:	Department:	SUB DEPARTMENT:	DOCDANA SURDORT SDAGES					
VALLEYVIEW PROJECT	02.0 PROVINCIAL AS	CENTRE 2D-SECURE P	ROGRAM SUPPORT SPACES					
	Draft:	Program Number:						
Project Number: 35720	prepop 1 2 Fina	I	02.0-38-01					
Sign Off:	Date Issued:	RoomName:	TOU 5TC 0400150 5055					
IBI		2017-01-25	TOILETS, BARRIER-FREE					
, 5 ,	Client:	MTICS m ² : 4.6 m ²						
DICK LEVEL:	Madium							
RISK LEVEL:	Medium							
MECHANICAL REQUIREMENTS	Domorko	Fulcariat						
HVAC: Type: ASHRAE 62.1-01	Remarks:	Exhaust						
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0						
to System		,						
PLUMBING FIXTURES:								
	ton		Plumbing Remarks					
sink mounting faucet Handwash Counter Goosene	tap Uri ck Lever/Blades Ho		Flumbling Kemarks					
✓ Lavatory ✓ Wall ✓ Standard		pper Water Fountain Emergency Shower						
Janitorial Floor Laborato	True Dodol	rrier Free WC Corrosion Resistant Fitt	tings					
Double	Floatronia Controls	or Drain Other:						
Deep Equipment								
Other:	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks:								
FIRE PROTECTION: Sprinkler Type: W	/et Dry Standpipe	Other:						
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: Equal	Positive • Negative	Other:						
Air Temp: 🗸 Standa	rd Special Other:							
ELECTRICAL REQUIREMENTS								
ELECTRICAL REQUIREMENTS								
GENERAL POWER: Types of Power: Normal		Clock						
Types of Fower. Indition								
Receptacle Count: Conven	ience: 1 duplex GFI							
Power Remarks: GFI								
Patient Care Area Designation Basic								
(as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:						
LIGHTING: Workstation Task Li Dimmable Lighting	"In Use" Light	All lighting on emergency power						
Switch & Light Cont		an ilenting on emergency power	•					
Charting Light								

Project Name: VALLEYVI	VALLEYVIEW PROJECT		PROVI	NCIAL ASSE				
Project Number:	35720	Draft: prepop	1	2 Final	CENTRE	Program Number:	02.0-38-01	
	Sign Off:	Date Issued:		20	17-01-25	RoomName:	TOILETS, BARRIER-FREE	
		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IREMENTS							
Coax/ Data TV (data): Outlet: 0 Outlet: 0		Vide	rcom Station eo Intercom Stat rcom Master Sta		Hands Free Room Telemetry Teleconferencing	m Status	
SECURITY SYSTEMS: Security Came Security Remark	ra Monitor Cli	nical Camera nical Camera Moni	tor	_	der No.: Detection	Staff Assist Patient Assis	Duress - Wired t Duress - Wireless	
OTHER								
Equipment Remarks:				Operationa Remarks:	ı			
Room Data Sheet Comme	ent:							

_							•			
Project Name: VAL	LEYVIEW	PROJEC	T Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE			ROGRAM S	UPPORT SPACES
Project Number:		35720	O Draft: prepop	1 2	✓ Final		Program Nu	ımber:		02.0-38-02
IBI	Sign	Off:	Date Issued:		2017	7-01-25	RoomName	2:	то	ILETS, BARRIER-FREE
	ı		Client:			MTICS	m²:	4.6 m²		
RISK LEVEL:			Medium	1						
ARCHITECTURA	AL REQUIR	EMENTS								
INTERIOR FINISH	FC.	ight	material		finish	1			remarks	
Ceiling:	2750	_	GWB - Impact Resist	ant	Paint					
Wall:		G	GWB - Impact Resist	ant	Paint		Water resis	stant		
Floor:					Resilient					
Base:	100	F	Flash Cove							
Wall Protection:	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Stan	Sheet: ndard Anti-Li ndard Anti-Li ndard Anti-Li	gature	F	Remarks:	Anti-ligatu	re grab bars	as per code	
Door(s):	Clear Opening (V		914 x 2135	Material:	Solid Core			Finish: Plam		
Door Hardware:		g:	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks	:				
Windows:	External Gla Exterior Wir	zing and Franzing Hardwal dow Treatm zing and Fran	re: Standard nent: Standard me: Standard	Sec Sec Sec Sec	ure	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwor	·k: Cas	ework Securi	ity: Regular	Secur	·e		Remar	ks:		
Min Millwork /0 (mm) o	Counter Linear L or % of perimete	-		Counter/	Work Surface Height (mm):					
	=	upboards upboards	Counte	er Top ss Steel		Lockable				
ACOUSTICS:	STC Rating Wa Floor / Ceil	ling:		RT 60:	N/A		Remar	ks: Refer to A		Acoustics and
GENERAL ROOM		ing: 40-45 Coat H	looks: Standard	An+i I	igature No o	f Coat		Mirrors:	Standard	✓ Vandal-Proof
CLIVENAL NOOW	Tackboa		Stalldard	w A⊓u-Li		Hooks:	Whiteboard	Dim:	Stanuard	▼ valludi-P1001
	Remark		e washroom access towel dispenser, 1			_		-		okin disposal, 1

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT	02.0 PROVINCI	AL ASSESSMENT	2D-SECURE PROGRAM SUPPORT SPACES					
	Draft:	CENTRE	Program Number:					
Project Number: 35720	prepop 1 2	✓ Final	02.0-38-02					
Sign Off:	Date Issued:		RoomName:					
		2017-01-25	TOILETS, BARRIER-FREE					
IBI	Client:		m²:					
		MTICS	4.6 m ²					
RISK LEVEL:	Medium							
MECHANICAL REQUIREMENTS	Por	marks: Exhaust						
HVAC: Type: ASHRAE 62.1-01	Kei	marks: Exhaust						
D C Ai L D . L Date /A/	C).	Canadal Eubar	ust Air Posuirada O					
Can Air be Returned Rate (A/ to System	C):	Special Extra	ust Air Required: 0					
ŕ								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks					
Handwash 🗸 Counter Goosene	ck Lever/Blades	Hopper	Water Fountain					
✓ Lavatory Wall ✓ Standard	Standard	□ wc □	Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings					
Double	✓ Electronic Controls	✓ Floor Drain	Other:					
Deep Equipment								
Other:	_							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Solution Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: 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					
, per en								
Receptacle Count: Conven	ience: 1 duplex GFI							
Power Remarks: GFI								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	□ "In Use" Light rols ✓ Vanity Light	All lighting	on emergency power.					

Project Name: VALLEYVI	VALLEYVIEW PROJECT		PROVI	NCIAL ASSE	SSMENT				
Project Number:	35720	Draft: prepop	1	2 Final	CENTRE	Program Number:	02.0-38-02		
	Sign Off:	Date Issued:		20:	17-01-25	RoomName: TOILETS, BARRIER-FRE			
		Client:			MTICS	m²: 4.6 m²			
RISK LEVEL:		Medium	1						
TECHNOLOGY REQU	IREMENTS								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (Coax/ Dat	data): Outlet: 0 Outlet: 0		Vide	rcom Station to Intercom Stat rcom Master Sta	on	Hands Free Room. Telemetry Teleconferencing	Status		
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Read		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless		
OTHER									
Equipment Remarks:				Operationa Remarks:					
Room Data Sheet Comme	ent:								

Project Name: VA	LLEYVIEW PROJEC	CENTRE			SUB DEPARTM		ECURE LIVING UNIT	
Project Number:	3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	02.0-39
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	CARE TEAM S	TA.: DIRECT OVERSIGHT
	<u>.</u>	Client:			MTICS	m²:	3.5 m²	
RISK LEVEL:		Low						
	DAL DECLUDEMENT							
INTERIOR FINIS	RAL REQUIREMENTS							
Ceiling:	height 2750	material Acoustic Tile		finish Pre-Finished			remarks	
Celling.	2730	Acoustic file		rie-i illislieu				
Wall:		GWB		Paint				
Floor:				Resilient				
				ese				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		Re	emarks:			
		<u> </u>	igature					
			igature igature					
D = = =/=):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
Door(s):	✓ Door Sidelight	314 X 2133	Material	John Core			nam	
Door Hardware:	Door Protection	✓ Anti-Ligatu	ıre &	Door Romarks	D 1.1.1.	B	- h h	
Door Hardware.	Automatic Opener	Tamperpro	oof Hardware	DOOI REIIIAIKS.	Dutch ac	oor. Door is to	be abuse resistant	
	Access Control	✓ Locking						
	Door Glazing: Side gla	azing						
	Hardware Type:: OF-02							
Windows:	Operable Windows: External Glazing and Fr	☐ Standard ame: ✓ Standard		_	igh Secur		Maximize observat	ion
	External Glazing Hardw		_		igh Secur			
	Exterior Window Treat	ment: 🗹 Standard	Sec	ure 🗌 Hi	igh Secur	rity		
	Internal Glazing and Fra		_	_	igh Secur	_		
	Blackout	Blinds Roller	Shutter	1 Way Mirro	r	Other		
Casework / Millwo	ork: Casework Secu	rity: 🗹 Regular	Secur	e		Remarks:	Provide counter wi Provide built in she	
	/Counter Linear Length 400 or % of perimeter wall:	00		Work Surface 7: Height (mm):	10			vall mounted cabinetry
	Upper Cupboards	✓ Count	·	•	Lockable			
	✓ Lower Cupboards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 60:	0.7		Remarks:	Refer to Appendix	LD - Acoustics and
	NC Rating: 30-35	5					Noise Control	
GENERAL ROOM	M REMARKS: Coat	Hooks: Standard	✓ Anti-Li	gature No of	Coat 6		Mirrors: Standa	ard Vandal-Proof
	✓ Tackboard Dim:	Min. 1220 mm X 9	915 mm high			Vhiteboard I	Dim: 1220mm wid	e X 915mm high
	Remarks: Shall	accommodate 3 wor	kstations					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-	-SECURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE	
Project Number:	-Draft:	Program Number:	02.0-39
35720	prepop 1 2 Final		02.0-33
Sign Off:	Date Issued:	RoomName: 7-01-25 CARE TEAN	A CTA . DIDECT OVERCICIT
IRI	201		1 STA.: DIRECT OVERSIGHT
101	Client:	MTICS m²:	
		MTTCS 13.5 m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
MECHANICAL REQUIREMENTS	2.4.04		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks:		
✓ Can Air be Returned Rate (A/ to System	C): S	pecial Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
	1	-	
sink mounting faucet	tap Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene	поррег	Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor Di	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with [Local Adjustment	Infection Isolation Patient C	Controlled
Room Control Remarks:	,	Noom ressure women	
Room Control Remarks.	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinner Type:	Standpipe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXHAUST.		Journal	
Air Temp: ✓ Standa	rd Special Other:		
7th Temp. Stande	Special Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy & UPS	✓ Clock	
Receptacle Count: Conven	ience: 4 duplex, Workstations: 3 (2 quad	olexes per workstation, locate one above	e counter and one
below),	Special Equipment (additional outlets): a	llarmed fridge, suction machine, comput	er, AED
Power Remarks: Switchk	oank for power outlet shutoff for each clie	ent room	
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: ✓ Workstation Task L		Lighting Remarks:	
Dimmable Lighting		Battery pack and remote heads for unint	terrupted emergency
Switch & Light Cont	lighting. All lighting on emergency power	er.	
Charting Light			

		Department:				1		
Project Name: VALLEYVIE	VALLEYVIEW PROJECT) PROVINC	IAL ASSESS	MENT CENTRE	SUB DEPARTMENT:	URE LIVING UNIT	
Project Number:	35720	Draft: prepop	1 2			Program Number:		02.0-39
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	CARE TEAM STA	.: DIRECT OVERSIGHT
		Client:			MTICS	m²: 13.5 m	2	
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Of Quantity (1 voice, 1 c			_	m Station ntercom Statior		Hands Free	Room Status	5
Tel O	utlet: 0		_	m Master Statio		Telemetry Teleconferencing		
Coax/ Data TV O	utlet: 0		micreo	m waster state	л. <u> </u>	releconterencing		
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camero Security Camero		nical Camera nical Camera Mon	_	Card Reader	_		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	: PPA system							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VA	LLEYVIEW PROJEC	Department: 02.0 PRC	OVINCIAL ASSESSMEN CENT		T: 2E-SECURE LIVING UNIT
Project Number:	3572	Draft:	2 Final	Program Number	02.0-40
]	Sign Off:	Date Issued:	2017-01-	RoomName: CAR	E TEAM STATION: CONFIDENTIAL COORD
iв	<u>.</u>	Client:	MTI	m²:	m²
RISK LEVEL:		Low			
	DAL DEGLUDEA AENT	Low			
INTERIOR FINIS	<u>RAL REQUIREMENT:</u>				
Ceiling:	height 2750	material Acoustic Tile	finish Pre-Finished		remarks
cennig.	2730	Acoustic file	Tre Tillistica		
Wall:		GWB	Paint		
Floor:			Resilient		
Base:	100	Flash Cove			
Wall Protection:	Corner Guards:	Sheet:	Remark	ks:	
		andard Anti-Ligatu			
		andard Anti-Ligatu andard Anti-Ligatu			
		andard Anti-Ligatu	re		
Door(s):	Clear Opening (W x H):	914 x 2135 M	aterial: Solid Core	Finish	Plam
	✓ Door Sidelight				
Door Hardware:	Door Protection	✓ Anti-Ligature & Tamperproof Ha	Door Remarks: Dutc	h door. Door is to b	e abuse resistant
	Automatic Opener Access Control	Locking	iidware		
	Door Glazing: Side gla	azing			
	Hardware Type:: OF-02				
				p 1 5-	
Windows:	Operable Windows: External Glazing and Fr	= :	✓ Secure Secure High Secure		aximize observation
	External Glazing Hardw	=	Secure High Se		
	Exterior Window Treat	Totaliaai a	Secure High Se		
	Internal Glazing and Fra	ame: Standard [Blinds Roller Shutt	✓ Secure High Se	ecurity Other	
	Blackout		er	Other	
Casework / Millw	ork: Casework Secu		Secure		ovide counter with drawer units ovide built in shelving for charts and
	/Counter Linear Length 900	00 Cc	ounter/ Work Surface Height (mm):		rge binders and wall mounted cabinetry
	✓ Upper Cupboards	✓ Counter Top		ble	
	✓ Lower Cupboards	Stainless Ste	eel		
ACOUSTICS:	STC Rating Wall / 55		RT 60: 0.7	Remarks: Re	efer to Appendix 1D - Acoustics and
	Floor / Ceiling: NC Rating: 30-35	<u> </u>		N	pise Control
GENERAL ROOF		Hooks: Standard	Anti-Ligature No of Coat Hooks:	M	lirrors: Standard Vandal-Proof
	✓ Tackboard Dim:	915 x 1220		✓ Whiteboard Din	2@915mm wide x 915mm high
	Remarks: Provi	de 10 lockers. Shall accor	mmodate meeting space for	or 10; shall have acc	ess from non-client area

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-SECURE LIVING UNIT							
VALLET VIEW PROJECT		CENTRE							
Project Number:	Draft:	Program Number: 02.0-40							
35/20	prepop 1 2 Final								
Sign Off:	Date Issued:	RoomName: 7-01-25 CARE TEAM STATION: CONFIDENTIAL COORD							
IRI	201	7-U1-25 CARE TEAM STATION: CONFIDENTIAL COORD							
101	Client:	MTICS 22 m ²							
		MIICS 22. m ²							
RISK LEVEL:	Low								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACUBAE 6	2.1-01 Remarks:								
HVAC: (CSA 2317.2-10, ASHRAE 6	2.1-01 Kemarks.								
	(6)	.151							
Can Air be Returned Rate (A, to System	(C):	pecial Exhaust Air Required: 0							
PLUMBING FIXTURES:									
sink mounting faucet	tap	Plumbing Remarks							
✓ Handwash Counter Goosen	ock D Lover/Plades	Eyewasii							
✓ Lavatory ✓ Wall ✓ Standar	t Standard III Hopper	Water Fountain							
Janitorial Floor Laborate	Toot Podel	Emergency Shower							
Double	Flostronic Controls Dalliel								
Deep Equipment	Floor Dr	ain Other:							
Other:									
	-								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Infection Isolation Room Pressure Monitor									
Room Control Remarks:	Via DDC								
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:							
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: Fqual	Positive Negative	Other:							
Air Towns A Stand	ort Consider Others								
Air Temp: ✓ Stand	ard Special Other:								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:		Clock							
Types of Power: Emerg	ency & UPS	Clock							
		xes per workstation, locate one above counter and one below),							
Special	Equipment (additional outlets): security v	video monitor, fire alarm annunicator, intercom station							
Power Remarks:									
Patient Care Area Designation Basic									
(as per CSA Z32):									
	_								
LIGHTING: ✓ Workstation Task I		Lighting Remarks:							
✓ Dimmable Lighting		Battery pack and remote heads for emergency lighting. All							
Switch & Light Con		lighting on emergency power.							
Charting Light									

Project Name: VALLEYVIEW PROJECT		Department: 02.0 PROVINCIAL ASSESSMENT CENTRE					SUB DEPARTMENT: 2E-SECURE LIVING UNIT		
Project Number: 35	Draft:	prepop	1	2	✓ Final	CENTRE	Program Number:		02.0-40
Sign Off:	Date I	ssued:			201	.7-01-25	RoomName: CARE TEAM	STATION: C	ONFIDENTIAL COORD
181	Client	:				MTICS	m²: 22. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIREMENTS									
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vi		Station rcom Stati Master Sta		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Ca	amera amera Moni	tor		Card Read Intrusion I	_	Staff A		Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:					perational emarks:				
Room Data Sheet Comment:									

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Final	Program Number:	02.0-41
Sign Off:	Date Issued:	2017-01-25	RoomName:	MEDICATION ROOM
IBI	Client:	MTICS	m²: 8. m²	
RISK LEVEL:	Standard			
	Stanuaru			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	re	marks
Ceiling: 2750 Acc	oustic Tile	Pre-Finished		
Wall: GW	′B	Paint		
Floor:		Resilient		
Base: 100 Flas	sh Cove	I.		
Wall Protection: Corner Guards: ✓	Sheet: ✓	Remarks:		
Crash Rails: Standa	ard Anti-Ligature			
Hand Rails: Standa	ard Anti-Ligature			
Chair Rail: Standa	ard Anti-Ligature			
Door(s): Clear Opening (W x H):	1220 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &	Dana Barrandari		
Automatic Opener	Tamperproof Hardware	Door Remarks:		
Access Control	✓ Locking			
Door Glazing: Upper glaz	ing			
Hardware Type:: OF-02				
Windows: Operable Windows:	✓ Standard Secu	ure	Remarks:	
External Glazing and Frame			ity	
External Glazing Hardware:	Standard Secu	_		
Exterior Window Treatmen Internal Glazing and Frame				
Blackout ✓ Bline		☐ 1 Way Mirror	Other	
Casework / Millwork: Casework Security:		e Vork Surface 915	Remarks:	
Min Millwork /Counter Linear Length 4200 (mm) or % of perimeter wall:		Height (mm):		
✓ Upper Cupboards	✓ Counter Top	✓ Lockable		
✓ Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling:	RT 60:	0.7		ppendix 1D - Acoustics and
NC Rating: 30-35			Noise Cont	rol
GENERAL ROOM REMARKS: Coat Hoo	ks: Standard Anti-Li	gature No of Coat	Mirrors:	Standard
✓ Tackboard Dim: 6	15mm x 915mm	Hooks: W	/hiteboard Dim: 615 r	nm wide X 915 mm high
Remarks: Shall acc	ommodate workspace, secure	e storage, sink fridge		
Silali acci	oiodate workspace, secure	e storage, sirin, muge		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE		2E-SECURE LIVING UNIT
Project Number	Draft:	CENTRE Program Number:	02.0.41
35/20	prepop 1 2 Final		02.0-41
Sign Off:	Date Issued: 20	17-01-25 RoomName:	MEDICATION ROOM
	Client:	MTICS m2: 8. m2	
RISK LEVEL:	Standard		
	Standard		
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	.1-01 Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 62	T 01		
Can Air be Returned Rate (A/C to System	C):	Special Exhaust Air Required: 0	
DI LINADINI CENTUDES			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	Plumbing Remarks
Handwash ✓ Counter Goosened Lavatory Wall ✓ Standard	Ctandard Hoppi	_	
Janitorial Floor Laborator		Emergency Shower r Free WC Corrosion Resistant Fittir	0.00
Double	Electronic Controls Floor		183
Deep Equipment			
Other: single comp. sink	.		
Size:			
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other:	atient Controlled
Air Temp: 🗸 Standai	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerge	ncy		
Receptacle Count: Conveni	ience: 5 duplex, Special Equipment (ad	ditional outlets): 1 lab specimen frid	ge, 2 medication fridges
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Lig	ghting Night Light	Lighting Remarks:	
☐ Dimmable Lighting ✓ Switch & Light Contr	In Use" Light	All lighting on emergency power.	

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROV	INCIAL ASSESSI	MENT ENTRE	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		02.0-41
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		MEDICATION ROOM
		Client:			MTICS	m²: 8. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): outlet: 0 outlet: 0		Vic	ercom Station deo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	✓ Card Reader ✓ Intrusion Det	<u> </u>		aff Assist	✓ Duress - Wired ✓ Duress - Wireless
Security Remarks	card + PIN access	S						
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VA	LLEYVIEW PROJE	CT Department: 02.0 F	PROVINC	CIAL ASSESSN CE	/IENT	SUB DEPARTME		CURE LIVING UNIT
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Numb	er:	02.0-42
	Sign Off:	Date Issued:		2017-0	01-25	RoomName:	OFFICE, DOCTOR/	CONSULTATION ROOM
	J	Client:		N	MTICS	m²:	. m²	
RISK LEVEL:		Low				1		
	RAL REQUIREMENT							
INTERIOR FINIS		material		finish			remarks	
Ceiling:	2750	Acoustic Tile		Pre-Finished				
Wall:		GWB - Impact Resista	nt	Paint				
Floor:				Carpet				
Base:	100	Rubber]				
Wall Protection:	Corner Guards:	Sheet:		Rer	marks:			
		andard Anti-Lig						
		andard Anti-Lig						
							, [
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fini	sh: Plam	
	Door Sidelight			_				
Door Hardware:	Door Protection Automatic Opene	Anti-Ligature r Tamperproo		Door Remarks:	Provide s	second egress	door. Door size : 91	4 mm
	Access Control	✓ Locking						
	Door Glazing:							
	Hardware Type:: OF-02							
Windows:	Operable Windows:	Standard	Sec	ure		Remarks:		
	External Glazing and F		✓ Sec	= -	gh Secur			
	External Glazing Hard Exterior Window Trea		✓ Sec ✓ Sec		gh Secur gh Secur			
	Internal Glazing and F		✓ Sec		gh Secur			
	☐ Blackout ✓	Blinds Roller Sl	hutter	1 Way Mirror		Other		
Casework / Millwo	ork: Casework Sec	urity: 🗸 Regular	Secur	re		Remarks:		
	/Counter Linear Length or % of perimeter wall:	00	Counter/	Work Surface 91	5			
	Upper Cupboards	✓ Counter	Тор	✓ L	ockable			
	✓ Lower Cupboards	Stainles	s Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 60:	: 0.7			Refer to Appendix 1 Noise Control	D - Acoustics and
	NC Rating: 30-3	35						
GENERAL ROOM	/I REMARKS: Coa	t Hooks: 🗹 Standard	Anti-Li	igature No of C	Coat 2		Mirrors: Standa	d Vandal-Proof
	Tackboard Dim						im:	
	Remarks: Shal	l accommodate exam t	able, work	station, sink, m	illwork 1	for lockable su	pply storage	

Project Name:	Department:	SUB DEPARTMENT:	SE SECTION TO THE
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	CENTRE	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Program Number:	02.0-42
Sign Off:	Date Issued: 201	.7-01-25 RoomName: OFFICE	, DOCTOR/CONSULTATION ROOM
IBI	Client:	MTICS m ² :	
DICK LEVEL	1000	12.111	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
HVAC: Type: CSA 2317.2-10, ASHRAE 62			
Can Air be Returned Rate (A/C to System	c):	Special Exhaust Air Required: 0	
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	Standard WC	Emergency Shower Free WC Corrosion Resistant Fit	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other:	Patient Controlled
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:	<u></u>	Clock	
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conveni	ience: 2 duplex, Workstations: 1 quadple	ex, Special Equipment (additional	outlets): tbc
Patient Care Area Designation (as per CSA Z32):	diate		
LIGHTING:	In Use" Light	Lighting Remarks: Wall mounted extendable exam power.	light. All lighting on emergency

		T				T		
Project Name:		Department: 02.0	PROVINCIA	L ASSESSI	MENT	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
VALLEYVIE	W PROJECT				ENTRE			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-42
	Sign Off:	Date Issued:		2017-	01-25	RoomName: OFFICE,	DOCTOR/CO	ONSULTATION ROOM
		Client:		-	MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	lata): utlet: 0 utlet: 0		_	Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni		Card Reader Intrusion Det		Staff A		✓ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Final	Program Number:	02.0-43-01
Sign Off:	Date Issued:	2017-01-25	RoomName: INTERVIEW/ P	SYCHOLOGICAL TESTING ROOM
IBI	Client:	MTICS	m²: 15. m²	
RISK LEVEL:	Low			
	LOW			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	re	marks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall: GW	B - Impact Resistant	Paint		
Floor:		Carpet		
Base: 100 Rub	ber	l		
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
✓ Door Sidelight				
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Integral blir	Tamperproof Hardware ✓ Locking	Door Remarks: Provide for staff		r size : 914 mm Second door is
Hardware Type:: OF-01				
Windows: External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout	Standard ✓ Section Standard ✓ Section Standard ✓ Section Standard	ure High Secur ure High Secur ure High Secur	observation all areas of 2.0-43-01.	or is to be break resistant. n mirror to provide viewing to Interview Psychology Room
Casework / Millwork: Casework Security:	Regular Secur	е	Remarks:	
Min Millwork /Counter Linear Length		Work Surface		
(mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Height (mm): Lockable		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Ap Noise Cont	pendix 1D - Acoustics and rol
GENERAL ROOM REMARKS: Coat Hool	re: Standard 🕩 Antili	gature No of Coat 2	Mirrors:	Standard Vandal Broof
		Hooks:		Standard Vandal-Proof
	9615mm x 915mm		Vhiteboard Dim: 2@61	L5 mm wide X 915 mm high
Remarks: Shall inclu	de desk workstation, table	and 2 chairs		

Project Name:	Department:	SUB DEPARTMENT:					
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSESS	SMENT 2E-SECURE LIVIN	NG UNIT				
VALLET VIEW PROJECT		CENTRE					
Project Number:	Draft:	Program Number: 02.0-4	12 01				
35720	prepop 1 2 Final		12-01				
Sign Off:	Date Issued:	RoomName: 7-01-25 INTERVIEW/ PSYCHOLOGICAL TESTII	NC DOOM				
IRI	201	7-01-25 INTERVIEW/ PSYCHOLOGICAL TESTII	NG ROOM				
101	Client:	MTICS m²: 15. m²					
		MTICS 15. m ²					
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:						
HVAC: CSA Z317.2-10, ASHRAE 6.	z.1-01						
[A] a		Secretal Falls and Air Demained.					
Can Air be Returned Rate (A/ to System	L):	pecial Exhaust Air Required: 0					
35 2/535							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Plumbing Remarks					
Handwash Counter Goosene	sk	Eyewasii					
Lavatory Wall Standard	Tiopper	Water Fountain					
Janitorial Floor Laborato	To Cont Dodal	Emergency Shower					
Double	Flostronic Controls	Free WC Corrosion Resistant Fittings					
Deep Equipment	Floor Dr	ain Other:					
Other:							
	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment							
Air Temp: 🕡 Standa	rd Special Other:						
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Emerge	ncy	Clock					
Receptacle Count: Conven	ience: 4 duplex, Workstations: 1 quadple	х					
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):	ediate						
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:					
✓ Dimmable Lighting	✓ "In Use" Light						
Switch & Light Cont							
Charting Light							
							
	L						

Project Name: VALLEYVIEW PROJECT		02.0 PROVINCIAL ASSESSMENT				SUB DEPARTMENT: 2E-S	ECURE LIVING UNIT
VALLETVIL	.winojeci				CENTRE		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	02.0-43-01
	Sign Off:	Date Issued:		20:	17-01-25	RoomName: INTERVIEW/ PSYCHOI	OGICAL TESTING ROOM
IBI		Client:			MTICS	m²: 15. m²	
RISK LEVEL:		Low					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer Security Camer	lata): utlet: 0 : Cli	nical Camera nical Camera Moni	Vide		ion	Hands Free Room St Telemetry Teleconferencing Staff Assist Patient Assist	✓ Duress - Wired ✓ Duress - Wireless
Security Remarks	:						
OTHER							
Equipment Remarks:				Operationa Remarks:			
Room Data Sheet Commen	t·						

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Final	Program Number:	02.0-43-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE/ PSYCHOLOGICAL
IBI	Client:	MTICS	m²: 15. m²	
RISK LEVEL:	Low			
	2000			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	rer	marks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall: GW	B - Impact Resistant	Paint		
Floor:		Carpet		
1001.		curper		
Base: 100 Rub	hor			
		Г		
	Sheet:	Remarks:		
Crash Rails: Standa				
Hand Rails: Standa				
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
✓ Door Sidelight	<u></u>			
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Integral blir Hardware Type:: OF-01 Windows: Operable Windows:	Tamperproof Hardware ✓ Locking	for staff		size: 914 mm Second door is
External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Blind	Standard ✓ Secu Standard ✓ Secu Standard ✓ Secu ✓ Secu ✓ Secu ✓ Secu	ure High Secur ure High Secur ure High Secur	ity ity	
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Length		Vork Surface		
(mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Height (mm):L		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Ap Noise Contr	pendix 1D - Acoustics and rol
GENERAL ROOM REMARKS: Coat Hook	ks: Standard Anti-Li	gature No of Coat	Mirrors:	Standard
✓ Tackboard Dim: 2@	@615mm x 915mm	Hooks: W	/hiteboard Dim: 2@61	5 mm wide X 915 mm high
Remarks: Shall acco	mmodate desk workstation,	table and 2 chairs		

Project Name:	Department:		SUB DEPARTMENT:	05 050U55
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT		2E-SECURE LIVING UNIT
	Draft:	CENTRE	Drogram Number	
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-43-02
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	02.0 .0 02
'' °	pate issueu:	2017-01-25	Noominame:	OFFICE/ PSYCHOLOGICAL
IBI	Client:		m²:	
	Client:	MTICS	15. m²	
			20	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				_
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con		Other:	
Deep Equipment				
Other:				
Size:	=			
ROOM CONTROLS Room Temp Control	with Room Relative	Humidity with	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustme	·	ressure Monitor Pati	ent Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
index Storage (2.4111 High)	турсэ.			
EXHAUST: Pressure:	Positive N	egative Other:		
			<u> </u>	
Air Temp: 🕡 Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex, Workst	ations: 1 quadplex		
		• •		
Power Remarks:				
Patient Care Area Designation Interme (as per CSA Z32):	ediate			
(as per CSA 252).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	. =			
Charting Light	rols Vanity Light			

Project Name:	Department: SUB DEPARTMENT: SUB DEPARTMENT:	2E-SECURE LIVING UNIT
VALLEYVIEW PROJECT	CENTRE	2L-3LCONE LIVING OINT
Project Number: 35720	Draft:	02.0-43-02
Sign Off:	Date Issued: 2017-01-25 RoomName:	OFFICE/ PSYCHOLOGICAL
	Client: MTICS m²: 15. m²	
RISK LEVEL:	Low	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: 0	Intercom Station Hands Free Video Intercom Station Telemetry Intercom Master Station Teleconferencing	Room Status
IMIT Remarks:		
	linical Camera Card Reader No.: Staff A linical Camera Monitor Intrusion Detection Patient	ssist
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VALL	EYVIE	W PROJE		partment: 02.0	PROVINC	CIAL ASSES	SMENT CENTRE	SUB DEPA	ARTMEN		URE LIVING UNIT
Project Number:		357	Dra	ft: prepop	1 2	✓ Final		Program	Numbe	r:	02.0-44
[]		Sign Off:	Dat	e Issued:		201	7-01-25	RoomNar	me:		OBSERVATION
IBI			Clie	nt:			MTICS	m²:	6.5	m²	
RISK LEVEL:				Standar	· d						
			_	Stanuar	u						
<u>ARCHITECTURA</u>	L REQ	<u>UIREMENT.</u>	S								
INTERIOR FINISHE		height	T	material		finis	sh			remarks	
Ceiling:	275	0	Acousti	c Tile		Pre-Finished	d				
Wall:			GWB			Paint					
Floor:						Resilient					
			ı			1					
Base:	100		Flash Co	ove							
Wall Protection:	Corner G	iuards: 🗸	Shee	et: 🗸			Remarks:				
(Crash Ra	ils: Sta	andard	Anti-Li	igature						
I	land Ra	ils: Sta	andard	_	igature						
(Chair Rai	il: Sta	andard	Anti-Li	igature						
Door(s):	ar Open	ning (W x H):	914	x 2135	Material:	Solid Core			Finis	h: Plam	
	Do	or Sidelight			!						
Door Hardware:	Au Door (or Protection Itomatic Opener Cess Control Glazing: Type:: OF-01	[Anti-Ligatu Tamperpro ✓ Locking	ire & oof Hardware	Door Remark	s:				
Windows:	Operal Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr	vare: [ment: [Standard Standard Standard Standard Standard Roller	☐ Sec ☐ Sec ☐ Sec ✔ Sec	ure	High Secui High Secui High Secui High Secui ror	rity rity rity	O al 2.	way mirror is to be be been been warror to lareas of Interview 0-43-01.	provide viewing to
Casework / Millwork		Casework Secu	ırity:	Regular	Secur	re		Rem	narks: C	ounter below 1 way	mirror.
Min Millwork /Co			00		Counter/	Work Surface	710		7		
(mm) or	Up	imeter wall: per Cupboards wer Cupboards		✓ Counte	er Top ess Steel	Height (mm):	Lockable				
ACOUSTICS: S		ng Wall / / Ceiling:			RT 60	0.7		Rem		efer to Appendix 1D oise Control	- Acoustics and
	N	IC Rating: 30-3	5								
GENERAL ROOM F			Hooks: [Standard	Anti-L	igature No	Hooks:			Airrors: Standard	
	▼ Ta	ckboard Dim:	615m	m x 915mm			✓ v	Whiteboard	d Dir	m: 615 mm wide X	915 mm high
	Re	1 .		udio system ne way glass				interview	room.	Shall accommodate	loose table and

Project Name:	Department:	INCIAL ACCECCA ACTOR	SUB DEPARTMENT:	OF CECUPE INVALCUATION
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-44
Sign Off:	Date Issued:	2017-01-25	RoomName:	OBSERVATION
IBI	Client:	MTICS	m²:	
		IVITICS	6.5 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS	1.01	2		
HVAC: Type: CSA Z317.2-10, ASHRAE 62	1-01	Remarks:		
Can Air be Returned Rate (A/C to System	c):	Special Exh	naust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks:	ith Room Relative Local Adjustme		ion Isolation Pa	atient Controlled
FIRE PROTECTION: Sprinkler Type: W	et Dry	Standpipe O	ther:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	gative Other:		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ence: 2 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
Workstation Task Lig ✓ Dimmable Lighting ✓ Switch & Light Contri Charting Light	In Use" Light	Lighting Ro	emarks: ng on emergency power.	

Project Name: VALLEYVI	EW PROJECT	Department: 02.0	PROVINCI		SMENT CENTRE	SUB DEPARTMENT: 2E-SECURE LIVING UNIT		
Project Number:	35720	-Draft: prepop	1 2	✓ Final	CENTRE	Program Number:		02.0-44
	Sign Off:	Date Issued:	1 2	Tillai		RoomName:		
IRI	Sign Off.	Date issued.		201	7-01-25			OBSERVATION
		Client: MTICS m²: 6.5 m²						
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Coax/ Data TV (data): Outlet: 0 Outlet: 0			n Station tercom Statio n Master Stati		Hands Free [Telemetry Teleconferencing	Room Statu	s
IMIT Remarl	KS:							
SECURITY SYSTEMS:				1				
Security Came		nical Camera nical Camera Monit	tor	Card Reade			Assist ent Assist	Duress - Wired Duress - Wireless
Security Remark	KS:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VAL	LEYVIE	W PROJE	Department: 02.0	PROVINC	IAL ASSESS	MENT CENTRE	SUB DEPART	MENT:	2E-SEC	URE LIVING (JNIT
Project Number:		357	720 Draft: prepop	1 2	✓ Final		Program Nu	mber:		02.0-45	
	1	Sign Off:	Date Issued:		2017	7-01-25	RoomName	:		CLIENT KIT	CHEN
IBI	ı		Client:			MTICS	m²:	20. m²			
RISK LEVEL:			Mediun	า						ı	
	AL DEO	LUDEMENT		-							
ARCHITECTUR											
INTERIOR FINISH		height	material		finish	1			remarks		
Ceiling:	2750	U	GWB - Impact & Mo Resistant Secure	isture	Paint						
Wall:			GWB - Impact & Mo Resistant Secure	isture	Paint						
Floor:					Resilient						
Base:	100		Flash Cove	l							
Wall Protection:	Corner G Crash Rai Hand Rai Chair Rai	ils: St	tandard Anti-L	igature igature igature	R	Remarks:					
Door(s):	lear Open	ing (W x H):	914 x 2135	Material:	Solid Core			Finish: F	Plam		
Door Hardware:	Door G	or Sidelight or Protection tomatic Opener cess Control Slazing: Side gl	✓ Locking lazing	ire & oof Hardware	Door Remarks:	Provide :	second egre	ess doo	r. Door size : 914	mm	
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and F al Glazing Hardv or Window Trea al Glazing and Fi ackout	ware: Standard tment: Standard rame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity				
Casework / Millwor	·k:	Casework Sec	curity: Regular	✓ Secur	re		Remark	cs:			
Min Millwork /			000		Work Surface 9	915					
(mm) c	✓ Up	imeter wall: per Cupboards wer Cupboards			Height (mm):└	Lockable					
ACOUSTICS:		y Wall / / Ceiling: 45 IC Rating: 35-4	10	RT 60:	1		Remark		r to Appendix 1D e Control	- Acoustics and	
GENERAL ROOM	REMAR	KKS: Coa	t Hooks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirr	ors: Standard	Vandal-Pr	oof
	✓ Ta	ckboard Dim	615mm x 915mm				Vhiteboard	Dim:	915mm wide X 9	915mm high	
	Re		vide soap dispenser, p rowave, dishwasher	aper towel o	dispenser, wa	ste recept	tacle. Shall i	nclude	domestic stove, i	fridge, ss sink,	

Project Name:	Department:	UNICIAL ACCECCATE	SUB DEPARTMENT:	25 6561105 111/11/6 111/17
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSME/ CEN		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-45
Sign Off:	Date Issued:	2017-01	RoomName:	CLIENT KITCHEN
IBI	Client:	MT	ICS m²:	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	Mediam			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	C):	Special	Exhaust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Grease Interceptor Size:	Standard	Urinal Hopper WC Barrier Free W Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitt Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high)	Local Adjustme	,	fection Isolation pom Pressure Monitor Other:	Patient Controlled
EXHAUST: Pressure: Equal		egative Othe	r:	
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Emerge	ncy		Clock	
	ience: 2 duplex, Counte ave, dishwasher	rtop: duplexes along co	ounter, Special Equipment (additional outlets): stove, fridge,
Power Remarks: GFI				
Patient Care Area Designation Basic (as per CSA Z32):				
Workstation Task Ling Dimmable Lighting ✓ Switch & Light Control Charting Light	"In Use" Ligh		g Remarks: hting on emergency power	

Project Name: VALLEYVI	EW PROJECT	Department: 02.0	PROVINCI		MENT ENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT	
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-45	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT KITCHEN	
IB I		Client:	Client: MTIC				S m ² : 20. m ²		
RISK LEVEL:		Medium	n						
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS: Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): utlet: 1 utlet: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Camer Security Camer Security Remark	ra Monitor CI	inical Camera inical Camera Moni	tor	Card Reader Intrusion De			staff Assist Patient Assist	Duress - Wireless	
OTHER									
Equipment Remarks:	Dishwasher CP	CI		Operational Remarks:					
Room Data Sheet Comme	nt:								

Project Name: VALLE	YVIEW P	ROJEC	T Depart		PROVINC	IAL ASSE	SSMENT CENTRE	SUB DEF	PARTMI	ENT:	2E-SEC	URE LIVING U	NIT
Project Number:		3572	Draft:	prepop	1 2	Final		Program	n Numb	er:		02.0-46	
IBI	Sign Of	f:	Date Is	ssued:		20	17-01-25	RoomNa m²:	ame:			DINING A	REA
			Ciletit.				MTICS		36	. m²			
RISK LEVEL:	·		N	Mediun	n								
ARCHITECTURAL	REQUIREI	MENTS											
INTERIOR FINISHES:				material		fin	ish			re	marks		
Ceiling:	2750		GWB - Imp	act Resist	tant	Paint							
Wall:		c	GWB - Imr	oact Resist	tant	Paint							
				, 400 1100.01									
Floor:		L				Resilient							
Base:	100	F	lash Cove	<u> </u>									
Wall Protection: Co	rner Guards:	✓	Sheet:	✓			Remarks:						
Cra	ash Rails:	Star	ndard [Anti-Li	igature								
	nd Rails:	_	ndard [_	igature								
Ch	air Rail:	Star	ndard [Anti-Li	igature								
Door(s): Clear	Opening (W	(H):	914 x 2	135	Material:	Solid Core			Fini	ish: Plam			
	Door Sidel	ight											
	Door Prote Automatic Access Cor Door Glazing:	Opener	✓	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remar	ks: Double s	swing					
Har	dware Type::	CR-01											
! !	Operable Wind External Glazir External Glazir Exterior Windo nternal Glazin Blackout	ng and Fran ng Hardwa ow Treatm	re:	Standard Standard Standard Standard Standard	✓ Sec ✓ Sec	ure	High Secui High Secui High Secui High Secui	rity rity rity rity	narks:				
Casework / Millwork:	Casew	ork Securi	ity: 🗌 R	egular	✓ Secur	e		Rer				ower cupboards	for
Min Millwork /Cour (mm) or %	nter Linear Ler of perimeter v)		Counter/	Work Surface Height (mm)				food trays.			
	Upper Cup ✓ Lower Cup			Counter Stainle	er Top ess Steel	[•	✓ Lockable						
ACOUSTICS: STO	Rating Wall / Floor / Ceiling				RT 60	0.7		Rer		Refer to Ap	-	- Acoustics and	
	NC Rating	35-40											
GENERAL ROOM RE	_	Coat H	looks:	Standard	Anti-L	gature No	Hooks:	A/bitch-		Mirrors:	Standard	☐ Vandal-Pro	of
L	Tackboard							Whiteboar		im:			
	Remarks:	Shall a	ccommod	late 16, w	ith moveabl	e tables an	d chairs (up	to 3 for	6)				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL	ASSESSMENT	2E-SEC	URE LIVING UNIT
VALLET VIEW PROJECT		CENTRE		
Project Number:	Draft:	✓	Program Number:	02.0-46
35720	prepop 1 2	Final		02.0-40
Sign Off:	Date Issued:	2017-01-25	RoomName:	DINUNG ADEA
IRI		2017-01-23		DINING AREA
101	Client:	MTICS	m²:	
		IVITICS	36. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
MECHANICAL REQUIREMENTS	2.1-01 Remar	-kc		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Remai	KS.		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 1	
to System				
PLUMBING FIXTURES:				
	1		21.1.	
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
✓ Handwash ✓ Counter ☐ Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity	with Infectio	n Isolation	
ROOM CONTROLS: Room Temp Control v	Local Adjustment		ressure Monitor Patient Contro	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standpi	pe Oth	er:	
Deal Starter (2 Are high)	T			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🗸 Standa	rd Special Oth	ner:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	2. Emorgonov		✓ Clock	
Types of Fower: Morrial	& Lineigency			
Receptacle Count: Conven	ience: 8 dunlov			
Receptable Count. Conven	icrice, o uupiex			
Power Remarks: Overrid	e switch at nurse base to shutof	f all power to all red	ceptacles	
		•	•	
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	In Use" Light	Local swite	ch and override switch at nurse bas	e to shut off all
Switch & Light Cont			room. All lighting on emergency po	
Charting Light			_ 5 5 7 1	

Project Name: VALLEYVIE\	W PROJECT	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT:	2E-SE(CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2			Program Number:		02.0-46
	iign Off:	Date Issued:		2017	7-01-25	RoomName:		DINING AREA
		Client:			MTICS	m²: 36. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS: Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks: SECURITY SYSTEMS:	ta):		Video I	m Station ntercom Statio m Master Stati	n 🗌	Hands Free Telemetry Teleconferencing	Room Statu	ıs
Security Camera Security Camera		nical Camera nical Camera Monit	tor [Card Reade Intrusion De			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAI	LEYVIE	W PROJE		epartment: 02.0	PROVINC	CIAL ASSI	ESSMENT CENTRE	SUB DEPARTM	IENT:	2E-SECU	RE LIVING UNIT
Project Number:		35	720	raft: prepop	1 2	Final		Program Numl	ber:		02.0-47
IBI	1	Sign Off:		ate Issued:		20)17-01-25	RoomName: m²:		CLIEN	IT PHONE STATION
	1						MTICS		m²		
RISK LEVEL:				Mediun	n						
ARCHITECTUR	AI RFO	UIRFMFN	TS								
INTERIOR FINISH		height		material		fi	nish		re	marks	
Ceiling:	275		GWB -	Impact Resist	tant	Paint	111311		10	THUIRS	
· ·				·							
Wall:			GWB -	Impact Resist	tant	Paint					
Floor:						Resilient					
Base:	100		Flash (Cove							
Wall Protection:	Corner G	iuards: 🗸	She	eet:		1	Remarks:				
	Crash Ra	ils: S	tandard	Anti-L	igature						
	Hand Rai	ils: S	tandard	Anti-L	igature						
	Chair Rai	il: S	tandard	Anti-L	igature						
Door(s):	Clear Open	ning (W x H):			Material:			Fir	nish:		
	Do	or Sidelight			J						
Door Hardware:	Au	oor Protection stomatic Opens cess Control Glazing:	۱۲	Anti-Ligatu Tamperpro Locking	ure & oof Hardware	Door Rema	irks:				
	Hardware	e Type::									
Windows:	Externa Externa Exterio	ble Windows: al Glazing and al Glazing Harc or Window Trea al Glazing and I	ware:	Standard Standard Standard Standard Standard Roller	Sec	ure [ure [High Secui High Secui High Secui High Secui	rity rity			
Casework / Millwo	rk:	Casework Se	curity:	Regular	✓ Secur	re		Remarks:	Counter to	p for phone	
Min Millwork / (mm)	or % of per	near Length imeter wall:		✓ Count		Work Surfac Height (mn					
	= .	wer Cupboards			ess Steel						
ACOUSTICS:		/ Ceiling:			RT 60	0.7		Remarks:	Refer to Ap Noise Cont	•	Acoustics and
05N5D41 D001		IC Rating: 30-								7	
GENERAL ROOM			at Hooks:	Standard	Anti-L	igature N	Hooks:		Mirrors:	Standard	Vandal-Proof
	∐ Ta	ckboard Din	1:				∐ v	Whiteboard [Dim:		
	Re	emarks:									

Project Name:	Department:	#NIGHAL 4.00=0=:	SUB DEPARTMENT:	05 0501155
VALLEYVIEW PROJECT	02.0 PRO\	/INCIAL ASSESSMENT		2E-SECURE LIVING UNIT
	Droft:	CENTRE	Drogram Number	
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-47
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	02.0 17
Sign Off:	pate issued:	2017-01-25	RoomName:	CLIENT PHONE STATION
IBI	Cliente		m²:	CEIENT THORE STATION
	Client:	MTICS	1. m²	
	-			
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
iivac.				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				_
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con		Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infectio	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustm	-	ressure Monitor Pati	ient Controlled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: • W	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
Air-Town	and Constitution	Othory		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			LIOUK	
Receptacle Count: No rece	eptacles			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
_	_			
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Ligh	nt		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIE	W PROJECT	Department: 02.0	PROVI	INCIAL ASSESS	MENT CENTRE	SUB DEPARTMENT:		CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-47
·'	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	CL	IENT PHONE STATION
IBI		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): tlet: 1 tlet: 0		Vid	ercom Station leo Intercom Statior ercom Master Statio	ı 📙	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	Monitor Cli	nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks.								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name:	LLEYVIEW PROJEC	Department: 02.0	PROVINC	CIAL ASSESSI CI	MENT ENTRE	SUB DEPARTMI		CURE LIVING UNIT
Project Number:	3572	O prepop	1 2	✓ Final		Program Numb	er:	02.0-48
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OFFICE, PRO	GRAM CO-ORDINATOR
	<u>.</u>	Client:			MTICS	m²:	1 m²	
RISK LEVEL:		Low						
	RAL REQUIREMENTS							
INTERIOR FINIS	LIEC.			6				
Ceiling:	e.g	material Acoustic Tile		finish Pre-Finished			remarks	
Celling.	2730	Acoustic Tile		i re-rillistieu				
Wall:		GWB		Paint				
Floor:				Resilient				
11001.				resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		Re	emarks:			
		_	gature					
		ndard Anti-Li ndard Anti-Li	gature					
			_		L			
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fin	ish: Plam	
	Door Sidelight			ſ				
Door Hardware:	Door Protection Automatic Opener	Anti-Ligatu Tamperpro	re & oof Hardware	Door Remarks:				
	Access Control	✓ Locking						
	Door Glazing: Upper g	lazing						
	Hardware Type:: OF-02							
Windows:	Operable Windows:	✓ Standard	Sec	_			Maximize observati	on
	External Glazing and Fra External Glazing Hardwa		Sec Sec		igh Secur igh Secur			
	Exterior Window Treatn		Sec		igh Secur			
	Internal Glazing and Fra		✓ Sec	_	igh Secur			
	Blackout 🗸 E		Shutter	1 Way Mirro	r	Other		
Casework / Millw			Secur				Provide undercount between workstatio	
	/Counter Linear Length 400i	0	Counter/ \	Work Surface 7: Height (mm):	10			
	Upper Cupboards	Count		✓	Lockable			
	✓ Lower Cupboards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:		RT 60:	: 0.7			Refer to Appendix 1 Noise Control	D - Acoustics and
	NC Rating: 30-35					Ľ		
GENERAL ROOF	M REMARKS: Coat H	Hooks: 🗹 Standard	Anti-Li	igature No of			Mirrors: Standa	rd Vandal-Proof
	✓ Tackboard Dim:	615mm x 915mm		Н	ooks: ✓ v	Vhiteboard D	im: 615mm wide	x 915mm high
	Remarks: Shall a	accommodate desk	and chair, fil	ling cabinet, si	de chair			
	-	-		•			-	

Project Name:	Department:	(INCOME A COSTOS	SUB DEPARTMENT:	05.050115511111115
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT		2E-SECURE LIVING UNIT
	Draft:	CENTRE	Drogram Number	
Project Number: 35720	Draft:	7 Final	Program Number:	02.0-48
Sign Off:	prepop 1	2 Final	RoomNama	0210 TO
Sign Off:	Date Issued:	2017-01-25	RoomName:	FICE, PROGRAM CO-ORDINATOR
IBI	au .			TICE, TROGRAM CO-ORDINATOR
	Client:	MTICS	m²: 11.1 m²	
			11.1 111	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT 63	2.1-01	Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 62	01			
✓ Can Air be Returned Rate (A/u	~1.	Special Evha	ust Air Required: 0	
to System	~J.	Special Extra	ust All Nequireu.	
PLUMBING FIXTURES:				
sink mounting faucet	tap	I I I I I I I	- Francet	Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewash	
Lavatory Wall Standard		Hopper _	Water Fountain	
Janitorial Floor Laborato		wc _	Emergency Shower	
	Electronic Con	Barrier Free WC	Corrosion Resistant Fittir	ngs
Double	Electronic con	Floor Drain	Other:	_
Deep Equipment				
Other:	=			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: • Equal	Local Adjustment	' I I	ressure Monitor	ratient Controlled
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex		
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	☐ "In Use" Ligh			

Project Name: VALLEYVIEW PROJ		02.0 PROVINCIAL ASSESSMENT					SSMENT CENTRE	SUB DEPARTMENT:	2E-SEC	2E-SECURE LIVING UNIT	
Project Number: 35	5720	Draft:	prepop	1	2	✓ Final	CENTRE	Program Number:		02.0-48	
Sign Off:		Date Iss	ued:			20:	17-01-25	RoomName:	OFFICE, PROG	RAM CO-ORDINATOR	
		Client:					MTICS	m²: 11.1 m²	ı		
RISK LEVEL:		Lo	ow								
TECHNOLOGY REQUIREMENTS	5										
IMIT SYSTEMS:											
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:				Vi		Station Prcom Stat Master Sta		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		nical Can	nera nera Moni	tor			der No.: Detection		taff Assist atient Assist	Duress - Wired Duress - Wireless	
OTHER											
Equipment Remarks:						perationa emarks:	I				
Room Data Sheet Comment:											

Project Name:	Department: 02.0 PRO	VINCIAL ASSESSMENT	SUB DEPARTMENT: 2E-SECURE LIVING UN		
VALLEYVIEW PROJECT Project Number: 25720	Draft:	CENTRE ✓	Program Number:	22.2.2	
35/20	prepop 1	2 Final		02.0-49	
Sign Off:	Date Issued:	2017-01-25	RoomName:	MULTI-PURPOSE AREA	
IBI	Client:		m²:		
		MTICS	22. m²		
RISK LEVEL:	Low				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	rema	arks	
g.nc	oustic Tile	Pre-Finished	Teme	ai k3	
Wall: GV	VB - Impact Resistant	Paint			
Floor:		Resilient			
Base: 100 Fla	sh Cove				
Wall Protection: Corner Guards:	Sheet:	Remarks:			
Crash Rails: Stand	ard 🗌 Anti-Ligatur	е			
Hand Rails: Stand	ard Anti-Ligatur	е			
Chair Rail: Stand	ard Anti-Ligatur	e			
Door(s): Clear Opening (W x H):	914 x 2135 Ma	aterial: Solid Core	Finish: Plam		
Door Sidelight					
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Upper glazing	☐ Anti-Ligature & Tamperproof Har ✓ Locking	Door Remarks: Double s	wing. Provide French door	rs to the exterior.	
Hardware Type:: OF-01					
Windows: Operable Windows: External Glazing and Frame External Glazing Hardware Exterior Window Treatmer Internal Glazing and Frame Blackout Blir	e: Standard : Standard nt: Standard Standard Standard	✓ Secure ✓ Secure High Secur	ity ity		
Casework / Millwork: Casework Security	: Regular	Secure		vork unit for TV screen with	
Min Millwork /Counter Linear Length 1220	Cor	unter/ Work Surface 915	plexi-glass co	ver.	
(mm) or % of perimeter wall: ✓ Upper Cupboards ✓ Lower Cupboards	✓ Counter Top Stainless Stee				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50		RT 60: 0.7	Remarks: Refer to App	endix 1D - Acoustics and	
NC Rating: 30-35					
GENERAL ROOM REMARKS: Coat Hoo	oks: Standard	Anti-Ligature No of Coat 10	Mirrors:	Standard Vandal-Proof	
Tackboard Dim:		Hooks: L	/hiteboard Dim:		
Remarks: Shall acc	commodate 10 in 3 dist	inct activity areas			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROV	INCIAL ASSESSMENT		2E-SECURE LIVING UNIT
	Draft:	CENTRE	Drogram Number	
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-49
Sign Off:	prepop 1 Date Issued:	Z I IIIdI	RoomName:	02.0 10
''	Date issued:	2017-01-25	noomivanie:	MULTI-PURPOSE AREA
IBI	Client	-	m²:	
	Client:	MTICS	m-: 22. m ²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				_
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
☐ Lavatory ☐ Wall ✔ Standard	✓ Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont		Other:	
Deep Equipment			_	
Other: single comp. sink				
Size:	-			
-				
ROOM CONTROLS. Room Temp Control	vith Room Relative	Humidity with Infectio	on Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustme		Pressure Monitor Pati	ent Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	egative Other:		
= ·	D. c	Out -		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		✓ Clock	
Receptacle Count: Conven	ience: 8 duplex			
Power Remarks:			· · · · · · · · · · · · · · · · · · ·	_
rower nemarks.				
Patient Care Area Designation Basic				_
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	marks:	
✓ Dimmable Lighting	"In Use" Ligh	t Undercabi	inet lighting. All lighting on	emergency power.
Switch & Light Cont	rols Vanity Light	333.3451	- 0 - 1011 2011 011	- 0/ F
Charting Light				

Project Name: VALLEYVIE	valleyview PROJECT			NCIAL ASSESS	MENT ENTRE	SUB DEPARTMENT:	2E-SEC	2E-SECURE LIVING UNIT	
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-49	
·'	Sign Off:	Date Issued:		2017	-01-25	RoomName:	N	MULTI-PURPOSE AREA	
IBI		Client:			MTICS	m²: 22. m²			
RISK LEVEL:		Low							
TECHNOLOGY REQUIR	REMENTS								
IMIT SYSTEMS:									
Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 stlet: 1		Vide	rcom Station eo Intercom Station rcom Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	or	Card Reader ✓ Intrusion Det			aff Assist tient Assist	Duress - Wired Duress - Wireless	
Security Remarks:	door monitoring								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment									

Project Name: VALL	EYVIE	W PROJEC	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2E-SECURE LIVING L			JRE LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Nur	nber:		02.0-50-01
	!	Sign Off:	Date Issued:		201	7-01-25	RoomName:			COMFORT ALCOVE
IBI			Client:			MTICS	m²:	6. m²		
RISK LEVEL:			Medium							
		UD5845NT								
ARCHITECTURA		JIREMENTS	<u> </u>							
INTERIOR FINISHE		height	material		finisl	h		r	emarks	
Ceiling:	2750	'	GWB - Impact Resist	ant	Paint					
Wall:			GWB - Impact Resist	ant	Paint		Feature wal			
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner Gu Crash Rail Hand Rails Chair Rail:	s: Sta	Sheet: Anti-Ligindard Anti-Ligindard Anti-Ligindard Anti-Ligindard	gature	ı	Remarks:				
Door(s):	ear Openii	ng (W x H):		Material:			F	inish:		
	_ Doo	or Sidelight								
Door Hardware:	Auto Acco	or Protection omatic Opener ess Control azing: Type:: CR-01 le Windows:	Anti-Ligatur Tamperpro Locking Standard	re & of Hardware	Door Remarks	:	Remarks	:		
	Externa Exterior Internal	I Glazing and Fra I Glazing Hardw Window Treatr Glazing and Fra kout	ame: Standard are: Standard ment: Standard	✓ Sec ✓ Sec ☐ Sec ☐ Sec	ture	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwork	c:	Casework Secu	rity: Regular	Secur	re		Remark	5:		
Min Millwork /Co (mm) or	% of perin	ear Length meter wall: per Cupboards ver Cupboards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:		Wall / 45 Ceiling: 30-35	;	RT 60:	: 0.7		Remark	Refer to A Noise Con		- Acoustics and
GENERAL ROOM	REMARI	C oat	Hooks: Standard	Anti-Li	igature No o	f Coat Hooks:		Mirrors:	Standard	☐ Vandal-Proof
	Tac	kboard Dim:			'		Whiteboard	Dim:		
	Ren	narks: Sightl	ines from Team Care	Station sha	all be provide	d				

Project Name:	Department:	NOIAL ACCECCAMENT	SUB DEPARTMENT:	OF CECUPE LIVING LIVIE
VALLEYVIEW PROJECT	UZ.U PKUVII	NCIAL ASSESSMENT CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-50-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMFORT ALCOVE
IBI	Client:	MTICS	m²:	
		IVITICS	6. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	1.01	Domorks		
HVAC: Type: CSA Z317.2-10, ASHRAE 62	1-01	Remarks:		
Can Air be Returned Rate (A/C to System	c):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustmen		Pressure Monitor	atient Controlled
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Neg	ative Other:		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ence: 1 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lighting Dimmable Lighting ✓ Switch & Light Control Charting Light	In Use" Light	Lighting Rer	marks:	

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT		CURE LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number:		02.0-50-01
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		COMFORT ALCOVE
		Client:			MTICS	m²: 6. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	data): 0 utlet: 1		Video Ir	n Station ntercom Statio n Master Stati	n 🗌	Hands Free Telemetry Teleconferencing	☐ Room Stat	rus
SECURITY SYSTEMS: Security Camero Security Camero		nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name: VALL	EYVIE	W PROJEC	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT: 2E-SECURE LIVING I			IRE LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nun	nber:		02.0-50-02
	Ś	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	RoomName: COMFORT ALCO		
IBI			Client:			MTICS	m²:	6. m²		
RISK LEVEL:			Medium	,						
ARCHITECTURA		JIREMENTS								
INTERIOR FINISHE		height	material		finish	1		re	emarks	
Ceiling:	2750		GWB - Impact Resist	ant	Paint					
Wall:			GWB - Impact Resist	ant	Paint		Feature wall			
Floor:					Resilient					
Base:	100		Flash Cove							
	Corner Gu Crash Rail: Hand Rails Chair Rail:	s: Sta	Sheet: ndard Anti-Li ndard Anti-Li ndard Anti-Li	gature	J R	Remarks:				
Door(s):		ng (W x H):		Material:			F	inish:		
Door Hardware:	Auto	or Protection comatic Opener ess Control azing: Type:: CR-01	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:	:				
Windows:	External External Exterior Internal	e Windows: I Glazing and Fra I Glazing Hardwa Window Treatr Glazing and Fra kout	are: Standard ment: Standard mee: Standard	Sec Sec Sec Sec Sec	ure	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwork	κ:	Casework Secu	rity: Regular	Secur	re		Remarks	s:		
Min Millwork /Co (mm) or	% of perin	ear Length meter wall: eer Cupboards eer Cupboards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:		Wall / 45 Ceiling: 30-35	;	RT 60	: 0.7		Remark	Refer to A Noise Con		Acoustics and
GENERAL ROOM	REMARI	(S: Coat	Hooks: Standard	Anti-L	igature No of	f Coat Hooks:		Mirrors:	Standard	Vandal-Proof
	Tac	kboard Dim:					Whiteboard	Dim:		
	Ren	narks: Sightl	ines from Team Care	Station sha	all be provided	d				

Project Name:	Department:	ICIAL ACCECCAACAT	SUB DEPARTMENT:	OF CECUPE LIVING LIVE
VALLEYVIEW PROJECT	UZ.U PKUVIN	ICIAL ASSESSMENT CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-50-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMFORT ALCOVE
IBI	Client:	MTICS	m²:	
		IVITICS	6. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	1.01	Domonica		
HVAC: Type: CSA Z317.2-10, ASHRAE 62	1-01	Remarks:		
Can Air be Returned Rate (A/C to System	c):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustment		Pressure Monitor	tient Controlled
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive Nega	tive Other:		
Air Temp: Standar	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal				
Receptacle Count: Conveni	ence: 1 duplex			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lighting Dimmable Lighting ✓ Switch & Light Control Charting Light	In Use" Light	Lighting Rer	marks:	

Project Name: VALLEYVII	Project Name: VALLEYVIEW PROJECT		PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT		ECURE LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2			Program Number:		02.0-50-02
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		COMFORT ALCOVE
		Client:			MTICS	m²: 6. m	2	
RISK LEVEL:		Medium	า					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet: 1		Video Ir	m Station ntercom Statior m Master Statio	n 🗌	Hands Free Telemetry Teleconferencing	Room Sta	tus
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	YVIEW PF	ROJECT	Departm		PROVINC	IAL ASS	ESSMENT CENTRE		DEPARTM	ENT:	2E-SEC	URE LIVING UN
Project Number:		35720	Draft:	prepop	1 2	Final		Prog	ram Numb	oer:		02.0-51
IBI	Sign Off	f:	Date Issu	ued:		2	017-01-25		mName:			GAMES ROO
			Ciletti.				MTICS		26	5. m²		
RISK LEVEL:			М	ledium	1							
ARCHITECTURAL	REQUIREN	MENTS										
INTERIOR FINISHES:			1	material		f	inish			r	emarks	
Ceiling:	2750		GWB - Impa	ct Resist	ant	Paint						
Wall:		G	GWB - Impa	ct Resist	ant	Paint						
Floor:						Resilient						
Base:	100	Fl	lash Cove									
Cra Ha	rner Guards: ash Rails: nd Rails: air Rail:	Stan	Sheet: idard idard idard	Anti-Li	gature		Remarks:					
Door(s): Clear	Opening (W x	H):	914 x 21		Material:	Solid Co	re		Fin	nish: Plam		
[Door Prote Automatic Access Con Door Glazing:	Opener	T:	nti-Ligatur amperpro ocking	re & of Hardware	Door Rema	arks: Double	swing	3			
Windows:	Operable Wind External Glazin External Glazin Exterior Windo nternal Glazin Blackout	lows: g and Fran g Hardwar w Treatme	me: S re: S ent: S	tandard tandard tandard tandard tandard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	urity urity urity	Remarks:	Maximize	exterior wir	ndows
Casework / Millwork:	Casew	ork Securi	ty: 🗌 Reg	gular	✓ Secur	re			Remarks:	Provide m	nillwork unit	for TV screen with
	nter Linear Len of perimeter v Upper Cupl Lower Cup	vall: boards		✓ Counte		Work Surfa Height (mr				plexi-glas:	s cover.	
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling NC Rating	;:			RT 60:	0.7			Remarks:	Refer to A Noise Cor		- Acoustics and
GENERAL ROOM RE	MARKS:	Coat H	ooks: S	tandard	✓ Anti-Li	gature N	No of Coat 8			Mirrors: [Standard	☐ Vandal-Proof
	Tackboard	Dim:						Whitek	board [Dim:		
	Remarks:	Shall ad	ccommoda	te 8 at ta	ables and ch	airs, ping	pong table ((with t	tables and	d chairs m	oved aside)	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVIN	ICIAL ASSESSMENT	2E-SEC	CURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE		
Project Number:	Draft:		Program Number:	02.0-51
35720	prepop 1	2 Final		02.0-51
Sign Off:	Date Issued:	2017-01-25	RoomName:	CANACCROOM
IBI		2017-01-23		GAMES ROOM
101	Client:	MTICS	m²:	
		IVITICS	26. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	3 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Neillaiks.		
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbii	ag Damarka
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato	_	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Control	Is Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	with Room Relative Hu	ımidity with	n Isolation	
ROOM CONTROLS: Room Temp Control v	Local Adjustment		ressure Monitor	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry S	Standpipe Oth	er:	
Deal Starter (2 Are high)	T			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: equal	Positive Nega	tive Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Emerge	uncv		✓ Clock	
Types of Forter Efficience	incy			
Receptacle Count: Conven	ianca: 9 dunlay			
Neceptable count. Conven	ierice. o dupiex			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
		_		
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Light	All lighting	g on emergency power.	
Switch & Light Cont		An iightilig	on emergency power.	
Charting Light				

Project Name: VALLEYVII	EW PROJECT	Department: 02.0	PROVI	INCIAL ASSESS	MENT ENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final	LIVIIL	Program Number:		02.0-51
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		GAMES ROOM
		Client:			MTICS	m²: 26. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications Of Quantity (1 voice, 1 of Tel Of Coax/ Data TV Of IMIT Remarks) SECURITY SYSTEMS: Security Camer	data): Uutlet: Uutlet: 1	nical Camera	Vid	ercom Station deo Intercom Station ercom Master Statio	on	Hands Free Telemetry Teleconferencing	Room Status	S Duress - Wired
Security Camer		nical Camera Moni	tor	Intrusion De	tection	✓ Pa	tient Assist	✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	YVIEW P	ROJECT		tment: 02.0) PROVINC	CIAL ASS	ESSMENT CENTRE	SUB DEPARTM	MENT:	2E-SEC	URE LIVING UI	NIT
Project Number:		35720	Draft:	prepop	1 2	Final		Program Num	ber:		02.0-52	
	Sign Of	f:	Date I	ssued:		2	017-01-25	RoomName:			TV RO	ОМ
IBI			Client	:			NATICS.	m²:				
							MTICS	1	.8. m²			
RISK LEVEL:				Mediun	n							
ARCHITECTURAL	. REQUIREI	<u>MENTS</u>										
INTERIOR FINISHES				material			finish		r	emarks		
Ceiling:	2750	G	SWB - Im	pact Resist	tant	Paint						
Wall:		G	GWB - Im	pact Resis	tant	Paint						
Floor:						Resilient						-
Base:	100	F	lash Cov	е								
	orner Guards:	✓	Sheet:	✓			Remarks:					
	rash Rails:	_	ndard	_	igature							
	and Rails: hair Rail:	_	ndard ndard	_	igature igature							
-					7	S 11 1 S			a in bu			
Door(s):	ar Opening (W		914 x	2135	Material:	Solid Co	re	FI	nish: Plam			
	Door Sidel											
Door Hardware:	✓ Door Prote		✓	Anti-Ligatu Tamperpro	ure & oof Hardware	Door Rem	arks: Double	swing				
	Access Co		✓	Locking								
	Door Glazing:	Upper gl	azing									
На	ardware Type::	CR-01										
Windows:	Operable Wind	dows:		Standard	✓ Sec	ure		Remarks:				
	External Glazin	Ü		Standard		_	High Secu					
	External Glazir Exterior Windo	_		Standard Standard	=	_	High Secu High Secu	•				
	Internal Glazin	g and Fran	ne:	Standard		_	High Secu					
	Blackout	В	linds	Roller	Shutter [1 Way	Mirror	Other				
Casework / Millwork:	Casew	ork Securi	ty: F	Regular	Secu	re		Remarks			for TV screen witl	h
Min Millwork /Cou	unter Linear Ler 6 of perimeter v	-			Counter/	Work Surfa Height (mi			plexi-glass	cover.		
(, 3. /	Upper Cup			Count	er Top	rieigne (Lockable					
	Lower Cup	boards		Stainle	ess Steel							
ACOUSTICS: ST	TC Rating Wall / Floor / Ceiling				RT 60	: 0.7		Remarks	Refer to A		- Acoustics and	
	NC Rating	g: 35-40										
GENERAL ROOM R	EMARKS:	Coat H	looks:	Standard	Anti-L	igature I	No of Coat Hooks:		Mirrors:	Standard	☐ Vandal-Prod	of
	Tackboard	l Dim:						Whiteboard	Dim:			
	Remarks:	Shall a	ccommo	date 6 to 8	3 in comfort	able seati	ng					

Project Name:	Department:	UNICIAL ACCECC		SUB DEPARTMENT:	OF CECHDE LIVING LIVIT
VALLEYVIEW PROJECT	U2.U PKOV	INCIAL ASSESS/ O	CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	2 Final		Program Number:	02.0-52
Sign Off:	Date Issued:	2017	7-01-25	RoomName:	TV ROOM
IBI	Client:		MTICS	m²:	
			IVITICS	18. m²	
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS	1.01	Domorka			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	.1-01	Remarks:			
Can Air be Returned Rate (A/C to System):	Sp	pecial Exhau	st Air Required: 0	
PLUMBING FIXTURES:		1			
sink mounting faucet Handwash Counter Goosened Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier F Floor Dra		Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittir Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks:	Room Relative Local Adjustme	Humidity with ent	1	n Isolation Pessure Monitor	atient Controlled
FIRE PROTECTION: Sprinkler Type: W	et Dry	Standpipe	Othe	er:	
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive No	egative	Other:	<u> </u>	
Air Temp: Standar	d Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:				Clock	
Types of Power: Emerger	ncy			✓ Clock	
Receptacle Count: Conveni	ence: 8 duplex, Special	Equipment (addit	tional outle	ets): TV, audio equipme	nt, game console
Power Remarks: Override	e switch at nurse base t	o shutoff all powe	er to all rec	eptacles	
Patient Care Area Designation (as per CSA Z32):					
LIGHTING: Workstation Task Lig Dimmable Lighting Switch & Light Contr Charting Light	In Use" Ligh	it [t nurse base to shut off all nergency power.

Project Name: VALLEYVII	W PROJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT:	2E-SE	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number:		02.0-52
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		TV ROOM
		Client:			MTICS	m²: 18. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer	data): utlet: 0 tutlet: 1	nical Camera	Video Ir	n Station Itercom Station In Master Station Card Reade	n	Hands Free Telemetry Teleconferencing	Room Statu	us Duress - Wired
Security Camer		nical Camera Moni	tor	Intrusion De	etection	✓ Pa	tient Assist	Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROVINC	IAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	✓ Final	Program Number:	02.0-53
Sign Off:	Date Issued:	2017-01-25	RoomName: FURNITU	RE AND EQUIPMENT STORAGE
IBI	Client:	MTICS	m²: 20. m²	
RISK LEVEL:	Standard			
	Staridard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	rem	narks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall:	В	Paint		
Floor:		Resilient		
Base: 100 Flas	h Cove			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa				
Hand Rails: Standa				
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware✓ Locking	Door Remarks:		
✓ Access Control Door Glazing:	<u> </u>			
Hardware Type:: OF-02				
Windows: Operable Windows: External Glazing and Frame:	Standard Seco		Remarks:	
External Glazing Hardware:	Standard Seco		•	
Exterior Window Treatment				
Internal Glazing and Frame: Blackout Blind	Standard Secus Secus	ure	Other Other	
Casework / Millwork: Casework Security:			Remarks: Provide 450 shelving. 60	mm deep full height 100mm in linear length
Min Millwork /Counter Linear Length 6000 (mm) or % of perimeter wall:		Vork Surface Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	RT 60:	N/A	Remarks: Refer to App Noise Contro	pendix 1D - Acoustics and
NC Rating: 35-40				
GENERAL ROOM REMARKS: Coat Hook	ss: Standard Anti-Li	gature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof
Tackboard Dim:			Vhiteboard Dim:	
Remarks:				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROV	/INCIAL ASSESSMENT		2E-SECURE LIVING UNIT
TALLET VIEW I NOSECT	D	CENTRE	Dan area as Marian	
Project Number: 25720	Draft:		Program Number:	02.0-53
35720	prepop 1	2 Final	D. a. a. Maria	UZ.U-JJ
Sign Off:	Date Issued:	2017-01-25	RoomName: FURNITUR	E AND EQUIPMENT STORAGE
IBI		2017 01 23		L AND EQUIPMENT STURAGE
	Client:	MTICS	m²: 20. m²	
			20. 111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACHBAE 61	2.1-01	Remarks:		
HVAC: CSA 2317.2-10, ASHRAE 6.				
Can Air be Returned Rate (A/	C):	Snecial Exha	ust Air Required: 0	
to System		Special Exitat		
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		WC	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	_	
Double	Electronic Con		Corrosion Resistant Fittings Other:	
Deep Equipment		Floor Drain	J Julei.	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment	with Room Relative	·	n Isolation Patie	ent Controlled
Room Control Remarks:				
		_		
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
= ·		Oth -		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			Clock	
				,
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
rower nemarks.				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Ligh	nt		
Switch & Light Cont				
Charting Light				

Project Name: VALLEYVIEW	PROJECT	Department: 02.0	PROV	INCIAL A		MENT	SUB DEPARTMEN		CURE LIVING UNIT
		Draft:				ENTRE	Program Number:	,	
Project Number:	35720	prepop	1		inal		rogram vamber.		02.0-53
'. <u>-</u> .'	n Off:	Date Issued:			2017	-01-25	RoomName:	FURNITURE AND E	QUIPMENT STORAGE
IBI		Client:				MTICS	m²: 20. n	n²	
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREN	MENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data) Tel Outlet Coax/ Data TV Outlet IMIT Remarks:	: 0		Vic	ercom Stat deo Interco ercom Mas	m Station		Hands Free Telemetry Teleconferencing	☐ Room Statu	S
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Monit	tor	\equiv	rd Reader rusion Det	L		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks:									
OTHER									
Equipment Remarks:				Oper Rema	ational arks:				
Room Data Sheet Comment									

Project Name:	LLEYVIE	W PRO	DJECT		rtment: 02.0	PROVING	CIAL ASS	SESSMENT CENTRE	SUB DEPART	MENT:	2E-SEC	URE LIVING UNIT
Project Number:		3	35720	Draft	: prepop	1 2	Final		Program Nun	nber:		02.0-54
	7	Sign Off:		Date	Issued:		2	017-01-25	RoomName:			CLEAN UTILITY
	7			Clien	t:			MTICS	m²:	l1. m²		
RISK LEVEL:					Standaı	rd						
		LUDENA	TNTC		- Curicua.							
ARCHITECTUR		UIKEIVII	<u> </u>									
INTERIOR FINIS		height	1-		material		1	finish			remarks	
Ceiling:	275	0	G	WB			Paint					
Wall:			G	WB			Paint					
Floor:							Resilient					
Base:	100		FI	ash Cov	re .							
Wall Protection:	Corner G	iuards:	•	Sheet:	✓		_	Remarks:				
	Crash Ra	ils:	Stan	dard	Anti-L	igature						
	Hand Ra	ils:	Stan	dard	Anti-L	igature						
	Chair Rai	il:	Stan	dard	Anti-L	igature						
Door(s):	Clear Oper	ning (W x H)):	914 x	2135	Material:	Solid Co	ore	F	inish: P	lam	
	Do	or Sideligh	t			J						
Door Hardware:	Au Door C	oor Protecti Itomatic Op Icess Contro Glazing: Type:: Of	oener	✓	,	ure & oof Hardware	Door Rem	narks:				
Windows:	Extern Extern Exterio	ble Window al Glazing a al Glazing b or Window al Glazing a ackout	and Fram Hardwar Treatme	ne: 🗸 e: 🗸 ent:	Standard Standard Standard Standard Standard Roller	Sec	ure [ure [ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	rity rity			
Casework / Millwo	ork:	Casework	k Securit	y: 🗸	Regular	Secu	re		Remarks	: Mini	clave required	
Min Millwork	/Counter Li					Counter/	Work Surfa Height (m					
(11111)	✓ Up	pper Cupbo wer Cupbo	ards		_	er Top ess Steel	neight (III	✓ Lockable				
ACOUSTICS:		ng Wall / / Ceiling:	45 35-40			RT 60	: N/A		Remarks		to Appendix 1D Control	- Acoustics and
GENERAL ROOM	/I REMAR	RKS:	Coat Ho	ooks: 🗸	Standard	Anti-L	igature	No of Coat 2		Mirro	ors: Standard	Vandal-Proof
		ckboard	Dim:					Hooks:	Whiteboard	Dim:		
	Re	emarks:	Shall ac	ccommo	odate sink a	and floor dra	nin, floor o	drain, mini cla	ave			

Project Name:	Department:	IAL ACCECC (ST.)	SUB DEPARTMENT:	25 CECURE 1 11/11/20 1 11/12
VALLEYVIEW PROJECT	02.0 PROVINC	IAL ASSESSMENT CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:		Program Number:	02.0-54
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLEAN UTILITY
IBI	Client:		m²:	CLLAN OTHERT
		MTICS	11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	.1-01 Re	emarks:		
Can Air be Returned Rate (A/C to System	:):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosenee Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: single comp. sink Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustment Via DDC		Pressure Monitor	ient Controlled
EXHAUST: Pressure: Equal	✓ Positive Negativ	e Other:		
Air Temp: 🕡 Standar	d Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ence: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Rer	narks:	

Project Name: VALLEYVIEW	PROJECT	Department: 02.0	PROV	INCIAL.		MENT	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
		Draft:				ENTRE	Program Number:		
Project Number:	35720	prepop	1	2 1	✓ Final		riogiani Number.		02.0-54
Sign	Off:	Date Issued:			2017	-01-25	RoomName:		CLEAN UTILITY
IBI		Client:				MTICS	m²: 11. m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREM	ENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vi	tercom Sta deo Interco tercom Ma	om Station		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Monit	tor		ard Reader trusion Det	L	Staff A	issist t Assist	Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:					rational narks:				
Room Data									

				Department:				1			
Project Name: VALLI	VALLEYVIEW PROJEC				PROVINC	CIAL ASSESS	MENT ENTRE				
Project Number:		35	720	Draft: prepop	1 2	✓ Final		Program Num	ber:		02.0-55
		Sign Off:		Date Issued:		2017	'-01-25	RoomName:			SOILED UTILIT
				Client:			MTICS	m²:	1. m²	ļ	
RISK LEVEL:				Standar	·d						
ARCHITECTURAL	I RFO	IIIRFMFN	ITS	Standar	<u> </u>						
INTERIOR FINISHES		height		material		finish			r	emarks	
Ceiling:	2750		GW	/B - Moisture Res	istant	Paint			<u> </u>		
Wall:			GW	/B - Moisture Res	istant	Paint					
Floor:						Resilient					
Base:	100		Fla	sh Cove							
Wall Protection:	Corner G	uards: 🗸	•	Sheet:		R	emarks:				
	Crash Rai		Standa	_	igature						
	Hand Rai Chair Rail		Standa	_	igature						
			Standa		igature						
Door(s):		ing (W x H):		914 x 2135	Material:	Solid Core		Fi	nish: Plam		
		or Sidelight									
Door Hardware:		or Protectior tomatic Oper		Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remarks:	Provide	second door	to Laundry	Rm 2.0-29.	Door size : 914 mm
	=	cess Control	ici	✓ Locking							
	Door G	ilazing:									
н	ardware	Type:: OF-()2								
Windows:	Operab	ole Windows:		✓ Standard	Sec	ure		Remarks:			
		al Glazing and		Standard			ligh Secur				
		al Glazing Hai r Window Tr			_		ligh Secur Iigh Secur				
	Interna	I Glazing and	Frame	_	_	_	igh Secur	-			
	Bla	ckout	Blin	ds Roller	Shutter [1 Way Mirro	or	Other			
Casework / Millwork:		Casework S	ecurity:	✓ Regular	Secui	re		Remarks	Slop hopp	er and mace	erator required
Min Millwork /Co		near Length imeter wall:	2400		Counter/	Work Surface 9 Height (mm):	15				
(iiiii) oi		per Cupboard	ds	✓ Counte	er Top		Lockable				
	✓ Lov	wer Cupboard	ds	✓ Stainle	ess Steel						
ACOUSTICS: S	TC Ratin				RT 60	: N/A		Remarks			- Acoustics and
		/ Ceiling: C Rating: N/	A						Noise Con	itrol	
GENERAL ROOM R			oat Hoo	oks: Standard	Anti-L	igature No of	Coat		Mirrors:	Standard	Vandal-Proof
	Тас	ckboard D	m:				looks:	Vhiteboard	Dim:		
	Re	marks: Sh	all incl	ude hopper, mac	erator, soile	ed linen storag	ge				
				11 /	,		-				
											-

Project Name:	Department:	/INICIAL ACCECCA4ENT	SUB DEPARTMENT:	OF SECURE LIVING LIVIT
VALLEYVIEW PROJECT	U2.U PROV	INCIAL ASSESSMENT/ CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	02.0-55
Sign Off:	Date Issued:	2017-01-25	RoomName:	SOILED UTILITY
IBI	Client:	MTICS	m²:	
		WITICS	11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	1 01	Remarks: Exhaust		
HVAC: Type: CSA 2317.2-10, ASHRAE 62	1-01	LAHaust		
Can Air be Returned Rate (A/C to System	c):	Special Exha	aust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittin Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustme	ent Room	on Isolation Pressure Monitor her:	atient Controlled
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive No	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Re	marks:	

Project Name:	EW PROJECT	Department: 02.0	PROVING	CIAL ASSES	SMENT	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
VALLEYVI	EW PROJECT			(CENTRE			
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		02.0-55
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		SOILED UTILITY
IBI		Client:			MTICS	m²: 11. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Video	om Station Intercom Statio om Master Stati	n 🗍	Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Came Security Remark	ra Monitor Cli	nical Camera nical Camera Moni		✓ Card Reade			f Assist ent Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 02	.0 PROVINO		SMENT CENTRE	SUB DEPARTM	MENT:	2E-SEC	URE LIVING (JNIT
Project Number:		35720	— Draft: prepo	p 1 2	Final		Program Num	iber:		02.0-56-	01
IBI	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName: m²:			CLIENT R	ООМ
· - ·			Chefft.			MTICS		.3. m²			
RISK LEVEL:			Medi	ım							
ARCHITECTURAL	REQUIREN	1ENTS									
INTERIOR FINISHES:			mater	ial	finisl	h			remarks		
Ceiling:	2750		WB - Impact Re		Paint						
Wall:		G\	WB - Impact Re	sistant	Paint						
			·								
Floor:					Resilient						
Base:	100	Fla	ash Cove								
Wall Protection: Co	rner Guards:	✓	Sheet:		J .	Remarks:					
Cra	ash Rails:	Stand	dard 🗌 Ant	i-Ligature							
Ha	nd Rails:	Stand	dard 🗌 Ant	i-Ligature							
Ch	air Rail:	Stand	dard Ant	i-Ligature							
Door(s): Clean	Opening (W x	H):	1220 x 2135	Material:	Solid Core		Fi	nish: Plar	n		
	Door Sidelig	ght									
[Door Protect Automatic C Access Conf	Opener trol	✓ Locking	proof Hardware	Door Remarks	Doubles	swing.				
Har	dware Type::	CR-01									
 	Operable Windo External Glazing External Glazing Exterior Windov nternal Glazing Blackout	g and Fram g Hardware w Treatme	e: Standa ent: Standa e: Standa	ard Second	cure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	ork Security	y: Regular	✓ Secu	re		Remarks	: Provide	wardrobe and	desk	
Min Millwork /Cour	nter Linear Leng of perimeter w			Counter/	Work Surface Height (mm):	710					
(11111) 51 76	Upper Cupb	oards		unter Top inless Steel		Lockable					
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling:	50		RT 60	: 0.7		Remarks			- Acoustics and	
	NC Rating:							Noise C	ontroi		
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standa	ard 🗸 Anti-L		f Coat 2		Mirrors	: Standard	Vandal-Pr	oof
	Tackboard	Dim:			'		Whiteboard	Dim: 91	15mm wide x 9	15mm high	
	Remarks:	Provide	magnetic white	eboard							

Project Name:	Department:	SUB DEPARTMENT:			
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-	-SECURE LIVING UNIT		
VALLET VIEW PROJECT		CENTRE Program Number:			
Project Number:	Draft:	Program Number:	02.0-56-01		
35720	prepop 1 2 Final		02.0-50-01		
Sign Off:	Date Issued:	7-01-25 RoomName:	CLIENT DOOM		
IRI	203		CLIENT ROOM		
101	Client:	MTICS m ² :			
		MTICS 13. m²			
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS					
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.				
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0			
to system					
PLUMBING FIXTURES:					
		PI-	hin - Dansanin		
sink mounting faucet	tap Urinal	Eyewash	umbing Remarks		
Handwash Counter Goosene		Water Fountain			
Lavatory Wall Standard		Emergency Shower			
Janitorial Floor Laborato		Free WC Corrosion Resistant Fittings			
Double	Electronic Controls Floor D	rain Other:			
Deep Equipment					
Other:					
Size:					
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ ₽ .:			
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	Controlled		
Room Control Remarks:	Via DDC				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:			
Rack Storage (2.4m high)	Types				
Kack Storage (2.4111 flight)	Types:				
EXHAUST: Pressure: equal	Positive Negative	Other:			
Air Temp: 🗸 Standa	rd Special Other:				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal	& Emergency	Clock			
Types on one internal	a Emergency				
Recentacle Count: Quadral	ex at desk, duplex beside bed, duplex at	door			
neceptacie count. Quadpi	ex at desk, duplex beside bed, duplex at	door			
Power Remarks: Each ro	om to utilize separate circuit w/ AFCI pro	tection.Each room's outlets shall be sepa	rately switched from		
	oank located in Staff Station				
Patient Care Area Designation Basic					
(as per CSA Z32):					
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Remarks:			
✓ Dimmable Lighting	In Use" Light	All lighting on emergency power. Nurse	inspection light		
✓ Switch & Light Cont	rols Vanity Light	controlled with separate momentary swi			
Charting Light	<u> </u>	by entry door. Light switches beside bed			

						_		
Project Name: VALLEYV	IEW PROJECT	Department: 02.0	PROVINCIA		MENT ENTRE	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-56-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
_]		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	IIREMENTS							
IMIT SYSTEMS: Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: O		_	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	5
SECURITY SYSTEMS: Security Cam Security Remai		inical Camera inical Camera Moni A/H	itor 🗸	Card Reader Intrusion Det			aff Assist etient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

			_								
Project Name: VALLEY	/VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTN	1ENT:	2E-SECU	JRE LIVING UN	ΙΤ
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		02.0-56-02	
B]	Sign Off:		Date Issued: Client:		2017	7-01-25	RoomName: m²:			CLIENT ROO	М
			Chefit.			MTICS		3. m²			
RISK LEVEL:			Medium	1							
ARCHITECTURAL	REOUIREM	IENTS									
INTERIOR FINISHES:	height		material		finish	า		re	marks		
Ceiling:	2750	GW	/B - Impact Resist	ant	Paint						
Wall:		GW	/B - Impact Resist	ant	Paint						
			·								
Floor:					Resilient						
Base:	100	Flas	sh Cove								
Wall Protection: Cor	ner Guards:	✓	Sheet:] F	Remarks:					٦
Cra	sh Rails:	Standa	ard Anti-Li	gature							
Hai	nd Rails:	Standa	ard 🗌 Anti-Li	gature							
Cha	air Rail:	Standa	ard Anti-Li	gature							
Door(s): Clear	Opening (W x I	H): 1	1220 x 2135	Material:	Solid Core		Fi	nish: Plam			
	Door Sidelig	ht									
Door Hardware:	Door Protec Automatic C Access Cont Door Glazing:	pener rol	Locking	re & of Hardware	Door Remarks	: Double s	swing.				
Har	dware Type:: C	R-01									
E E	Operable Windo external Glazing external Glazing exterior Window enternal Glazing	and Frame Hardware: v Treatmen	Standard t: Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	rk Security:	Regular	✓ Secur	re		Remarks	Provide wa	rdrobe and	desk	
Min Millwork /Coun	ter Linear Leng of perimeter wa				Work Surface Height (mm):	710					
	Upper Cupber	oards	Counte			Lockable					
	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks		-	Acoustics and	
	NC Rating:	30-35						Noise Cont	rol		
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	gature Noo	f Coat 2 Hooks:		Mirrors:	Standard	Vandal-Proof	F
	Tackboard	Dim:				✓ ∨	Vhiteboard	Dim: 915m	ım wide x 9	15mm high	
	Remarks:	Provide r	nagnetic whitebo	pard							

Project Name:	Department:	SUB DEPARTMENT:	2F (FC) DF
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE	SSMENT CENTRE	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Program Number:	02.0-56-02
Sign Off:	Date Issued:	RoomName:	CLIENT ROOM
IBI	Client:	m²:	CLIENT ROOM
		MTICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exhaust Air Required: 0	
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	er Water Fountain Emergency Shower er Free WC Corrosion Resistant Fi	Plumbing Remarks Ittings
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high)	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other:	Patient Controlled
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed, duplex a	t door	
	om to utilize separate circuit w/ AFCI pr ank located in Staff Station	rotection.Each room's outlets shal	l be separated switched from
Patient Care Area Designation (as per CSA 232):			
LIGHTING: Workstation Task Lig Dimmable Lighting Switch & Light Control Charting Light	In Use" Light		er. Nurse inspection light entary switch located outside room eside bed and beside entry door.

		11				Ti-		
Project Name: VALLEYV	IEW PROJECT	Department: 02.0	PROVINCI <i>A</i>		MENT ENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final	LIVIIL	Program Number:		02.0-56-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
B]		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Moni	itor 🗸	Card Reader Intrusion Det	_		taff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:]

Project Name: VALLE	YVIEW PR	OJECT	Department: 02.0	PROVINC	CIAL ASSES	SMENT CENTRE	SUB DEPARTI	MENT:	2E-SEC	URE LIVIN	G UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nun	nber:		02.0-5	6-03
ВВ	Sign Off:		Date Issued: Client:		201	7-01-25	RoomName: m²:			CLIEN	T ROOM
			cherre.			MTICS		13. m²			
RISK LEVEL:			Mediun	า							
ARCHITECTURAL	REQUIREN	IENTS									
INTERIOR FINISHES:	height		material		finis	h			remarks		
Ceiling:	2750	GW	VB - Impact Resist	ant	Paint						
Wall:		GW	VB - Impact Resist	ant	Paint						
El					D. ellis et						
Floor:					Resilient						
Base:	100	Fla	sh Cove								
Cra	rner Guards: [ash Rails: [nd Rails: [✓ Stand	_	gature gature		Remarks:					
Ch	air Rail:	Stand	ard Anti-Li	gature							
Door(s): Clear	Opening (W x I	H):	1220 x 2135	Material:	Solid Core		F	inish: P	lam		
	Door Sidelig	ht									
	Automatic C Access Cont Door Glazing:	Opener rol ntegral bl	✓ Locking	ire & pof Hardware	Door Remarks	Double s	swing.				
Windows: C E E	dware Type:: Coperable Windo External Glazing External Glazing Exterior Windov Internal Glazing	ows: and Frame Hardware: v Treatmer	: Standard : Standard c: Standard : Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	High Secur High Secur High Secur High Secur	rity rity	:			
Casework / Millwork:	Casewo	rk Security	r: Regular	✓ Secur	·e		Remarks	s: Provi	de wardrobe and	desk	
Min Millwork /Cour (mm) or % [oter Linear Leng of perimeter wo Upper Cupb Lower Cupb	all: oards	✓ Counte		Work Surface Height (mm):	710					
ACOUSTICS: STC	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks		to Appendix 1D	- Acoustics a	nd
	NC Rating:	30-35									
GENERAL ROOM RE	_	Coat Hoo	oks: Standard	✓ Anti-Li	igature No c	Hooks:	A/Inita da .	Mirro			-Proof
L	Tackboard	Dim:				V V	Whiteboard	Dim:	915mm wide x 9	15mm high	
	Remarks:	Provide	magnetic whitebo	oard							

Project Name:	Department:	SUB DEPARTMENT:	OF CECUPE LUMBO LIGUE
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE	SSMENT CENTRE	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Program Number:	02.0-56-03
Sign Off:	Date Issued:	RoomName:	CLIENT ROOM
IBI	Client:	m²:	CLIENT ROOM
		MTICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
Can Air be Returned Rate (A/C) to System	C):	Special Exhaust Air Required: 0	
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	water Fountain Emergency Shower r Free WC Corrosion Resistant Fitt	Plumbing Remarks
ROOM CONTROLS: Room Temp Control we Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other:	Patient Controlled
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:	L		
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed, duplex a	t door	
	om to utilize separate circuit w/ AFCI pr ank located in Staff Station	otection.Each room's outlets shall	be separately switched from
Patient Care Area Designation (as per CSA 232):			
Workstation Task Lig ✓ Dimmable Lighting ✓ Switch & Light Control Charting Light	In Use" Light	Lighting Remarks: All lighting on emergency power controlled with separate momen by entry door. Light switches be	tary switch located outside room

Project Name: VALLEYVIEV	V PROJECT	Department: 02.0	PROVINCI		MENT	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final	,	Program Number:		02.0-56-03
	ign Off:	Date Issued:		2017	'-01-25	RoomName:		CLIENT ROOM
		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIRE	MENTS							
Communications Outle Quantity (1 voice, 1 dat Tel Outle Coax/ Data TV Outle IMIT Remarks:	et: 0			n Station tercom Station n Master Static		Hands Free Telemetry Teleconferencing	Room Status	S
SECURITY SYSTEMS: Security Camera Security Camera I		nical Camera nical Camera Monit	or 🗸	Card Reader Intrusion De	L		ff Assist cient Assist	Duress - Wired Duress - Wireless
Security Remarks:	door monitoring							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSES	SMENT CENTRE	SUB DEPARTI	MENT:	2E-SEC	URE LIVING (JNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	nber:		02.0-56-	04
ВВ	Sign Off:		Date Issued: Client:		201	7-01-25	RoomName: m²:			CLIENT R	ООМ
			Circle:			MTICS		.3. m²			
RISK LEVEL:			Medium	1							
ARCHITECTURAL	REQUIREN	IENTS									
INTERIOR FINISHES:	height		material		finis	h			remarks		
Ceiling:	2750	GW	VB - Impact Resist	ant	Paint						
Wall:		GW	VB - Impact Resist	ant	Paint						
El					D 11 1						
Floor:					Resilient						
Base:	100	Fla	sh Cove								
Cra Hai	rner Guards: sh Rails: nd Rails: air Rail:	Stand	ard	gature		Remarks:					
Door(s): Clear	Opening (W x	H):	1220 x 2135	Material:	Solid Core		F	inish: Plar	n		
	Door Sidelig										
	Door Protect Automatic Coor Glazing:	Opener rol ntegral bl	Locking	re & of Hardware	Door Remarks	Doubles	swing.				
E E	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing	and Frame Hardware v Treatmer	Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	rk Security	: Regular	✓ Secur	re		Remarks	Provide	wardrobe and	desk	
Min Millwork /Coun (mm) or %	ter Linear Leng of perimeter w Upper Cupb Lower Cupb	all: oards	✓ Counte		Work Surface Height (mm):	710 Lockable					
	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks	Refer to		- Acoustics and	
	NC Rating:	30-35				_					
GENERAL ROOM RE	MARKS: Tackboard	Coat Hoo	oks: Standard	✓ Anti-Li	gature No o	Hooks: 🖵	Whiteboard	Mirrors:	Standard		oof
						V	cooulu	J 91	.omm wide X S	וואווו וווווורד	=
	Remarks:	Provide	magnetic whitebo	pard							

Project Name:	Department:		SUB DEPARTMENT:	NE CECULOE I
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSESSMEN		2	2E-SECURE LIVING UNIT
	Draft:	CENTRE	Program Number:	
Project Number: 35720	prepop 1	2 Final	TOBIAITINGITIDET.	02.0-56-04
Sign Off:	Date Issued:	2 111101	RoomName:	
''	Date issuedi	2017-01-25		CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		7 5	Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewash Water Fountain	
Lavatory Wall Standard		Hopper WC	Water Fountain	
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower	
Double	Electronic Con		Corrosion Resistant Fittings Other:	
Deep Equipment		TION Brain	J Other.	
Other:				
Size:	-			
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustme		ressure Monitor Patie	nt Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
EXHAUST: Pressure:	Tositive IN	Sauve Other.		
Air Temp: 🗸 Standa	rd Special	Other:		
	<u> </u>			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	9. Emorgonov		Clock	
Types of Fortier Morrisa	& Emergency			
Receptacle Count: Quadpl	ex at desk. duplex besid	e bed. duplex at door		
Quadp.	ex at acon, aupiex besia	e sea, aupiex at aooi		
		/		
	om to utilize separate ci ank located in Staff Stat	rcuit w/ AFCI protection.Eac	ch room's outlets shall be se	parately switched from
SWILLIE	ount located ili Stall Stal			
Patient Care Area Designation Design				
Patient Care Area Designation Basic (as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	In Use" Ligh	t All lighting	g on emergency power. Nur	rse inspection light
Switch & Light Cont	rols Vanity Light	controlled	with separate momentary	switch located outside room
Charting Light		by entry d	oor. Light switches beside b	bed and beside entry door.

						_		
Project Name: VALLEYV	IEW PROJECT	Department: 02.0	PROVINCI <i>A</i>		MENT ENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-56-04
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
BI		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
IMIT SYSTEMS: Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: 0 Outlet: 0		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Cam Security Remai		inical Camera inical Camera Moni	itor ✓	Card Reader Intrusion Det	_		taff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

			_							
Project Name: VALLEY	VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTN	1ENT:	2E-SECU	JRE LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		02.0-56-05
IBI	Sign Off:		Date Issued: Client:		2017	7-01-25	RoomName: m²:			CLIENT ROOM
			Chefft.			MTICS		3. m²		
RISK LEVEL:	·		Medium	<u> </u>						
ARCHITECTURAL	REOUIREM	ENTS								
INTERIOR FINISHES:	height		material		finish	า		re	emarks	
Ceiling:	2750	GW	'B - Impact Resist	ant	Paint					
Wall:		GW	'B - Impact Resist	ant	Paint					
			•							
Floor:					Resilient					
Base:	100	Flas	sh Cove							
Wall Protection: Cor	ner Guards:	<u> </u>	Sheet:		· F	Remarks:				
Cra	sh Rails:	Standa	nrd 🗌 Anti-Li	gature						
Hai	nd Rails:	Standa	ırd 🗌 Anti-Li	gature						
Cha	air Rail:	Standa	nrd Anti-Li	gature						
Door(s): Clear	Opening (W x I	H): 1	1220 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sidelig	ht								
Door Hardware:	Door Protec Automatic C Access Cont Door Glazing:	pener	Locking	re & of Hardware	Door Remarks	: Double s	swing.			
Har	dware Type:: C	R-01								
E E	operable Windo xternal Glazing xternal Glazing xterior Window nternal Glazing	and Frame: Hardware: / Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwork:	Casewo	rk Security:	Regular	✓ Secur	e		Remarks	Provide w	ardrobe and	desk
Min Millwork /Coun	ter Linear Leng of perimeter wa				Nork Surface Height (mm):	710				
	Upper Cupber Cupber	oards	Counte			Lockable				
	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks			- Acoustics and
	NC Rating:	30-35						Noise Con	trol	
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: Standard	✓ Anti-Li	gature Noo	f Coat 2 Hooks:		Mirrors:	Standard	Vandal-Proof
	Tackboard	Dim:				✓ ∨	Vhiteboard	Dim: 915r	mm wide x 9	15mm high
	Remarks:	Provide n	nagnetic whitebo	pard						

Project Name:	Department:	IAI ACCECCA 45A17	SUB DEPARTMENT:	OF CECLIDE INVINCE LINE
VALLEYVIEW PROJECT	02.0 PROVINC	IAL ASSESSMENT CENTRE		2E-SECURE LIVING UNIT
Project Number: 35720	Draft:		Program Number:	02.0-56-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:	2017 01 23	m²:	CLIENT ROOM
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	1-01 Re	emarks:		
Can Air be Returned Rate (A/C to System	c):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosenee Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustment Via DDC	Room F	on Isolation Patie Pressure Monitor Pressure Patie	ent Controlled
Rack Storage (2.4m high) EXHAUST: Pressure: [V] Equal	Types: Positive Negativ	e Other:		
Air Temp: ✓ Standa	rd Special	Other:		
All Temp.	и эресіаі	Other.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadrile	ex at desk, duplex beside bed	d duplex at door		
	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	om to utilize separate circuit ank located in Staff Station	w/ AFCI protection.Ea	ch room's outlets shall be se	eparately switched from
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lig ✓ Dimmable Lighting ✓ Switch & Light Contr	In Use" Light	controlled	g on emergency power. Nu	switch located outside room

Project Name: VALLEYVIEW	PROJECT	Department: 02.0 PRO	OVINCIAL ASSESSI	MENT SUB DEPAR		CURE LIVING UNIT
Project Number:	35720	Draft:		Program N	umber:	02.0-56-05
'. - .'	n Off:	Date Issued:	2017-	-01-25 RoomNam	e:	CLIENT ROOM
IBI		Client:		MTICS m²:	13. m²	
RISK LEVEL:		Medium				
TECHNOLOGY REQUIREN	MENTS					
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data) Tel Outlet Coax/ Data TV Outlet IMIT Remarks:	: 0		Intercom Station Video Intercom Station Intercom Master Station	Hands Free		tus
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Monitor	☐ Card Reader ✓ Intrusion Det		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks: do	oor monitoring					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data						

			_								
Project Name: VALLEY	VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTM	ΛENT:	2E-SEC	JRE LIVING UI	VIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	iber:		02.0-56-0	6
[B]	Sign Off:		Date Issued: Client:		2017	7-01-25	RoomName: m ² :			CLIENT RO	ОМ
· —			Chefft.			MTICS		3. m²			
RISK LEVEL:			Medium	1							
ARCHITECTURAL I	REOUIREM	ENTS									
INTERIOR FINISHES:	height		material		finish	1			remarks		
Ceiling:	2750	GW	'B - Impact Resist	ant	Paint						
Wall:		GW	'B - Impact Resist	ant	Paint						
			•								
Floor:					Resilient						
Base:	100	Flas	sh Cove			1					
Wall Protection: Cor	ner Guards:	/	Sheet:		ı F	Remarks:					
Cra	sh Rails:	Standa	ord 🗌 Anti-Li	gature							
Har	nd Rails:	Standa	ord Anti-Li	gature							
Cha	air Rail:	Standa	ırd 🗌 Anti-Li	gature							
Door(s): Clear	Opening (W x F	H): 1	1220 x 2135	Material:	Solid Core		Fi	nish: Plam			
	Door Sidelig	ht									
Door Hardware:	Door Protect Automatic O Access Conti	pener	Locking	re & oof Hardware	Door Remarks:	: Double s	swing.				
Hard	dware Type:: C	R-01									
E E	operable Windo external Glazing external Glazing exterior Window enternal Glazing	and Frame: Hardware: / Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	rk Security:	Regular	✓ Secur	re		Remarks	: Provide v	vardrobe and	desk	
Min Millwork /Coun	ter Linear Lengt of perimeter wa				Work Surface 7	710					
	Upper Cupbo	oards	Counte			Lockable					
	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks			- Acoustics and	
	NC Rating:	30-35						Noise Co	ntroi		
GENERAL ROOM REI	MARKS:	Coat Hoo	ks: Standard	✓ Anti-Li	gature No of	f Coat 2 Hooks:		Mirrors:	Standard	Vandal-Prod	of
	Tackboard	Dim:			'		Whiteboard	Dim: 915	imm wide x 9	15mm high	
	Remarks:	Provide n	nagnetic whitebo	pard							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVIN	ICIAL ASSESSMENT		CURE LIVING UNIT
TALLET TIEW THOSECT	-Draft:	CENTRE	Program Number:	
Project Number: 35720	prepop 1	2 Final	Program Number:	02.0-56-06
Sign Off:	Date Issued:	2 11101	RoomName:	
' D'		2017-01-25		CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1-01	Remarks:		
HVAC: 1996. CSA 2317.2-10, ASRIKAE 6.				
✓ Can Air be Returned Rate (A/	C):	Special Exha	oust Air Required: 0	
to System		·	,	
DI LINADINIO FINTUDEO				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash Plumbi	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Control	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic control	Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control	with Room Relative Hu	umidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment		Pressure Monitor Patient Contr	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry S	standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Nega	tive Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside b	ed, duplex at door		
			ch room's outlets shall be separatel	y switched from
switchb	oank located in Staff Station	1		
Patient Care Area Designation Basic (as per CSA Z32):				
(
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Re	marks:	
✓ Dimmable Lighting	In Use" Light	All lighting	g on emergency power. Nurse insp	ection light
Switch & Light Cont	rols Vanity Light	controlled	with separate momentary switch l	ocated outside room
Charting Light		by entry o	door. Light switches beside bed and	beside entry door.

Project Name: VALLEYVIE	W PROJECT	Department: 02.0	PROVINC	AL ASSESS	MENT	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2] 🗸 Final		Program Number:		02.0-56-06
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		CLIENT ROOM
		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQUIR	REMENTS							
Coax/ Data TV Ou	ata): 0 utlet: 0		Video In	n Station tercom Statior n Master Static		Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor •	Card Reader Intrusion De	L		aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:	door monitoring							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VAL	LEYVIEW PRO		epartment: 02.0	PROVINC	CIAL ASS	ESSMENT CENTR	Γ	SUB DEPARTMENT: 2E-SECURE LIVING UNIT			
Project Number:	31	5720	raft: prepop	1 2	Final		Progran	n Number	:	02.	0-56-07
	Sign Off:		ate Issued:			017-01-2	RoomN	ame:			CLIENT ROOM
IBI		Cl	ient:			MTIC	S m²:	13. ı	m²		
RISK LEVEL:			Mediun	1				1011			
	AL DECLUDEME	NTC	Mediun								
INTERIOR FINISH	<u>AL REQUIREMEI</u> FS:	VIS	motorial			finish			romorks		
Ceiling:	ES: height 2750	GWB -	material Impact Resist	ant	Paint	finish			remarks		
J											
Wall:		GWB -	Impact Resist	ant	Paint						
Floor:					Resilient						
Base:	100	Flash	Cove								
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Sho Standard Standard Standard	_	gature gature gature		Remarks:					
Door(s):	Clear Opening (W x H):	122	20 x 2135	Material:	Solid Co	re		Finish	Plam		
	Door Sidelight										
Door Hardware: Windows:	Automatic Ope Access Control Door Glazing: Inte Hardware Type:: CR-(Operable Windows External Glazing and External Glazing Ha Exterior Window Tr Internal Glazing and Blackout	egral blind 01 : d Frame: irdware:	Locking Standard Standard Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure ure [ure [High Sec High Sec High Sec High Sec High Sec	Rer curity curity curity	marks:			
Casework / Millwor	rk: Casework S	Security:	Regular	✓ Secur	re		Re	marks: Pr	ovide wardrobe	and desk	
	Counter Linear Length or % of perimeter wall: Upper Cupboar		✓ Counte		Work Surfa Height (m	-	e				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 30			RT 60	: 0.7		Re		efer to Appendionise Control	(1D - Acou	stics and
GENERAL ROOM	REMARKS:	Coat Hooks:	Standard	✓ Anti-L	igature I		2	N	lirrors: Stand	dard 🔲 V	andal-Proof
	Tackboard D	Dim:				Hooks: ✓	Whiteboa	ırd Dim	915mm wid	e x 915mm	high
	Remarks: Pr	rovide ma	gnetic whitebo	oard							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVING	CIAL ASSESSMENT	2E-SEC	CURE LIVING UNIT
TALLET VIEW I NOSECT	Draft:	CENTRE	Program Number:	
Project Number: 35720		☑ ✓ 2 Final	Program Number.	02.0-56-07
Sign Off:	Date Issued:	- 11101	RoomName:	
l l D l		2017-01-25		CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01 B	Remarks:		
HVAC: (CSA 2317.2-10, ASRIKAE 6.	2.1-01	icinarks.		
Can Air be Returned Rate (A/	C).	Snecial Exha	ust Air Required: 0	
to System	C).	Special Extra	ust All Required.	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
	_			
ROOM CONTROLS: Room Temp Control	1 1		on Isolation Patient Contro	olled
Local Adjustment	Local Adjustment	Room F	Pressure Monitor	
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry St	andpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negati	ive Other:		
_	_			
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		CIOCK	
Receptacle Count: Quadpl	ex at desk, duplex beside be	ed, duplex at door		
Power Remarks: Each ro	om to utilize separate circui	t w/ AFCI protection.Ea	ch room's outlets shall be separately	y switched from
switchb	oank located in Staff Station			
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rei	marks:	
✓ Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont			g on emergency power. Nurse inspe I with separate momentary switch I	
Charting Light	variity Light		loor. Light switches beside bed and	
		,,	J	,

Project Name: VALLEY\	/IEW PROJECT	Department: 02.0	PROVINCIA		MENT ENTRE	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-56-07
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
B]		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
Communication: Quantity (1 voice, Te Coax/ Data Tv	1 data): I Outlet: Outlet: Outlet:		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	5
		inical Camera inical Camera Moni	itor 🗸	Card Reader Intrusion Det			aff Assist Itient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comn	nent:]

Project Name: VALLEY	/VIEW PR	OJECT	Department: 02.0	PROVINC	IAL ASSES	SMENT CENTRE	SUB DEPARTM	ΛΕΝΤ:	2E-SEC	JRE LIVING UN	.IT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		02.0-56-08	į
В	Sign Off:		Date Issued: Client:		201	7-01-25	RoomName: m ² :			CLIENT ROO	М
			Cheffe.			MTICS		3. m²			
RISK LEVEL:			Mediun	1							
ARCHITECTURAL	REQUIREN	IENTS									
INTERIOR FINISHES:	height		material		finis	h		r	emarks		
Ceiling:	2750	GW	/B - Impact Resist	ant	Paint						
Wall:		GW	/B - Impact Resist	ant	Paint						
El					D 11 1						_
Floor:					Resilient						
Base:	100	Fla	sh Cove								
Cra Hai	rner Guards: sh Rails: [nd Rails: [air Rail:	Standa	ard Anti-Li	gature	1	Remarks:					
	ı	Standa		_							
Door(s): Clear	Opening (W x		1220 x 2135	Material:	Solid Core		Fi	nish: Plam			
	Door Sidelig	ht									
	Automatic C Access Cont Door Glazing:	Opener rol ntegral bli	Locking	re & oof Hardware	Door Remarks	Double s	swing.				
Han	dware Type:: (CR-01									
E E	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing	and Frame Hardware: v Treatmen	Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	rk Security	: Regular	✓ Secur	re		Remarks	Provide w	ardrobe and	desk	
Min Millwork /Coun (mm) or % [[iter Linear Leng of perimeter w Upper Cupb Lower Cupb	all: oards	✓ Counte		Work Surface Height (mm): ✓	710					
	Rating Wall /	50		RT 60:	0.7		Remarks	Refer to A	ppendix 1D	- Acoustics and	
	Floor / Ceiling: NC Rating:	30-35						Noise Cor	itrol		
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	gature No o	of Coat 2 Hooks:		Mirrors:	Standard	Vandal-Proof	F
	Tackboard	Dim:				✓ ∨	Whiteboard	Dim: 915	mm wide x 9	15mm high	
	Remarks:	Provide i	magnetic whitebo	pard							

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASS	ESSMENT	2E-SECURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE	
Project Number:	Draft:	Program Number:	02.0-56-08
35720	prepop 1 2 Final		02.0-30-08
Sign Off:	Date Issued:	NoomName:	CUENT DOOM
IRI	21		CLIENT ROOM
101	Client:	MTICS m ² :	
		MHCS 13. m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			Dlumbing Domarks
sink mounting faucet	tap Urin	Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		er Free WC Corrosion Resistant Fitting	s
Double	Electronic Controls Floo	Drain Other:	
Deep Equipment			
Other:			
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ a.	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	tient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Kack Storage (2.4111 flight)	Types:		
EXHAUST: Pressure: equal	Positive Negative	Other:	
		<u> </u>	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	9. Emorgoncy	Clock	
Types of Fower: Morrial	& Lineigency		
Recentacle Count: Quadal	ov at dock duplov basida had duplov	nt door	
Receptacie Count. Quadpi	ex at desk, duplex beside bed, duplex	at door	
Power Remarks: Each ro	om to utilize separate circuit w/ AFCI r	rotection.Each room's outlets shall be	separately switched from
	ank located in Staff Station		,
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	All lighting on emergency power. N	Jurse inspection light
Switch & Light Cont		controlled with separate momentar	
Charting Light		by entry door. Light switches beside	•

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVINCI		MENT	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		02.0-56-08
I D I	gn Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIRE	MENTS							
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	a): 0			Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera N		nical Camera nical Camera Monit	or 🗸	Card Reader Intrusion De			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks: 0	loor monitoring							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PRO	Departm JECT	ent: 02.0 PROVINO			SUB DEPARTMENT: 2E-SECURE LIVING UNIT			
Project Number	Draft:			ENTRE	Program Num	ber:	02.0-57	
Sign Off:	Date Issu	prepop 1 2 ed:	Final		RoomName:		02.0-37	
''			2017	-01-25		CLIENT T	OILET, BARRIER-FREE	
IBI	Client:			MTICS	m²:	.6 m²		
RISK LEVEL:	М	edium						
ARCHITECTURAL REQUIREME								
INTERIOR FINISHES: height		naterial	finish			remarks		
Ceiling: 2750	GWB - Impa	ct Resistant	Paint					
Wall:	GWB - Impa	ct Resistant	Paint		Water resista	ant		
Floor:			Resilient					
D	Shark Co]					
Base: 100	Flash Cove			Г				
Wall Protection: Corner Guards: ✓ Crash Rails:	Sheet: Standard	✓ Anti-Ligature	Re	emarks:	Anti-ligature	grab bars as per code		
Hand Rails:	Standard	Anti-Ligature Anti-Ligature						
Chair Rail:	Standard	Anti-Ligature						
Door(s): Clear Opening (W x H):	914 x 21	35 Material:	Solid Core	L	Fi	nish: Plam		
Door(s): Clear Opening (W x H):	314 X 21.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	John Core			Tidiii		
	.n. 🛕 A.	ati Ligatura 9	1					
Door Hardware: Door Protection Automatic Ope	T:	nti-Ligature & amperproof Hardware	Door Remarks:	Double s	swing			
Access Control	✓ Lo	ocking						
Door Glazing:								
Hardware Type:: WR	R-03							
Windows: Operable Windows	s: S	andard Sec	ure		Remarks:			
External Glazing ar				igh Secur				
External Glazing Ha Exterior Window T		=	_	igh Secur igh Secur	-			
Internal Glazing an		=		igh Secur				
Blackout	Blinds	Roller Shutter [1 Way Mirro	r	Other			
Casework / Millwork: Casework	Security: Reg	gular Secu	re		Remarks	:		
Min Millwork /Counter Linear Length		Counter/	Work Surface 7:	10				
(mm) or % of perimeter wall: Upper Cupboa		Counter Top		Lockable				
Lower Cupboa	rds	Stainless Steel						
ACOUSTICS: STC Rating Wall / Floor / Ceiling:	0	RT 60	: N/A		Remarks	Refer to Appendix 1D	- Acoustics and	
NC Rating: 3	5-40					Noise Control		
GENERAL ROOM REMARKS:	Coat Hooks: St	tandard 🗸 Anti-L		Coat 2		Mirrors: Standard	✓ Vandal-Proof	
Tackboard [Dim:				Whiteboard	Dim:		
						er holder and 1 sanitar to be anti-ligature.	y napkin disposal, 1	

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIAL	ASSESSMENT	2E-SECURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE	
Project Number:	Draft:	✓	Program Number: 02.0-57
35720		Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	CLIENT TOILET, BARRIER-FREE
	Client:	MTICS	m²: 5.6 m²
		Wiffes	5.6 111
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remark	s: Exhaust	
HVAC: CSA Z317.2-10, ASHRAE 6.	2.1-01	CS. Exilaust	
	0)	6 :151	
Can Air be Returned Rate (A/	L):	Special Exna	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tan		Plumbing Remarks
Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewasii
		Hopper	Water Fountain
		wc	Emergency Shower
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS: Room Temp Control	vith Room Relative Humidity	with 🖂 Infectio	on Isolation
Local Adjustment	Local Adjustment		Pressure Monitor Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standpip	oe Oth	ner:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: Standa	rd Special Oth	er:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy		Clock
	·		
Receptacle Count: Conven	ience: 1 duplex GFI		
,			
Power Remarks: GFI			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rer	marks:
Dimmable Lighting	In Use" Light	All lighting	g on emergency power.
Switch & Light Cont	rols Vanity Light		
Charting Light			
		<u> </u>	

Project Name: VALLEYVIEW PROJECT		Department: 02.0 PROVINCIAL ASSESSMENT CENTRE			SUB DEPARTMENT:	2E-SE(2E-SECURE LIVING UNIT	
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-57
· ·	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	CLIENT .	TOILET, BARRIER-FREE
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 di Tel Ou Coax/ Data TV Ou IMIT Remarks:	eta): tlet: 0		Vid	ercom Station eo Intercom Statior ercom Master Statio	· _	Hands Free Telemetry Teleconferencing	☐ Room Statu	is
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader			aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVINC	CIAL ASSESS C	MENT ENTRE				NIT		
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nui	mber:		02.0-58-0	1
	Si	ign Off:	Date Issued:	1 2		-01-25	RoomName:		CLIENT WASHR	OOM, BARRIER-	
IBI			Client:			MTICS	m²:	5.6 m²			
RISK LEVEL:			Medium								
	, DEOU	IDEA AEAIT									
ARCHITECTURA											
INTERIOR FINISHES Ceiling:	2750	height	material GWB - Impact & Mo	icturo	finish Paint				remarks		
Celling.	2730		Resistant Secure	isture	raiiit						
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel						
Floor:		·			Slip Resistant						
Base:	100		Flash Cove								
(Corner Gua Crash Rails Hand Rails: Chair Rail:	Sta	Sheet: Anti-Li andard Anti-Li andard Anti-Li	gature	J R	emarks:	Anti-ligature	e grab ba	rs as per code		
Door(s):	ar Openin	g (W x H):	914 x 2135	Material:	Solid Core		- 1	Finish: Pla	m		
	Door	Sidelight									
	Auto Acce Door Gla	Protection matic Opener ss Control zing: ype:: WR-03	Locking	of Hardware	Door Remarks:	Double s	swing Remarks				
Windows:	External External	Glazing and Fra Glazing Hardw Window Treatr Glazing and Fra	vare: Standard ment: Standard ame: Standard	Sec Sec Sec Sec Sec Sec	ure	igh Secur igh Secur igh Secur igh Secur	rity rity rity				
Casework / Millwork	: (Casework Secu	ırity: 🗌 Regular	Secur	·e		Remark	s:			
Min Millwork /Co (mm) or	% of perim		Counte		Work Surface 7 Height (mm):	10 Lockable					
ACOUSTICS: S	TC Rating Floor / O NC		0	RT 60	N/A		Remark	Refer t Noise (o Appendix 1D Control	- Acoustics and	
GENERAL ROOM R			Hooks: Standard	✓ Anti-L	igature No of	ooks:		Mirrors	: Standard	✓ Vandal-Pro	of
	☐ Tack	board Dim:				∐ v	Whiteboard	Dim:			
	Rem		de washroom access r towel dispenser, 1							/ napkin disposa	, 1

Project Name: VALLEYVIEW PROJECT	Department: 02.0 PROV	INCIAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT					
Project Number: 35720	Draft:	2 Final	Program Number:	02.0-58-01					
Sign Off:	Date Issued:	2017-01-25	RoomName:	LIENT WASHROOM, BARRIER-FREE					
	Client:	MTICS	m²: 5.6 m²						
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust							
Can Air be Returned Rate (A/o to System	C):	Special Exh	aust Air Required: 0						
PLUMBING FIXTURES:		I							
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain tub shower	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitt Other:	Plumbing Remarks					
Local Adjustment Room Control Remarks:	Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:								
Air Temp: 📝 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Emerge	ncy		Clock						
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI								
Patient Care Area Designation (as per CSA Z32):									
LIGHTING:	"In Use" Ligh	Lighting Re	marks: g on emergency power.						

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT		CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number:		02.0-58-01
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	CLIENT WASH	ROOM, BARRIER-FREE
		Client:			MTICS	m²: 5.6 m	2	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou	ata): 0		Video Ir	n Station Itercom Station In Master Station	n _	Hands Free Telemetry Teleconferencing	Room Statu	S
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVINC	CIAL ASSESS C	MENT ENTRE					
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		02.0-58-02
	Sig	gn Off:	Date Issued:	1 2		'-01-25	RoomName		CLIENT WASHR	OOM, BARRIER-FI
IBI			Client:			MTICS	m²:	5.6 m²		
RISK LEVEL:			Medium							
		0514517								
ARCHITECTURA		REMENTS	<u> </u>							
INTERIOR FINISHE		height	material		finish				remarks	
Ceiling:	2750		GWB - Impact & Mo Resistant Secure	isture	Paint					
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel					
Floor:					Slip Resistant					
Base:	100		Flash Cove				1.			
	Corner Gua Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: Anti-Li andard Anti-Li andard Anti-Li	gature	J R	emarks:	Anti-ligatur	e grab ba	rs as per code	
Door(s):	ear Opening	; (W x H):	914 x 2135	Material:	Solid Core			Finish: Pla	m	
200.(0).	Door	Sidelight								
Door Hardware: H Windows:	Autor Acces Door Glaz Hardware Ty Operable	Protection matic Opener ss Control ting: VPE:: WR-03 Windows: Glazing and Fra	✓ Locking ☐ Standard	re & nof Hardware Sec Sec		Double s	Remark	s:		
	Exterior V Internal G		ment: Standard ame: Standard Blinds Roller	Second Second Second Shutter	ure Hure H	ligh Secui ligh Secui ligh Secui or	rity rity Other			
Casework / Millwork	: 0	asework Secu	ırity: 🔃 Regular	Secur	_		Remark	KS:		
Min Millwork /Co (mm) or	% of perime	-	Counte		Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:	STC Rating V Floor / C NC F		0	RT 60:	N/A		Remark	ks: Refer t Noise (o Appendix 1D Control	- Acoustics and
GENERAL ROOM F	REMARKS	G: Coat	Hooks: Standard	✓ Anti-Li	igature No of H	Coat 2		Mirrors	s: Standard	✓ Vandal-Proc
	Tackb	ooard Dim:					Whiteboard	Dim:		
	Rema	paper	ide washroom access r towel dispenser, 1 ssories are to be anti-	waste recep						

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:
	02.0 PROV	INCIAL ASSESSMENT	2E-SECURE LIVING UNIT
VALLETVIEWTROSECT		CENTRE	
Project Number:	Draft:		Program Number: 02.0-58-02
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	CLIENT WASHROOM, BARRIER-FREE
	Client:	MTICS	m²: 5.6 m²
		WITTES	3:6 111
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACUDAT 6	2 1 01	Remarks: Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks. Exmaust	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
✓ Lavatory ✓ Wall ✓ Standard		☐ wc	Emergency Shower
Janitorial Floor Laborate	ory Foot Pedal	✔ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Cont	rols Floor Drain	Other:
Deep Equipment		shower, size to n	neet code
Other:			
Size:	-		
Doom Town Control	with Doom Polative	Humidituuith Infaatia	n legistion —
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme	·	n Isolation Patient Controlled
Room Control Remarks:	,		
FIRE PROTECTION: Sprinkler Type:			
FIRE PROTECTION: Sprinkler type.	Vet Dry	Standpipe Oth	er:
		Standpipe Oth	er:
Rack Storage (2.4m high)	Vet Dry Types:	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		er:
Rack Storage (2.4m high)	Types:		er:
Rack Storage (2.4m high)	Types: ☐ Positive ✓ Ne		er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive • Ne	egative Other:	er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive • Ne	egative Other:	er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Positive • Ne	egative Other:	er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Positive • Ne	egative Other:	er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Types: ☐ Positive ✓ Ne	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: ☐ Positive ✓ Ne	egative Other:	er:
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation Basic	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Types: ☐ Positive	egative Other:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Convert Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Types: Positive New New New New New New New New New Ne	egative Other: Other:	Clock

Project Name: VALLEYVIEW PROJ	Department: 02.0 PF	ROVINCIAL ASSESSMENT CENTRE	SUB DEPARTMENT:	2E-SECURE LIVING UNIT
Project Number:	Draft:		Program Number:	02.0.50.02
35		1 2 Final		02.0-58-02
Sign Off:	Date Issued:	2017-01-25	RoomName: CLIENT	Г WASHROOM, BARRIER-FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Ro Telemetry Teleconferencing	om Status
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Clinical Camera Monitor	Card Reader No.:	Staff Assist Patient Ass	
OTHER				1
Equipment Remarks:		Operational Remarks:		
Room Data				

Project Name: VALLEY	/VIEW PI	ROJEC	Departme T		PROVINC	IAL ASS	SESSMENT CENTRE	T	DEPARTMI	ENT:	2E-SEC	URE LIVING UNIT
Project Number:		3572		orepop	1 2	Final	l		gram Numb	er:		02.0-58-03
IBI	Sign Of	f:	Date Issue	ed:		2	2017-01-25	5	mName:		CLIENT WASHR	OOM, BARRIER-FREE
-			Client:				MTICS	S m²:	5.6	5 m²		
RISK LEVEL:			Me	edium	1							
ARCHITECTURAL I	REOUIREI	MENTS										
INTERIOR FINISHES:	heigh			naterial			finish				remarks	
Ceiling:	2750		GWB - Impac		isture	Paint	11111311				Telliaiks	
ceimig.	2730		Resistant Sec		istui c	- ame						
Wall:		C	GWB - Moist	ure Resi	istant	HIHF pai	nel					
Floor:		L				Slip Resi	stant					
Base:	100	F	lash Cove									
Wall Protection: Cor	ner Guards:	✓	Sheet:				Remarks:	Anti-	-ligature g	rab ba	rs as per code	
Cra	sh Rails:	Star	ndard	Anti-Li	gature							
Har	nd Rails:	Star	ndard	Anti-Li	gature							
Cha	air Rail:	Star	ndard 🗌	Anti-Li	gature							
Door(s): Clear	Opening (W x	: H):	914 x 213	35	Material:	Solid Co	ore		Fini	ish: Pla	m	
	Door Sideli	ght										
Door Hardware:	Door Prote Automatic Access Cor Door Glazing:	Opener	Ta	nti-Ligatui mperpro cking	re & of Hardware	Door Ren	narks: Double	e swing	g S			
Hard	dware Type::	WR-03										
E E	Operable Wind xternal Glazin xternal Glazin xterior Windon nternal Glazin	g and Frai g Hardwa w Treatm g and Frar	me: St.	andard andard andard andard andard	Sec Sec Sec Sec Sec Sec	ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	urity urity urity	Remarks:			
Casework / Millwork:	Casew	ork Securi	ity: Reg	ular	Secur	e			Remarks:			
Min Millwork /Coun		-			Counter/							
(mm) or % c	of perimeter v Upper Cup Lower Cup	boards		Counte	er Top ss Steel	Height (m	nm): Lockable	e				
	Rating Wall /				RT 60:	N/A				Refer to		- Acoustics and
	NC Rating											
GENERAL ROOM REI	_		looks: St	andard	✓ Anti-Li	gature	No of Coat Hooks:			Mirrors	: Standard	✓ Vandal-Proof
L	Tackboard	Dim:						White	board D	im:		
	Remarks:						oap dispensei I washroom a					y napkin disposal, 1

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIA	AL ASSESSMENT	2E-SECURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE	
Project Number:	Draft:	✓	Program Number: 02.0-58-03
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017-01-25	CLIENT WASHROOM, BARRIER-FREE
101	Client:	MTICS	m ² :
		IVITICS	5.6 m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	0 1 01 Par	narks: Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Ren	EXIIdUSL	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Domarks
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
✓ Lavatory ✓ Wall ✓ Standard		WC	Emergency Shower
Janitorial Floor Laborato		✔ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls	✓ Floor Drain	Other:
Deep Equipment		shower 36 X 36	
Other:			
Size:	-		
	_	<u> </u>	
De sur Terror Combuelo	ith		a landation —
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidi Local Adjustment		n Isolation Patient Controlled
Room Control Remarks:	20 cai 7 tajastinent		- cosare memes
noom control nemarks.			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Stand	lpipe Oth	er:
	, , ,		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special (Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Emerge	ency		Clock
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation Basic			
(as per CSA Z32):			
	ahting Attitute	Lighting P	narke
LIGHTING: Workstation Task Li		Lighting Ren	HdLKS.
Dimmable Lighting	In Use" Light	All lighting	g on emergency power.
Switch & Light Cont	rols Vanity Light		
Charting Light			
		t-	

Project Name: VALLEYVIE	W PROJECT	Department: 02.0	PROVINC	IAL ASSESS	SMENT CENTRE	SUB DEPARTMENT		CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2			Program Number:		02.0-58-03
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	CLIENT WASH	ROOM, BARRIER-FREE
		Client:			MTICS	m²: 5.6 m	2	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	tlet: 0		Video II	m Station ntercom Statio m Master Stati	n 🗌	Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reade			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

Project Name: VAL	LEYVIE	EW PROJEC	,	tment: 02.0	PROVING	CIAL ASS	ESSMENT CENTRE	SUB DEPARTM	IENT:	2E-SEC	URE LIVING UNIT
Project Number:		3572	Draft:	prepop	1 2	Final		Program Num	ber:		02.0-59-01
IBI	1	Sign Off:		ssued:		2	017-01-25	RoomName:		:	SPECIAL CARE ROOM
			Client	:			MTICS	m²:	9. m²		
RISK LEVEL:				Mediun	1						
ARCHITECTUR	AL DEO	IIIDENAENIT									
INTERIOR FINISH			•								
	27 5	height	GWP Im	material pact Resist	ant	Paint	inish		re	emarks	
Ceiling:	2/3	U	GWB - IIII	pact nesist	laiit	raiiii					
Wall:			GWB - Im	pact Resist	tant	Paint					
Floor:						Resilient					
11001.						Resilient					
Base:	100	l	Flash Cov	e							
Wall Protection:	Corner G	Guards:	Sheet:				Remarks:				
van i rocccion.	Crash Ra		andard	Anti-Li	igature						
	Hand Rai	ils: Sta	andard	_	igature						
	Chair Rai	il: Sta	andard	Anti-Li	igature						
D = = (1)	lear Onen	ning (W x H):	1525 x	2125	Material:	Solid Co	ro	Fir	nish: Plam		
Door(s):			1525 X	2135	iviateriai.	Solid Co	re		Plam		
	D0	or Sidelight									
Door Hardware:	Au	oor Protection Itomatic Opener Icess Control	✓	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Rem	arks: Double s	swing			
	Door G	Glazing: Integra	l blind								
	Hardware	e Type:: CR-01									
Windows:	Operal	ble Windows:		Standard	✓ Sec	ure		Remarks:			
	Extern	al Glazing and Fr	ame:	Standard	✓ Sec	ure	High Secu	rity			
		al Glazing Hardw		Standard		_	High Secu	=			
		or Window Treat al Glazing and Fra		Standard Standard	_	ure [High Secui High Secui				
	_	_	Blinds	_	Shutter [1 Way I		Other			
					_	_ `					
Casework / Millwo		Casework Secu	irity: F	Regular	✓ Secu			Remarks:	Provide wa	ardrobe and	desk
Min Millwork / (mm) o		near Length imeter wall:			Counter/	Work Surfa Height (mr	-				
	Up	per Cupboards		Counte	er Top		✓ Lockable				
	Lo	wer Cupboards		Stainle	ess Steel						
ACOUSTICS:	STC Ratin	ng Wall / 50			RT 60	: 0.7		Remarks:	Refer to Ap	-	- Acoustics and
		IC Rating: 30-35	5						Troise com		
GENERAL ROOM	REMAR	RKS: Coat	Hooks:	Standard	✓ Anti-L	igature N	No of Coat 2		Mirrors:	Standard	Vandal-Proof
	Па	ckboard Dim:						Whiteboard I	Dim:		
	Re	emarks: Shall	accommo	date hospi	tal bed and	additiona	I space for as	sistive equipn	nent.		
							.,				

Project Name:	Department:	SUB DEPARTMENT:	3E CECUDE L'UNIO LIBUR
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE	SSMENT CENTRE	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Program Number:	02.0-59-01
Sign Off:	Date Issued:	RoomName:	CDECIAL CARE DOOM
IBI	Client:	m²:	SPECIAL CARE ROOM
		MTICS 19. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exhaust Air Required: 0	
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	er Water Fountain Emergency Shower r Free WC Corrosion Resistant Fittin	Plumbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high)	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other:	atient Controlled
EXHAUST: Pressure: Fqual	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:			
Types of Power: Emerge	ncy	Clock	
Receptacle Count: Conven	ience: 3 duplex, Special Equipment (ad	ditional outlets): assistive equipmen	t, etc
	om to utilize separate circuit w/ AFCI pr ank located in Staff Station	otection.Each room's outlets shall be	e separately switched from
Patient Care Area Designation (as per CSA Z32):	diate		
LIGHTING:	In Use" Light	Lighting Remarks: All lighting on emergency power. controlled by momentary contact room door.	

Project Name: VALLEYVIE\	VALLEYVIEW PROJECT		PROVIN	CIAL ASSESSI	MENT ENTRE	SUB DEPARTMENT:	2E-SE(2E-SECURE LIVING UNIT		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-59-01		
·'	ign Off:	Date Issued:		2017	-01-25	RoomName:		SPECIAL CARE ROOM		
IBI		Client:			MTICS	m²: 19. m²				
RISK LEVEL:		Medium								
TECHNOLOGY REQUIRE	EMENTS									
IMIT SYSTEMS:										
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0		Video	com Station Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	is		
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monito	or	Card Reader Intrusion Det			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless		
Security Remarks:										
OTHER										
Equipment Remarks:				Operational Remarks:						
Room Data Sheet Comment:										

			_							
Project Name: VALLEY	VIEW PRO	OJECT	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPARTM		-SECURE LIV	/ING UNIT
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	02.0	-59-01A
IRI	Sign Off:		Date Issued:		2017	7-01-25		SPECIAL CARE RO	OOM-TRANSITI	ONAL SPACE
			Client:			MTICS	m²:	l. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURAL R	EQUIREMI	ENTS								
INTERIOR FINISHES:	height		material		finish	1		remarks	3	
Ceiling:	2750	GW	B - Moisture Res	istant	Paint					
Wall:		GW	'B - Impact Resist	ant	Paint					
Floor:					Resilient					
Base:	100	Flas	sh Cove							
Cras Han	ner Guards: h Rails: d Rails:	Standa Standa Standa	ard Anti-L	igature igature igature	R	Remarks:				
			iiu Aiiti-L	igature						
Door(s): Clear C	Opening (W x H): 1	1525 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sideligh	it								
	Door Protecti Automatic Op Access Contro Door Glazing: In ware Type:: CF	oener ol tegral bli	Locking	ire & pof Hardware	Door Remarks:	Doubles	swing			
Ex Ex Ex	perable Window ternal Glazing a ternal Glazing B terior Window ternal Glazing a Blackout	and Frame: Hardware: Treatment	Standard Standard Standard Standard	Sec Sec Sec	ure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwork:	Caseworl	k Security:	Regular	Secur	·e		Remarks:			
Min Millwork /Count (mm) or % o	er Linear Lengtl f perimeter wal Upper Cupbo Lower Cupbo	ards	Count		Work Surface Height (mm):	Lockable				
		50		RT 60:	0.7		Remarks:	Refer to Append	dix 1D - Acoust	ics and
F	NC Rating:	30-35						Noise Control		
GENERAL ROOM REN	MARKS:	Coat Hoo	ks: Standard	Anti-Li	igature No of	f Coat 0		Mirrors: Sta	ndard 🗌 Vai	ndal-Proof
	Tackboard	Dim:				∟ v	Vhiteboard	Dim:		
	Remarks:	Shall acco	ommodate seatir	ng	-					

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-SECURE LIVING UNIT CENTRE
Project Number: 35720	Draft:	Program Number: 02.0-59-01A
Sign Off:	Date Issued: 201	7-01-25 RoomName: SPECIAL CARE ROOM-TRANSITIONAL SPACE
IBI	Client:	MTICS m²:
		MITICS 4. m ²
RISK LEVEL:	Medium	
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:	
HVAC: Type: CSA 2317.2-10, ASHRAE 62	01 Remarks.	
Can Air be Returned Rate (A/C) to System	5):	Special Exhaust Air Required: 0
PLUMBING FIXTURES:		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	Emergency Shower Free WC Corrosion Resistant Fittings
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Room Relative Humidity with Local Adjustment Controlled by sensor in 2.0-29-01	☐ Infection Isolation ☐ Patient Controlled Room Pressure Monitor
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry Standpipe Types:	Other:
EXHAUST: Pressure:	Positive Negative	Other:
Air Temp: 📝 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal		Clock
Receptacle Count: Conven	ience: 1 duplex	
Power Remarks:		
Patient Care Area Designation (as per CSA Z32):		
LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont Charting Light	In Use" Light	Lighting Remarks: All lighting on emergency power.

Project Name: VALLEYVIE\	N PROJECT	Department: 02.0	PROVING	CIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT:	2E-SE	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	~		Program Number:		02.0-59-01A
	ign Off:	Date Issued:		2017	7-01-25	RoomName: SPECIA	AL CARE ROOM	-TRANSITIONAL SPACE
		Client:			MTICS	m²: 4. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0		Video	om Station Intercom Station om Master Statio	n 🗌	Hands Free Telemetry Teleconferencing	Room State	ıs
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor [Card Reade ✓ Intrusion De			aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALI	LEYVIEW PROJE	Department: 02.0	PROVINC	IAL ASSESS C	MENT	SUB DEPARTN		E-SECURE LIV	ING UNIT
Project Number:	35	720 Draft: prepop	1 2	✓ Final		Program Num	ber:	02.0-	-59-02
	Sign Off:	Date Issued:			-01-25	RoomName:			ARE ROOM
IBI		Client:			MTICS	m²:	9. m²		
RISK LEVEL:	ı	Medium	1						
	AL REQUIREMEN								
INTERIOR FINISH		material		finish			remai	rks	
Ceiling:	2750	GWB - Impact Resist	ant	Paint			Terria	IKS .	
Wall:		GWB - Impact Resist	ant	Paint					
Floor:				Resilient					
Base:	100	Flash Cove							
Wall Protection:	Corner Guards: Crash Rails: S Hand Rails: S	Sheet: Anti-Li Standard Anti-Li Standard Anti-Li	gature	R	emarks:				
Door(s):	lear Opening (W x H):	1220 x 2135	Material:	Solid Core		Fir	nish: Plam		
Door Hardware: Windows:	✓ Door Protection Automatic Opene Access Control Door Glazing: Integ Hardware Type:: CR-0: Operable Windows:	Locking ral blind	re & oof Hardware ✓ Sec	Door Remarks:	Double s	Remarks:			
	External Glazing and External Glazing Hard Exterior Window Tre- Internal Glazing and	dware: Standard atment: Standard Frame: Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec Shutter	ure	igh Secur igh Secur igh Secur igh Secur	ity ity			
Casework / Millwor	k: Casework Se	curity: Regular	✓ Secur	e		Remarks:	Provide wardr	obe and desk	
	Counter Linear Length r % of perimeter wall: Upper Cupboard: Lower Cupboard:	=		Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 30-	35	RT 60:	0.7		Remarks:	Refer to Appe Noise Control	ndix 1D - Acoustic	cs and
GENERAL ROOM	REMARKS: Co.	at Hooks: Standard	✓ Anti-Li	gature No of H	Coat 2		Mirrors: S	tandard 🗌 Van	dal-Proof
	Tackboard Dir	m: 0				Vhiteboard I	Dim:		
	Remarks: Sha	ıll accommodate hospi	tal bed and	additional spa	ice for ass	sistive equipn	nent		

Project Name:	Department:	SUB DEPARTME	
VALLEYVIEW PROJECT	02.0 PROVINCIAL AS	CENTRE	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:	Program Numb	er: 02.0-59-02
Sign Off:	Date Issued:	RoomName: 2017-01-25	SPECIAL CARE ROOM
IBI	Client:	m²:	
		MTICS 19	. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:		
Can Air be Returned Rate (A/C to System	c): 	Special Exhaust Air Required:	0
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	ck Lever/Blades Hc Standard W Foot Pedal Ba		
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high)	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor	Patient Controlled
EXHAUST: Pressure: Fequal	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:			
Types of Power: Emerge	ncy	Clock	
Receptacle Count: Conveni	ience: 3 duplex, Special Equipment (additional outlets): assistive e	equipment, etc
	om to utilize separate circuit w/ AFC ank located in Staff Station	protection.Each room's outle	ets shall be separately switched from
Patient Care Area Designation (as per CSA Z32):	diate		
LIGHTING:	In Use" Light		y power. Nurse inspection light y contact switch located outside client

Project Name: VALLEYVII	valleyview project		PROV	'INCIAL ASSESS C	MENT ENTRE				
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-59-02	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		SPECIAL CARE ROOM	
		Client:			MTICS	m²: 19. m²			
RISK LEVEL:		Mediun	1						
TECHNOLOGY REQUI	REMENTS								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Vio	tercom Station deo Intercom Station tercom Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	_		aff Assist	Duress - Wired Duress - Wireless	
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commer	nt:								

Project Name: VALLEY	VIEW PRO	OJECT	Department: 02.0	PROVINC	IAL ASSESS C	MENT ENTRE	SUB DEPARTN		SECURE LIVING UN	ΙΤ
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	02.0-59-02	Α
IRI	Sign Off:		Date Issued:		2017	'-01-25		SPECIAL CARE ROO	OM-TRANSITIONAL SPA	CE
			Client:			MTICS	m²:	. m²		
RISK LEVEL:			Medium	1						
ARCHITECTURAL R	EQUIREM	ENTS								
INTERIOR FINISHES:	height		material		finish			remarks		
Ceiling:	2750	GW	B - Moisture Res	istant	Paint					
Wall:		GW	'B - Impact Resist	ant	Paint					_
Floor:					Resilient					
Base:	100	Flas	sh Cove							
Cras Han	ner Guards: h Rails: d Rails:	Standa Standa Standa	ard Anti-Li	gature	I R	emarks:				
				_						
Door(s): Clear C	Opening (W x H	1): 1	1525 x 2135	Material:	Solid Core		FI	nish: Plam		
	Door Sideligh	nt								
	Door Protect Automatic Op Access Contro Oor Glazing: In ware Type:: CI	pener ol itegral bli	Locking	re & of Hardware	Door Remarks:	Double s	swing			
Windows: Op Ex Ex	perable Window ternal Glazing a ternal Glazing be terior Window ternal Glazing a	ws: and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity			
Casework / Millwork:	Casewor	k Security:	Regular	Secur	·e		Remarks			٦
Min Millwork /Count (mm) or % o	er Linear Lengt f perimeter wa] Upper Cupbo] Lower Cupbo	II:	Counte		Work Surface Height (mm):	Lockable				
		50		RT 60:	0.7		Remarks	Refer to Appendi	x 1D - Acoustics and	
F	loor / Ceiling: NC Rating:	30-35						Noise Control		
GENERAL ROOM REN	MARKS:	Coat Hoo	ks: Standard	Anti-Li	gature No of	Coat 0		Mirrors: Stan	dard Vandal-Proof	F
	Tackboard	Dim: 0				□ v	Vhiteboard	Dim:		
	Remarks:	Shall acco	ommodate seatin	g						

Project Name:	Department:		DEPARTMENT:	INIC LINUT
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE	CENTRE	2E-SECURE LIV	IING UNIT
Project Number: 35720	Draft:	Prog	ram Number: 02.0-	59-02A
Sign Off:	Date Issued: 20	17-01-25 Roor	nName: SPECIAL CARE ROOM-TRANSITIO	NAL SPACE
IBI	Client:	MTICS m²:	4. m²	
DIGIT I EVEL		WITTES	4. 111	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:			
HVAC: 19pe. CSA 2317.2-10, ASHRAE 62	T OT			
Can Air be Returned Rate (A/C to System	C):	Special Exhaust Air	r Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	er Wa Em	Plumbing Remarks after Fountain alergency Shower arrosion Resistant Fittings her:	
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Room Relative Humidity with Local Adjustment Controlled by sensor in 2.0-29-01	Infection Isola Room Pressu	Patient Controlled	
FIRE PROTECTION: Sprinkler Type: W		Other:		
Rack Storage (2.4m high) EXHAUST: Pressure:	Types: Positive Negative	Other:		
Air Temp: ✓ Standa	rd Special Other:			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting 🕢 Night Light	Lighting Remarks:		
☐ Dimmable Lighting ☐ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light rols ☐ Vanity Light	All lighting on 6	emergency power.	

Project Name: VALLEYVIEW	PROJECT	Department: 02.0 PR	OVINCIAL ASSESSI		IB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft:			ogram Number:		02.0-59-02A
Sign	Off:	Date Issued:	2017	-01-25 Ro	oomName: SPECIAI	L CARE ROOM-	TRANSITIONAL SPACE
IBI		Client:		MTICS m²	²: 4. m²		
RISK LEVEL:		Medium					<u>'</u>
TECHNOLOGY REQUIREM	IENTS						
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Intercom Station Video Intercom Station Intercom Master Statio	Tel	nds Free lemetry leconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Mod		nical Camera nical Camera Monitor	☐ Card Reader ✓ Intrusion Det			ff Assist ient Assist	Duress - Wired Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data							

Project Name: VALLEY	/VIEW PF	ROJECT	Department: 02	.0 PROVINC		SMENT CENTRE	SUB DEPARTN	MENT:	2E-SECU	JRE LIVING UNIT
Project Number:		35720	Draft: prepor	1 2	✓ Final		Program Num	ber:		02.0-60-1
	Sign Off	f:	Date Issued:		201	.7-01-25	RoomName:		BARRIER-F	REE ENSUITE TOILET
<u>.</u>]			Client:			MTICS	m²:	.6 m²		
RISK LEVEL:			Mediu	ım						
ARCHITECTURAL	RFOUIRFN	AFNTS								
INTERIOR FINISHES:	heigh		materia	al.	finis	-h		ror	marks	
Ceiling:	2750		iWB - Impact & N		Paint	511		161		
	2755		esistant Secure	.0.000						
Wall:			iWB - Impact & N esistant Secure	Noisture	HIHF panel					
Floor:					Slip Resistai	nt				
Base:	100	FI	lash Cove							
Wall Protection: Cor	ner Guards:	✓	Sheet:		J	Remarks:	Anti-ligature	grab bars as	per code	
	sh Rails:	Stan	dard Anti	-Ligature			, G	0		
Hai	nd Rails:	Stan	dard 🗌 Anti	-Ligature						
Cha	air Rail:	Stan	dard Anti	-Ligature						
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
[Door Sideli	ght								
	Door Prote Automatic Access Con Door Glazing:	Opener	✓ Anti-Liga Tamperı ✓ Locking	ature & proof Hardware	Door Remark	s: Outward	d swing			
Windows: C E E	Operable Wind xternal Glazin, xternal Glazin, xterior Windo nternal Glazin, Blackout	lows: g and Fran g Hardwar w Treatme g and Fram	re: Standa ent: Standa ne: Standa	rd Second Second Second	ure	High Secui High Secui High Secui High Secui	rity rity			
Casework / Millwork:	Casewo	ork Securit	ty: Regular	Secui	re		Remarks	:		
Min Millwork /Coun				Counter/	Work Surface	710				
(mm) or % (of perimeter w Upper Cupl Lower Cupl	boards	_	nter Top nless Steel	Height (mm):	Lockable				
	Rating Wall / Floor / Ceiling			RT 60	N/A		Remarks		-	Acoustics and
	NC Rating							Noise Contr	OI	
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standa	rd 🗸 Anti-L	igature No	of Coat 2		Mirrors:	Standard	✓ Vandal-Proof
	Tackboard	Dim:					Whiteboard	Dim:	-	
	Remarks:	paper h	e washroom Acce holder, recessed acle.Shall include	soap dispense	r in shower.	All washro	om accessor			, grab bars, 1 toilet e. Waste

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIA	AL ASSESSMENT	300 DEFAITIVIENT.	2E-SECURE LIVING UNIT
Project Number: 35720	-Draft:	CENTRE Final	Program Number:	02.0-60-1
Sign Off:	Date Issued:	2017-01-25	RoomName:	BARRIER-FREE ENSUITE TOILET
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	THE GALL			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Rem	narks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard ry Foot Pedal	Urinal Hopper WC Barrier Free WC Floor Drain Shower, size to m		Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment /et Dry Stand	Room Pr	ressure Monitor	Patient Controlled
EXHAUST: Pressure: Equal Air Temp: Standa	Types: ☐ Positive	Other:		
ELECTRICAL REQUIREMENTS				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Rem	narks: on emergency power.	

Project Name: VALLEYVI	EW PROJECT	Department: 02.0	PROV	INCIAL ASSESS	MENT	SUB DEPARTMENT:	2E-SEC	URE LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		02.0-60-1
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	BARRIER-	FREE ENSUITE TOILET
		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remarks SECURITY SYSTEMS: Security Camer	data): 0 outlet: 0 ss:	nical Camera	Vic	ercom Station deo Intercom Station ercom Master Statio	on	Hands Free Telemetry Teleconferencing	Room Statu:	Duress - Wired
Security Camer		nical Camera Moni	tor	☐ Intrusion De	tection	✓ Pa	tient Assist	✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commei	nt:							

Project Name: VALLI	YVIE	W PROJE		epartment: 02.0	PROVINC	CIAL ASSES	SMENT CENTRE	SUB DEPA	ARTME	NT:	2E-SEC	JRE LIVING	UNIT
Project Number:		357		aft: prepop	1 2	✓ Final		Program I	Numbe	er:		02.0-60	-2
		Sign Off:	Da	ite Issued:		201	.7-01-25	RoomNan	ne:		BARRIFR-F	REE ENSUITE	TOII FT
IBI			Cli	ent:				m²:			57		
							MTICS		5.6	m²			
RISK LEVEL:				Mediun	1								
ARCHITECTURAL	REQ	<u>UIREMENT.</u>	S										
INTERIOR FINISHES		height		material		finis	sh	,			remarks		
Ceiling:	275	0		Impact & Mo int Secure	isture	Paint							
Wall:				Impact & Mo ant Secure	isture	HIHF panel							
Floor:						Slip Resista	nt						
Base:	100		Flash C	Cove									
	orner G		She		gature		Remarks:	Anti-ligat	ure gr	ab bars	as per code		
	land Rai	ls: Sta	andard	Anti-Li	gature								
C	hair Rai	ı: Sta	andard	Anti-Li	gature								
Door(s):	ar Open	ing (W x H):	914	1 x 2135	Material:	Solid Core			Finis	h: Plam			
	Do	or Sidelight											
Door Hardware:	Au Ac	or Protection tomatic Opener cess Control ilazing:		Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remark	s: Outware	d swing					
н	ardware	Type:: CW-01											
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fr al Glazing Hardw r Window Treat al Glazing and Fr ckout	/are: ment:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec Sec Sec Shutter	ure	High Secu High Secu High Secu High Secu ror	rity					
Casework / Millwork:		Casework Secu	ırity:	Regular	Secur	·e		Rem	arks:				
Min Millwork /Co (mm) or 9	% of per	near Length imeter wall: per Cupboards wer Cupboards		Counte		Work Surface Height (mm):	710 Lockable						
ACOUSTICS: S	Floor	g Wall / / Ceiling: 50 C Rating: 35-4)		RT 60	N/A		Rem		lefer to A		- Acoustics an	d
GENERAL ROOM R			Hooks:	Standard	✓ Anti-L	igature No				Mirrors: [Standard	✓ Vandal-F	Proof
	та	ckboard Dim:					Hooks:	Whiteboard	d Di	m:			
	Re	pape	r holde	hroom access r, recessed so Shall include 1	ap dispense	r in shower.	All washro	oom acces				r, grab bars, 1 re. Waste	toilet

Project Name:	Department:	CI	UB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVINCIA	L ASSESSMENT	OB DEPARTMENT.	2E-SECURE LIVING UNIT
Project Number: 35720	Draft:		rogram Number:	02.0-60-2
Sign Off:	prepop 1 2 Date Issued:		oomName:	02.0 00 2
IRI	ol:	2017-01-25	2	BARRIER-FREE ENSUITE TOILET
<u>ــــــــــــــــــــــــــــــــــــ</u>	Client:	MTICS	¹² : 5.6 m²	
RISK LEVEL:	Medium	<u>'</u>		
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Rema	erks: Exhaust		
Can Air be Returned Rate (A/C to System	C):	Special Exhaust	t Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard ry Foot Pedal	Barrier Free WC	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittir Other: et code	Plumbing Remarks
ROOM CONTROLS: Room Temp Control volument Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment	Room Pres	ssure Monitor	atient Controlled
EXHAUST: Pressure: Equal	Positive ✓ Negative	Other:		
Air Temp: 📝 Standa	rd Special O	ther:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rema	rks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	□ "In Use" Light rols ✓ Vanity Light	All lighting o	on emergency power.	

Project Name: VALLEYVIE\	W PROJECT	Department: 02.0	PROVI	INCIAL ASSESS	SMENT CENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-60-2
·'	ign Off:	Date Issued:		2017	7-01-25	RoomName:	BARRIER-	FREE ENSUITE TOILET
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0		Vid	ercom Station deo Intercom Statio ercom Master Stati	n 🗌	Hands Free Telemetry Teleconferencing	☐ Room Statu	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reade	_		aff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAL	LEYVIE	W PROJ	ECT	Department: 02.0	PROVINC	CIAL ASSESS	SMENT CENTRE	SUB DEPART	TMENT:	2E-SEC	URE LIVING UNIT
Project Number:		35	720	Draft: prepop	1 2	✓ Final		Program Nu	mber:		02.0-61
	ı	Sign Off:		Date Issued:		2017	7-01-25	RoomName	:	А	SSISTED BATHROOM
	ı			Client:			MTICS	m²:	23. m²		
RISK LEVEL:				Medium	1						
ARCHITECTURA	AI REO	IIIRFMFN	Τς								
INTERIOR FINISH			13			6					
Ceiling:	2750	height	GW	material B - Impact & Moi	ictura	finisl Paint	n			remarks	
_	2730		Resi	stant Secure							
Wall:				B - Impact & Moi stant Secure	isture	HIHF panel					
Floor:						Slip Resistan	t				
Base:	100		Flas	h Cove							
Wall Protection:	Corner G	uards: 🗸	:	Sheet:		ı	Remarks:	Anti-ligatur	e grab bars	as per code	
	Crash Rai	ils:	Standa	rd Anti-Li	gature						
	Hand Rai	ls:	Standa	rd Anti-Li	gature						
	Chair Rai	l: !	Standa	rd Anti-Li	gature						
Door(s):	lear Open	ing (W x H):	ġ	914 x 2135	Material:	Solid Core			Finish: Plam	1	
	Do	or Sidelight									
Windows: Casework / Millwor	Door G Hardware Operate Externate Externate Exterio Internate Bla k:	Type:: CR-0 ple Windows: al Glazing and al Glazing Han r Window Tre al Glazing and ckout Casework Se	Frame: dware: atment Frame: Blind ecurity:	Locking Standard Standard Standard Standard Standard Standard	Sec	ure	High Secu High Secu High Secu High Secu or	Remark rity rity rity			
Min Millwork /((mm) c		near Length 1	220		Counter/	Work Surface : Height (mm):	710				
()	✓ Up	per Cupboard wer Cupboard		Counte	er Top ss Steel		Lockable				
ACOUSTICS:		g Wall / 55 / Ceiling: C Rating: 35-	40		RT 60	0.7		Remark	Refer to Noise Co		- Acoustics and
GENERAL ROOM	REMAR	KS: Co	at Hool	ks: Standard	✓ Anti-L	igature No o	f Coat 2 Hooks:		Mirrors:	Standard	✓ Vandal-Proof
	Ta	ckboard Di	m:					Whiteboard	Dim:		
	Re			rashroom access eptacle. All was	_	-	-	-	per holder	, 1 paper tow	el dispenser, 1

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	02.0 PROVIN	NCIAL ASSESSMENT	2E-S	ECURE LIVING UNIT
VALLETVIEWTROJECT	D	CENTRE	Dun man Alian I	
Project Number: 35720	-Draft:	2 Final	Program Number:	02.0-61
Sign Off:	Date Issued:	2017.01.25	RoomName:	
IDI		2017-01-25		ASSISTED BATHROOM
IDI	Client:	MTICS	m²:	
		WITICS	23. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACHBAE C	2.1-01	Remarks: Exhaust		
HVAC: 1996. CSA 2317.2-10, ASHRAE 6.				
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewasii	nbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Mater Fountain	ter closet to be c/w h Bidet operation.
Lavatory Wall Standard	Standard	wc [Emergency Shower	i bidet operation.
Janitorial Floor Laborato	. =	✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Contro	Floor Drain	Other:	
Deep Equipment			vall hung Hair Dressing	
Other:	-	sink, c/w hair tra	p	
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment Via DDC Vet □ Dry □ : Types: □ Positive ✔ Nega	t Room P	n Isolation Patient Coressure Monitor	ntrolled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Emerge	ncy		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation Basic				
(as per CSA Z32):				
HIGHTING: Workstation Task Li	ahting Aliabetiale	Lighting Ren	narks:	
LIGHTING: Workstation lask Lighting				
Switch & Light Cont Charting Light	□ "In Use" Light rols ✓ Vanity Light	All lighting	on emergency power.	

Project Name: VALLEYVI	EW PROJECT	Department: 02.0	PROVI	NCIAL ASSE	SSMENT CENTRE	SUB DEPARTMENT:	2E-SEC	CURE LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		02.0-61
	Sign Off:	Date Issued:		20	17-01-25	RoomName:	,	ASSISTED BATHROOM
		Client:			MTICS	m²: 23. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): Outlet: O Outlet: O		Vid	ercom Station eo Intercom Sta ercom Master SI		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Monit	tor		der No.:		taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operation Remarks:	al	-		
Room Data Sheet Comme	nt:							

Project Name: VALL	EYVIE	W PROJEC	Department: 02.0	PROVINC	CIAL ASSESS C	MENT ENTRE	SUB DEPARTMENT: 2E-SECURE LIVING UNIT			
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	0	2.0-63-01
[Sign Off:	Date Issued:		2017	'-01-25	RoomName:			SECURE ROOM
IBI			Client:			MTICS	m²:	3.9 m²		
							13			
RISK LEVEL:			High							
ARCHITECTURA		<u>UIREMENTS</u>	5							
INTERIOR FINISHE		height	material		finish	l		remark	S	
Ceiling:	275	0	GWB - Impact & Mo Resistant Secure	oisture	Paint					
Wall:			Concrete Block		Other:		Soft wall pade	ding installed to	minimum	2.44m height
Floor:							Cushioned flo	ooring		
Base:	Oth	er:	Other:							
	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	I R	emarks:				
Door(s):	ear Open	ning (W x H):	1800 x 2135	Material:	Hollow Meta	al	Fir	nish: Paint		
	Do	or Sidelight		Į						
Door Hardware: H Windows:	Au Door G Hardware Operal Extern Extern Exterior	or Protection Itomatic Opener	glazing Standard ame: Standard vare: Standard standard Standard	Sec Sec Sec Sec	ure ure 🛂 H ure 📗 H	ligh Seculigh Seculigh Seculigh Seculigh Secul	rity rity rity	Meet secure ro	om guideli	nes
	Bla	ackout	Blinds Roller	Shutter	1 Way Mirro	or	Other	High Secure		
Casework / Millwork Min Millwork /Co (mm) or	ounter Lii % of per	Casework Secunear Length imeter wall: pper Cupboards wer Cupboards	Count	Counter/ Securior Counter/ Sec	e Work Surface 7 Height (mm):	10 Lockable	Remarks:			
ACOUSTICS:	Floor	ng Wall / 55 / Ceiling: 30-35	5	RT 60	: 0.7		Remarks:	Refer to Appen Noise Control	dix 1D - Ac	oustics and
GENERAL ROOM F	REMAR	RKS: Coat	Hooks: Standard	Anti-L	igature No of			Mirrors: Sta	andard	Vandal-Proof
	Па	ckboard Dim:			н	looks: L	Whiteboard I	Dim:		
	Re	Desig	eet the requirement gnated Mental Health ect to secure rooms							

Project Name:	Department:	SUB DEPARTMENT:			
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSE	SSMENT 2E-SE	2E-SECURE LIVING UNIT		
VALLET VIEW PROJECT		CENTRE			
Project Number:	-Draft:	Program Number:	02.0.62.04		
35720	prepop 1 2 Final		02.0-63-01		
Sign Off:	Date Issued:	RoomName:			
LDI	20	17-01-25	SECURE ROOM		
IBI	Client:	m²:			
		MTICS 13.9 m ²			
RISK LEVEL:	High				
NISK LEVEL.	півіі				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks:				
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0			
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Plum	bing Remarks		
Handwash Counter Goosene	l over/Plades	Eyewash			
Lavatory Wall Standard	Ctandard III 110ppe				
Janitorial Floor Laborato	Foot Bodal	Emergency Shower			
	, Barrie	Free WC Corrosion Resistant Fittings			
Double	Electronic Controls Floor	Orain Other:			
Deep Equipment					
Other:	_				
Size:					
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Daticat Com			
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor	trolled		
Room Control Remarks:	Via DDC				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:			
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	Positive V Negative	Other:			
Air Temp: 🗸 Standa	ard Special Other:				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Emerge	ency	Clock			
Receptacle Count: No rece	eptacles				
Power Remarks: Vandal	Proof, Tamper Resistant				
Patient Care Area Designation Interme	ediate				
(as per CSA Z32):					
LIGHTING: Workstation Task L	ighting 📝 Night Light	Lighting Remarks:			
✓ Dimmable Lighting	In Use" Light	Lighting controls outside seclusion room. N	urse inspection light		
✓ Switch & Light Cont	rols Vanity Light	w/ separate switch located outside room by			
Charting Light		Proof / Tamper Resistant. All lighting on em	-		
					

Project Name: VALLEY	roject Name: VALLEYVIEW PROJECT		PROVINCIA			SUB DEPARTMENT: 2E-SECURE LIVING UNIT			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	02.0-63-01		
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SECURE ROOM		
IBI		Client:		m²: 13.9 m²					
RISK LEVEL:		High							
TECHNOLOGY REC	QUIREMENTS								
Coax/ Data	e, 1 data): Tel Outlet: 0	nte room + nurse	Intercom	Station ercom Station Master Statio		Hands Free Room Statu Telemetry Teleconferencing	is		
		inical Camera inical Camera Moni	\equiv	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipmen Remarks:	t			Operational Remarks:					
Room Data Sheet Com									

Project Name: VALL	EYVIE	W PROJEC	СТ) PROVINC	CIAL ASSESS C	MENT ENTRE	SUB DEPARTM		CURE LIVING UNIT	
Project Number:		3572	Draft: prepop	1 2	Final		Program Numl	ber:	02.0-63-02	
[Sign Off:	Date Issued:		2017	'-01-25	RoomName:		SECURE ROOM	
IBI			Client:			MTICS	m²:	1.9 m²		
DICK LEVEL:			Hich				13			
RISK LEVEL:			High							
ARCHITECTURA		JIREMENTS	<u>S</u>							
INTERIOR FINISHES		height	material		finish	l		remarks		
Ceiling:	2750)	GWB - Impact Resis	tant	Paint					
Wall:			Concrete Block		Other:		Soft wall pade	ding installed to mini	mum 2.44m height	
Floor:							Cushioned flo	Cushioned flooring		
Base:	Othe	er:	Other:]					
(Corner Gu Crash Rail Iand Rail Chair Rail	s: Sta	andard Anti-L	igature igature igature	J R	emarks:				
Door(s):	ar Openi	ng (W x H):	1800 x 2135	Material:	Hollow Meta	al	Fir	nish: Paint		
	Doc	or Sidelight		1						
Door Hardware: H Windows:	Aut Acc Door G ardware Operab Externa Externa	or Protection comatic Opener cess Control lazing: Upper i Type:: SCR-01 cle Windows: cl Glazing and Fr cl Glazing Hardw r Window Treate l Glazing and Fr cl Glazing and Fr	glazing Standard Standard Standard Standard Standard Standard Standard	Sec	ure ure 🛂 H ure 🗗 H	igh Secuigh Secuigh Secuigh Secuigh Secui	rity rity rity	uidelines. Meet secure room g	uidelines	
	Blac	ckout	Blinds Roller	Shutter	1 Way Mirro	or	Other	High Secure		
Casework / Millwork: Min Millwork /Co (mm) or	unter Lin % of peri	ear Length meter wall: per Cupboards ver Cupboards	Count	Counter/ Securion Counter/ Sec	re Work Surface 7 Height (mm):	10 Lockable	Remarks:			
ACOUSTICS: S		g Wall / / Ceiling: 55 C Rating: 30-35	5	RT 60	: 0.7		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and	
GENERAL ROOM R	EMAR	KS: Coat	Hooks: Standard	I Anti-L	igature No of			Mirrors: Standar	rd Vandal-Proof	
	Тас	:kboard Dim:			— Н	looks: L	Whiteboard [Dim:		
	Rer	Desig						s and Guidelines for ! I Health Act (British C		

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-SECURE LIVING UNIT
VALLET VIEW PROJECT		CENTRE
Project Number:	Draft:	Program Number:
35720	prepop 1 2 Final	02.0-63-02
Sign Off:	Date Issued:	RoomName:
LDI	201	7-01-25 SECURE ROOM
IBI	Client:	m²:
		MTICS 13.9 m ²
RISK LEVEL:	High	
NISK LEVEL.	півіі	
MECHANICAL REQUIREMENTS		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks:	
,		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:
to System		·
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	lover/Plades	Eyewasii
	Standard III Hopper	
		Emergency Shower
Janitorial Floor Laborato	, Garrier	Free WC Corrosion Resistant Fittings
Double	Electronic Controls Floor D	rain Other:
Deep Equipment		
Other:	_	
Size:		
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Patient Controlled
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
	1.0 220	
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Equal	Positive Negative	Other:
Air Temp: ✓ Standa	ord Special Other:	
- I		
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Emerge	ency	Clock
Receptacle Count: No rece	eptacles	
Power Remarks: Vandal	Proof, Tamper Resistant	
Patient Care Area Designation Interme	ediate	
(as per CSA Z32):		
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Remarks:
✓ Dimmable Lighting	In Use" Light	Lighting controls outside seclusion room. Nurse inspection light
✓ Switch & Light Cont	rols Vanity Light	w/ separate switch located outside room by entry door.Vandal
Charting Light		Proof / Tamper Resistant. All lighting on emergency power.
		

Project Name: VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSESSMENT	SUB DEPARTMENT: 2E-SECURE LIVING UNIT				
	Draft: CENTRE	Program Number:				
Project Number: 35720	prepop 1 2 Final	02.0-63-02				
Sign Off:	Date Issued: 2017-01-25	RoomName: SECURE ROOM				
IBI	Client: MTICS	m²: 13.9 m²				
RISK LEVEL:	High					
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 0	Video Intercom Station Intercom Master Station	Hands Free				
IMIT Remarks: intercom from a	nte room + nurse station					
SECURITY SYSTEMS:						
	linical Camera	Staff Assist Duress - Wired Patient Assist Duress - Wireless				
Security Remarks: Door Monitorin	g					
OTHER						
Equipment Remarks:	Operational Remarks:					
Room Data Sheet Comment:						

									I					
Project Name: VAL I	LEYVIE	W PROJ	ECT	Departn		PROVING	CIAL ASS	ESSMENT CENTRE	Г	SUB DEPARTMENT: 2E-SECURE LIVING UNIT				NG UNIT
Project Number:		35	720	Draft:	prepop	1 2	Final		Pro	gram Num	ber:		02.0-	64
	I	Sign Off:		Date Iss	sued:		2	017-01-25		mName:			ΙA	NTE-ROOM
IBI	ı			Client:				MTICS	S m²:	1:	1. m²			
RISK LEVEL:				Н	igh									
	N DEO	IUDENAEN	TC		.в									
ARCHITECTURA			13											
INTERIOR FINISH		height	CVA		material		1	inish				remarks		
Ceiling:	275	U	GW	B - Impa	act Resist	ant	Paint							
Wall:			GW	B - Impa	act Resist	ant	Paint							
Floor:							Resilient		Cush	nioned flo	ooring			
Base:	100		Flas	h Cove										
Wall Protection:	Corner G	iuards:		Sheet:	✓		1	Remarks:						
	Crash Ra	ils:	Standa	rd [Anti-Li	gature								
	Hand Rai	ils:	Standa	rd [Anti-Li	gature								
	Chair Rai	il:	Standa	rd [Anti-Li	gature								
Door(s):	lear Open	ning (W x H):	1	800 x 2	135	Material:	Hollow I	Metal		Fir	nish: Paint	t		
D001(3).		or Sidelight			200									
Door Hardware:	☐ Au ✓ Ac Door G	oor Protection stomatic Oper cess Control Glazing: Upp	er glazi	✓ 1	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Rema	arks: Meet S	Secure	Room G	uidelines.			
Windows:	Operal Extern Exterio Interna	e Type:: CR-0 ble Windows: al Glazing and al Glazing Har or Window Tre al Glazing and	Frame: dware:	:	Standard Standard Standard Standard Standard Roller	Sec	ure ure	High Secu High Secu High Secu High Secu Mirror	urity urity urity	Remarks:	Meet sed	cure room gu	idelines	
Casework / Millwor	k:	Casework S	ecurity:	Re	gular	Secu	re			Remarks:				
Min Millwork /C (mm) o	r % of per	near Length imeter wall: per Cupboard wer Cupboard		[Counte		Work Surfa Height (mr		e					
ACOUSTICS:		ng Wall / 55 / Ceiling: 30	-35			RT 60	: 0.7			Remarks:	Refer to Noise Co	Appendix 1D ontrol	- Acoustic	s and
GENERAL ROOM	REMAR	RKS: Co	at Hoo	s: S	Standard	Anti-L	igature N				Mirrors:	Standard	Vand	dal-Proof
	П	ckboard Di	m:					Hooks: L	White	board I	Dim:			
	Re	De	signate	ed Ment	tal Health	Facilities u	nder the l		n of th	ne Menta		idelines for Se Act (British Co		

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	02.0 PROVINCIAL ASSES	SMENT 2E-	2E-SECURE LIVING UNIT						
VALLET VIEW PROJECT		CENTRE							
Project Number:	Draft:	Program Number:	02.0.64						
35720	prepop 1 2 Final		02.0-64						
Sign Off:	Date Issued:	RoomName:							
LDI	201	7-01-25	ANTE-ROOM						
IBI	Client:	m²:							
		MTICS 11. m ²							
RISK LEVEL:	High								
NISK LEVEL.	півіі								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks:								
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0							
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap Urinal	PI Evowash PI	umbing Remarks						
Handwash Counter Goosene	ock Diagon/Plados	Eyewash							
Lavatory Wall Standard	Standard III								
	Foot Podel	Emergency Shower							
	,	Free WC Corrosion Resistant Fittings							
Double	Electronic Controls Floor D	rain Other:							
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Infection Isolation Room Pressure Monitor									
Room Control Remarks:	Via DDC								
noom control nemarks.	VIA DBC								
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:							
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:							
EXHAUST.	The same	J stren							
Air Temp: 🗸 Standa	ard Special Other:								
7 Temp. Standa	Special Street.								
ELECTRICAL REQUIREMENTS									
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Emerge	ency	Clock							
Receptacle Count: Conven	ience: 1 duplex								
	·								
Power Remarks:									
Patient Care Area Designation Basic									
(as per CSA Z32):									
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Remarks:							
Dimmable Lighting	In Use" Light	Manual light switches for seclusion room	ns in this area.						
✓ Switch & Light Cont	rols Vanity Light								
Charting Light									
		L							

Project Name: VALLEYVIEW PROJECT		Department: 02.0	PROVI	NCIAL ASSESS	MENT	SUB DEPARTMENT:	2E-SEC	ECURE LIVING UNIT	
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		02.0-64	
· ·	Sign Off:	Date Issued:		2017	-01-25	RoomName:		ANTE-ROOM	
IBI		Client:			MTICS	m²: 11. m²			
RISK LEVEL:		High							
TECHNOLOGY REQUIR	EMENTS								
IMIT SYSTEMS:									
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): :let: 0		Vid	ercom Station eo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	or	✓ Card Reader ✓ Intrusion De			ff Assist cient Assist	Duress - Wired Duress - Wireless	
Security Remarks:	Door Monitoring								
OTHER								•	
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment:									

Project Name:	LLEYVIEW PRO		Department: 03.0	MAPLES	ADMINISTR	RATION	SUB DEPARTMENT: 3-MAPLES ADMINIST			OMINISTRATIO
Project Number:	3	5720	Draft: prepop	1 2	Final		Program Numl	per:		03.0-01
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:		RECEPTI	ON/ WAITING ARE
IB	<u> </u>		Client:			MTICS	m²:). m²		
RISK LEVEL:	-		Low							
ARCHITECTUR	RAL REQUIREME	NTS								
INTERIOR FINIS	HES: height		material		finish	ı		ren	narks	
Ceiling:	2750	Acou	istic Tile		Pre-Finished					
Wall:		GWB	s - Impact Resist	ant	Paint					
Floor:					Resilient					
11001.					resilient					
Base:	100	Flash	Cove							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standar Standar Standar	d Anti-Li	gature gature gature	R	emarks:				
Door(s):	Clear Opening (W x H): Door Sidelight		14 x 2135	Material:	Solid Core		Fir	nish: Plam		
Door Hardware:	Door Protection Automatic Ope Access Control Door Glazing: Up Hardware Type:: OF-	ener I per glazin	✓ Locking	ire & oof Hardware	Door Remarks:					
Windows:	Operable Windows External Glazing ar External Glazing Ha Exterior Window T Internal Glazing an	nd Frame: ardware: reatment:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity			
Casework / Millwo	ork: Casework	Security:	Regular	Secur	·e		Remarks:	Built In unit	for coffee s	tation
	/Counter Linear Length or % of perimeter wall: Upper Cupboa Lower Cupboa	rds	✓ Counte		Work Surface 9 Height (mm):	215 Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 3			RT 60	1		Remarks:	Refer to App Noise Contr		Acoustics and
GENERAL ROOM	и REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L	igature No of	Coat 2		Mirrors:	Standard	☐ Vandal-Proof
		Dim: 610	0 mm wide X 91	.5 mm high	F	łooks: ✓ v	Whiteboard [Dim: 610mi	m wide X 91	5mm high
		hall accor	mmodate 15 se	ats, gun lock	xer, coffee sta	tion; shal	ll be located a	djacent to m	eeting and	training room

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	03.0 MAPLES ADMINISTI	RATION 3-MAPLES ADMINISTRATION
	Draft:	Program Number:
Project Number: 35720	-Draft:	03.0-01
Sign Off:	Date Issued:	RoomName:
ini	2017	7-01-25 RECEPTION/ WAITING AREA
IBI	Client:	m ² :
		MTICS 30. m ²
RISK LEVEL:	Low	
MECHANICAL REQUIREMENTS		
Type: ACUDAT 62.1.01	Remarks:	
HVAC:		
✓ Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
		Plumbing Remarks
sink mounting faucet Handwash Counter Goosene	tap Urinal	Eyewash
✓ Handwash Counter ✓ Goosene Lavatory ✓ Wall Standard	Ctandard I I I I I I I I I I I I I I I I I I I	Water Fountain
Janitorial Floor Laborato	WC WC	Emergency Shower
Double	- Electronic Controls	
Deep Equipment	Floor Dr	ain Other:
Other:		
	-	
Size:		
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Deticat Controlled
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
FXHAUST: Pressure: Equal	Positive Negative	Other:
EXHAUST: Pressure: Equal	1 ositive W Negative	other.
Air Temp: 🗸 Standa	ord Special Other:	
	_	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal		Clock
Receptacle Count: Conven	ience: 4 duplex, Special Equipment (addit	ional outlets): coffee station
Power Remarks:		
Patient Care Area Designation (as per CSA Z32):		
(as per CSA 232).		
LIGHTING: Workstation Task L	ighting Night Light I	ighting Remarks:
Dimmable Lighting	"In Use" Light	
Switch & Light Cont		
Charting Light		
	<u> </u>	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		MAPLE	ES ADMINISTRA	ATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		03.0-01	
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	RECEP	TION/ WAITING AREA	
		Client:		I	MTICS	m²: 30. m²			
RISK LEVEL:		Low							
TECHNOLOGY REQUIR	REMENTS								
IMIT SYSTEMS:									
Coax/ Data TV Ou	ata): 0 utlet: 1		Vid	ercom Station eo Intercom Station ercom Master Station		Hands Free Telemetry Teleconferencing	Room Status	5	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	✓ Card Reader ☐ Intrusion Det			aff Assist atient Assist	Duress - Wired Duress - Wireless	
Security Remarks									
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commen	t:								

Project Name: VAI	LLEYVIEW PR	OJECT	Department: 03.0	MAPLES /	ADMINISTR	ATION	SUB DEPARTM		-MAPLES	ADMINISTRATIO	NC
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	oer:		03.0-02	
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:			RECEPTION COUN	ΓER
	<u>,</u>		Client:			MTICS	m²:	. m²			
RISK LEVEL:			Low								
			LOW								
ARCHITECTUR	AL REQUIREN	<u>IENTS</u>									
INTERIOR FINISH	HES: height		material		finish				remarks		
Ceiling:	2750	GW	B - Impact Resist	ant	Paint		Open Recepti	on Desk			
Wall:		GW	B - Impact Resist	ant	Paint						
Floor:					Resilient						
Base:	100	Flas	h Cove								
Wall Protection:			Sheet:]	emarks:					\neg
wan Protection:	Crash Rails:	Standa		gature	N.	emarks.					
	Hand Rails:	Standa	_	gature							
	Chair Rail:	Standa	_	gature							
	Chair Rail.	Stariua	IU AIIU-LI	gature							
Door(s):	Clear Opening (W x I	H): 9	914 x 2135	Material:	Solid Core		Fin	ish: Plam	1		
	✓ Door Sidelig	ht									
Door Hardware:	Door Protect		Anti-Ligatu	re & oof Hardware	Door Remarks:						
	Automatic C		✓ Locking								
	Door Glazing: S										
	L										
	Hardware Type::	0F-01									
Windows:	Operable Windo	ows:	Standard	Sec	ure		Remarks:				
	External Glazing			Sec		igh Secur	-				
	External Glazing		✓ Standard	Sec		igh Secur					
	Exterior Windov Internal Glazing		Standard Standard	Sec ✓ Sec	_	igh Secur igh Secur	-				
	Blackout	✓ Blind		Shutter [□ 1 Way Mirro		Other				\neg
					_ ′						_
Casework / Millwo	ork: Casewo	rk Security:	Regular	✓ Secur	_				reception co counter top.	unter with solid	
	Counter Linear Leng or % of perimeter wa			Counter/ \	Work Surface 7 Height (mm):	10/ 1010)	Juliace	counter top.		
(11111)	Upper Cupb		Count	er Top		Lockable					
	✓ Lower Cupb			ss Steel	•						
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60:	1					O - Acoustics and	
	NC Rating:	35-40						Noise Co	ontroi		
GENERAL ROOM	1 REMARKS:	Coat Hool	ks: 🗸 Standard	Anti-Li		Coat 2		Mirrors:	Standar	d Vandal-Proc	of
	✓ Tackboard	Dim: 61	.0 mm wide X 91	5 mm high		looks: V	Whiteboard D	Dim: 61	0mm wide X	915mm high	
	Remarks:										Ī

Project Name:	Department:	ES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
VALLEYVIEW PROJECT	US.U WIAPL	LO ADIVINIO I NATION	3-10	TALLES ADIVINISTRATION		
Project Number: 35720	Draft:	2 Final	Program Number:	03.0-02		
Sign Off:	Date Issued:	2017-01-25	RoomName:	RECEDTION COUNTED		
IBI	Client:	2017-01-23	m²:	RECEPTION COUNTER		
<u> </u>	1	MTICS	3. m²			
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
	C):	Consider Follow	ort Air De maine de O			
✓ Can Air be Returned Rate (A/ to System	CJ.	Special Exhau	ust Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet	tap			Plumbing Remarks		
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain			
Lavatory Wall Standard		Hopper	Emergency Shower			
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	gs		
Double	Electronic Cont	trols Floor Drain	Other:			
Deep Equipment						
Other:	-					
Size:	99					
ROOM CONTROLS: Room Temp Control			n Isolation Pa	itient Controlled		
Local Adjustment Room Control Remarks:	Local Adjustme	ent Room P	ressure Monitor			
noon control temano.	VIA DDC					
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive Ne	egative Other:				
Air Temp: 📝 Standa	ard Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	ency		✓ Clock			
2						
Receptacle Count: Conven	ience: 1 duplex, Workst	ations: 1 quadplex				
Power Remarks:						
rowel nelialis.						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task L	ighting Niahtliaht	Lighting Ren	narks:			
LIGHTING: Workstation lask L	ighting Night Light In Use" Ligh		narks.			
✓ Switch & Light Cont	_					
Charting Light						

Project Name: VALLEYVIEW PI	ROJECT	Department: 03.0	MAPL	ES ADI	MINISTRA	ATION	SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	-Draft:prepop	1	2	✓ Final		Program Number:		03.0-02
Sign Of		Date Issued:				01-25	RoomName:		RECEPTION COUNTER
IBI		Client:			ı	MTICS	m²: 3. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIREME	NTS								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vio		ation com Station laster Statior		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Camera Security Camera Monitor		nical Camera nical Camera Monit	tor	_	Card Reader ntrusion Det			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:					erational marks:				
Room Data									

Project Name: VAL	LEYVIEW PRO	DJECT	Department: 03.0	MAPLES A	ADMINISTR	RATION	SUB DEPARTM		-MAPLES A	DMINISTRATION
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	oer:		03.0-03
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:	ORKSTAT	ION, RECEPTI	ON & SWITCHBOARI
IBI			Client:			MTICS	m²:	2 m²		
RISK LEVEL:			Standar	d						
ARCHITECTURA	AI DECLIIDEMI	NTC	Staridar							
INTERIOR FINISH		1013			6					
Ceiling:	ES: height 2750	۸۲۵۱	material Istic Tile		finish Pre-Finished				remarks	
Cennig.	2730	Acot	istic file		rie-i illisileu					
Wall:		GWE	3		Paint					
Floor:					Carpet					
Base:	100	Rubl	per			1				
Wall Protection:	Corner Guards:	S	heet:		R	emarks:				
	Crash Rails:	Standar	d Anti-Li	gature						
	Hand Rails:	Standar	d Anti-Li	gature						
	Chair Rail:	Standar	d Anti-Li	gature						
Door(s):	Clear Opening (W x H)	: 9	14 x 2135	Material:	Solid Core		Fir	nish: Plam		
	✓ Door Sideligh	t								
Door Hardware:	Door Protecti Automatic Op Access Contro Door Glazing: Sid	ener ol	Anti-Ligatu Tamperpro ✓ Locking	re & oof Hardware	Door Remarks:					
	Hardware Type:: OF	-01								
Windows:	Operable Window External Glazing a External Glazing H Exterior Window Internal Glazing a	nd Frame: lardware: Treatment:	Standard	Sec Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwor	k: Casework	Security:	Regular	✓ Secur	·e		Remarks:			nter with solid
	Counter Linear Length or % of perimeter wal Upper Cupboo Lower Cupboo	l: ards	✓ Counte		Work Surface 7 Height (mm):	10/ 1010 Lockable		surface o	counter top.	
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45 35-40		RT 60:	1		Remarks:	Refer to Noise Co		- Acoustics and
GENERAL ROOM	L		s: 🗸 Standard	Anti-Li	gature No of	Coat 2		Mirrors:	Standard	Vandal-Proof
			0 mm wide X 91			looks:	Vhiteboard [Omm wide X 9	
	Remarks:	Shall acco	mmodate 2 wor	kstations						

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	03.0 MAPLES A	ADMINISTRATION	3-MAPLES ADMINISTRATION
31.122.11.121.11.11.11.11.11.11.11.11.11.	Draft:		Program Number:
Project Number: 35720	prepop 1 2		03.0-03
Sign Off:	Date Issued:	Tital	RoomName:
'. <u> </u>	Date issued.	2017-01-25	WORKSTATION, RECEPTION & SWITCHBOARD
IBI	Client:		m²:
		MTICS	9.2 m²
RISK LEVEL:	Standard		
	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Re	emarks:	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tan		Plumbing Remarks
Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		wc _	Emergency Shower
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment	Electronic controls	Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment		n Isolation Patient Controlled er:
EXHAUST: Pressure:	Positive Negativ		
Air Temp: 🗹 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Receptacle Count: Conven	ience: 2 duplex, Workstation	ns: 2 quadplex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			

Project Name:	Department:	O MAPLES ADMINISTRA	SUB DEPARTMENT:	3-MAPLES ADMINISTRATION
VALLEYVIEW PRO	ECT			
Project Number: 35	Draft: prepop	1 2 Final	Program Number:	03.0-03
Sign Off:	Date Issued:	2017-0	NOT-25 RoomName: WORKS	TATION, RECEPTION & SWITCHBOARD
IBI	Client:	N	1TICS m ² : 9.2 m ²	
RISK LEVEL:	Standa	rd	-	
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 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 Mon	Card Reader intor Intrusion Deter		taff Assist Duress - Wired atient Assist Unress - Wireless
Security Remarks:				
OTHER				
Equipment Remarks:		Operational Remarks:		
Room Data				

Project Name: VALLE	YVIEW PRO	JECT	Department: 03.0	MAPLES /	ADMINISTR	RATION	SUB DEPART	MENT:	3-MAPLES A	DMINISTRATIC	N
Project Number:	3	5720	Draft: prepop	1 2	✓ Final		Program Nu	mber:		03.0-04-01	
	Sign Off:		Date Issued:			'-01-25	RoomName		MODISTATION D	DOCDANA ACCICTA	
IBI			Client:		2017	-01-23	m²:	v	WORKSTATION, P	ROGRAM ASSISTA	N I
						MTICS		4.6 m²			
RISK LEVEL:			Standard	d							
ARCHITECTURAL	REQUIREME	NTS									
INTERIOR FINISHES	• height		material		finish				remarks		
Ceiling:	2750	Acou	ustic Tile		Pre-Finished						
Wall:		GWI	<u> </u>		Paint						_
		GWI	5		Paint						
Floor:					Carpet						
Base:	100	Rubl	ber								_
Cı Ha	orner Guards:	Standaı Standaı	rd	gature	J R	emarks:					
Door(s): Clea	nair Rail: Ir Opening (W x H): Door Sidelight	Standa	rd Anti-Lig	Material:	Solid Core	L		Finish: P	lam		
	Door Protectio Automatic Ope Access Control Door Glazing: Side rdware Type:: OF-	ener I e glazing	✓ Locking	e & of Hardware	Door Remarks:						
	Operable Windows External Glazing ar External Glazing Ha Exterior Window T Internal Glazing an Blackout	nd Frame: ardware: reatment:	Standard Standard Standard	Secondary Second	ure	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity	5:			
Casework / Millwork:	Casework	Security:	Regular	Secur	re		Remark	s:			
Min Millwork /Cou (mm) or %	nter Linear Length of perimeter wall: Upper Cupboa Lower Cupboa	rds	Counte	r Тор	Work Surface 7 Height (mm):	Lockable					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating: 3			RT 60:	1.0		Remark		r to Appendix 1D - e Control	Acoustics and	
GENERAL ROOM RE	EMARKS:	Coat Hook	s: 🗸 Standard	Anti-Li	gature No of	Coat 2		Mirro	ors: Standard	Vandal-Proof	F
	✓ Tackboard [Dim: 61	0 mm wide X 91	5 mm high			/hiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: S	hall acco	modate desk and	d chair, filin	g cabinet						

Project Number: Sign Off: Date Issued: 2017-01-25 WORKSTATION, PROGRAM ASSISTANT	Project Name:	Department:	SUB DEPARTMENT:
Sign Off: Sandard Standard Special Enhanced	VALLEVVIEW PROJECT	03.0 MAPLES ADMINIS	TRATION 3-MAPLES ADMINISTRATION
Sign Off: Sign Off: Sign Off: Standard Standar	VALLETVIEWTROJECT		
Sign Off: Date based: Coline: WORKSTATION, PROGRAM ASSISTANT	Project Number:		
Client: MTICS mtr. A.5 mtr. MTICS mtr. A.5 mtr. A.			
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type: ASHRAE 52.1-01 Remarks: ASHRAE 52.1-01 ASH	Sign Off:		17.04.35
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type: ASHRAE G2.1 01 Remarks: Special Exhaust Air Required: D PLUMBING FIXTURES: Sink mounting faucet Lap Umia Eyewash Family Special Exhaust Air Required: D Lavatory Wall Standard Standard We Emergency Shower Special Exhaust Fittings D Low Loop Equipment Door Laboratory Description Door Dain Other: Control Special Exhaust	IRI		
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type: ASHRAE 62.1-01 Remarks: Special Enhant Air Required: O	101	Client:	A 471 00
MECHANICAL REQUIREMENTS HVAC: Type: ASHRAE 62.1-01			4.6 m ⁻
### Remarks: Special Enhanck Air Required: D	RISK LEVEL:	Standard	
### Remarks: Special Enhanck Air Required: D	MECHANICAL REQUIREMENTS		
PLUMBING FIXTURES: Special Exhaust Air Required:	Type: ACUDAT 62.1.01	Pomarke:	
PLUMBING FIXTURES: Sink	HVAC:	Remarks.	
PLUMBING FIXTURES: Sink			
PLUMBING FIXTURES: Sink		C):	Special Exhaust Air Required: 0
Sink	to system		
Sink	PLUMBING FIXTURES:		
Handwash Counter Gooseneck Lever/Blades Honor Water Fountain Water Fountain Hopper Hoppe			Distribution Describe
Lavatory Wall Standard Standard WC Genergency Shower General Standard General			Eyewash Plumbing Remarks
Janitorial Floor Laboratory Foot Pedal Barrier Free WC Corrosion Resistant Fittings Deep Equipment Other: Broom Temp Control with Docal Adjustment Room Relative Humidity with Infection Isolation Patient Controlled Room Pressure Monitor Room Pressure Rook Storage (2.4m high) Types Pressure: Equal Positive Negative Other: Pressure: Standard Special Other: Pressure: Standard Special Other:			r Water Fountain
Double Glectronic Controls Garner New Coltosion Assistant Fitting			Emergency Shower
Deep Equipment Other:	Janitorial Floor Laborato	ory Foot Pedal Barrie	Free WC Corrosion Resistant Fittings
Other:	Double	Electronic Controls Floor [Orain Other:
ROOM CONTROLS:	Deep Equipment		
ROOM CONTROLS:	Other:		
ROOM CONTROLS:	Size:	-	
Local Adjustment Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Control Remarks:			
Local Adjustment Room Pressure Monitor Patient Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:	Dear Terre Control	iidh	C Infantian Indution
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:		I I	Patient Controlled
FIRE PROTECTION: Sprinkler Type:			
Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pequal 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 Ughting Remarks: Dimmable Lighting Night Light Switch & Lighting Remarks: Vanity Light Vanity Light Vanity Light Vanity Light	noom control nemano.		
Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pequal 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 Ughting Remarks: Dimmable Lighting Night Light Switch & Lighting Remarks: Vanity Light Vanity Light Vanity Light Vanity Light	FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
EXHAUST: Pressure: Pequal 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 232): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting Night Light Lighting Workstations: 1 user Lighting Remarks: Dimmable Lighting Night Light Lighting Remarks: Dimmable Lighting Night Light Lighting Workstations: 1 user Lighting Remarks:			
Air Temp: Standard	Rack Storage (2.4m high)	Types:	
Air Temp: Standard	FXH∆IIST: Pressure: ✓ Equal	Positive Negative	Other:
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency	Air Temp: 🗸 Standa	ard Special Other:	
Types of Power: Normal & Emergency Receptacle Count: Convenience: 1 duplex, Workstations: 1 quadplex Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Lighting In Use" Lighting Switch & Light Controls Vanity Light			
Types of Power: Normal & Emergency Receptacle Count: Convenience: 1 duplex, Workstations: 1 quadplex Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Lighting In Use" Lighting Switch & Light Controls Vanity Light			
Types of Power: Normal & Emergency Receptacle Count: Convenience: 1 duplex, Workstations: 1 quadplex Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Lighting In Use" Lighting Switch & Light Controls Vanity Light	FLECTRICAL REQUIREMENTS		
Types of Power: Normal & Emergency Receptacle Count: Convenience: 1 duplex, Workstations: 1 quadplex Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Light Switch & Light Controls Vanity Light Vanity Light Vanity Light			
Receptacle Count: Convenience: 1 duplex, Workstations: 1 quadplex			T Clock
Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Vanity Light Vanity Light	Types of Power: Normal	& Emergency	
Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Vanity Light Vanity Light			
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light	Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 quadpl	ex
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light			
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light			
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light			
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light			
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Workstation Task Lighting Vanity Light Vanity Light	Power Remarks:		
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Workstation Task Lighting Vanity Light Vanity Light			
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Workstation Task Lighting Vanity Light Vanity Light			1
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Workstation Task Lighting Night Light Lighting Remarks:			
Dimmable Lighting □ "In Use" Light ✓ Switch & Light Controls □ Vanity Light	(as per CSA 232):		
Dimmable Lighting □ "In Use" Light ✓ Switch & Light Controls □ Vanity Light	Workstation Task I	ighting Night Light	Lighting Remarks:
Switch & Light Controls Vanity Light			
		. =	
Charting Light		Vanity Light	
	Charting Light		

Project Name: VALLEYVIEW PRO		Department: 03.0 MAPLES ADMINISTRATION				3-MAPLES ADMINISTRATION		
Project Number:	Draft:	prepop	1 2	✓ Final		Program Number:		03.0-04-01
Sign Off:	Date Iss	ued:		2017	'-01-25	RoomName:	WORKSTATION,	PROGRAM ASSISTANT
IBI	Client:				MTICS	m²: 4.6 m	₁ 2	
RISK LEVEL:	S	tandard						
TECHNOLOGY REQUIREMENT	S							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Video Ir	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	∟ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Car	nera nera Monitor		Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data								

Project Name: VALL	EYVIEW	PROJEC	Department: 03.0	MAPLES A	ADMINISTR	RATION	SUB DEPART	MENT:	3-MAPLES A	DMINISTRATI	ON
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		03.0-04-0	2
	Sign		Date Issued:			'-01-25	RoomName		MODESTATION D	DOCEANA ASSIST	Δ NIT
IBI			Client:				m²:		WORKSTATION, PI	ROGRAIVI ASSIST	ANI
]						MTICS		4.6 m²			
RISK LEVEL:			Standar	d							
ARCHITECTURA	L REQUIR	<u>EMENTS</u>	i								
INTERIOR FINISHE	S: he	ight	material		finish				remarks		
Ceiling:	2750	,	Acoustic Tile	I	Pre-Finished						
Wall:		(GWB		Paint						
Floor:					Carpet						_
Base:	100	F	Rubber								
	Corner Guards		Sheet:		Ro	emarks:					
	Crash Rails: Hand Rails:	_	ndard Anti-Li ndard Anti-Li	_							
	Chair Rail:	_	ndard	_							
Door(s):	ear Opening (\	V x H):	914 x 2135	Material:	Solid Core			Finish: P	lam		
2001 (3).	✓ Door Sid	delight									
Door Hardware:	Access	tic Opener Control	✓ Locking	re & of Hardware	Door Remarks:						
	Door Glazin	g: Side gla	zing								
ŀ	lardware Type	OF-01									
Windows:	Operable W External Gla External Gla Exterior Wir Internal Gla	zing and Fra zing Hardwa ndow Treatm zing and Fra	ere: Standard nent: Standard me: Standard	Secu Secu Secu Secu Secu Secu	ure H ure H ure H	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity				
Casework / Millwork	: Cas	ework Secur	rity: Regular	Secure	e		Remark	cs:			
Min Millwork /Cc (mm) or	% of perimete		Counte	1	Vork Surface 7 Height (mm):	Lockable					
ACOUSTICS:	STC Rating Wa Floor / Ceil NC Rat			RT 60:	1.0		Remark		r to Appendix 1D - e Control	Acoustics and	
GENERAL ROOM F			Hooks: ✔ Standard	Anti-Lie	gature No of	Coat 2		Mirro	ors: Standard	Vandal-Pro	of
	✓ Tackboa		610 mm wide X 91			looks:	Vhiteboard	Dim:	610mm wide X 9		J.
	Remark	s: Shall a	accommodate desk	and chair, fili	ng cabinet						

Project Name:	Department:	ES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
VALLEYVIEW PROJECT	US.U IVIAPL	L3 ADIVINIO I KA HUN	3-1017	TI LES ADIVINISTRATION		
Project Number: 35720	Draft:	2 Final	Program Number:	03.0-04-02		
Sign Off:	Date Issued:	2017.01.25	RoomName:			
IBI	Client:	2017-01-25	m²:	ATION, PROGRAM ASSISTANT		
نت	Chefft.	MTICS	4.6 m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0			
PLUMBING FIXTURES:				1		
sink mounting faucet Handwash Counter Goosene	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		WC L	Emergency Shower			
Double	Electronic Contr	Barrier Free WC Floor Drain	Corrosion Resistant Fittings Other:			
Deep Equipment		TIOGI BIAIII	J Other.			
Other:						
Size:	-					
ROOM CONTROLS: Room Temp Control V			n Isolation Patie	ent Controlled		
Local Adjustment Room Control Remarks:	Local Adjustme	nt Room P	ressure Monitor			
Room control hemaiks.	Via DDC					
FIRE PROTECTION: Sprinkler Type: • W	Vet Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
		gative Other				
EXHAUST: Pressure:	Positive Ne	gative Other:				
Air Temp: 🕡 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
,						
Receptacle Count: Conven	ience: 1 duplex, Worksta	itions: 1 quadplex				
Power Remarks:						
Patient Care Area Designation						
Patient Care Area Designation (as per CSA Z32):						
						
LIGHTING: Workstation Task Lighting		Lighting Ren	narks:			
Dimmable Lighting	"In Use" Light					
✓ Switch & Light Cont Charting Light	rols Vanity Light					

Project Name: VALLEY	VIEW PROJECT	Department: 03.0	MAPLES AD)MINISTR		SUB DEPARTMENT:	3-MAPLES A	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-04-02
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	ORKSTATION, F	PROGRAM ASSISTANT
IBI		Client:		ſ	MTICS	m²: 4.6 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice T Coax/ Data T	e, 1 data): el Outlet: 0 V Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Ca Security Rem	mera Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Det			off Assist tient Assist	Duress - Wired Duress - Wireless
OTUED								
OTHER Equipment Remarks:				perational emarks:				
Room Data Sheet Com								

Project Name: VALLEY	/VIEW PI	ROJECT	Departr	ment: 03.0	MAPLES	ADMINIST	TRATION	SUB DEPAR	TMENT:		DMINISTRATION
Project Number:		35720		prepop	1 2	Final		Program Nu			03.0-05-01
IBI	Sign Of	f:	Date Iss	sued:		201	17-01-25	RoomName m²:	::	WORKSTATION	N, OFFICE ASSISTANT
			Client:				MTICS		4.6 m ²	:	
RISK LEVEL:			S	tandar	d						
ARCHITECTURAL I	DEOLUDE	<i>MENITS</i>									
INTERIOR FINISHES:	heigh			material		fini				remarks	
Ceiling:	2750	A	coustic Til	e		Pre-Finishe	d				
Wall:		G	6WB			Paint					
Floor:						Carpet					
Base:	100	R	lubber								
Wall Protection: Cor	ner Guards:	✓	Sheet:	✓			Remarks:				
Cra	sh Rails:	Stan	ndard	Anti-Li	igature						
Har	nd Rails:	Stan	ndard	Anti-Li	igature						
Cha	air Rail:	Stan	ndard	Anti-Li	igature						
Door(s): Clear	Opening (W x	: H):	914 x 21	135	Material:	Solid Core			Finish:	Plam	
	_		311 X Z	133		Jona Corc			Ľ		
_	∕ Door Sideli	Rur									
Door Hardware:	Door Prote Automatic Access Cor	Opener	<u> </u>	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	ks:				
	Door Glazing:		ing								
Hard	dware Type::	OF-01									
E E	operable Wind xternal Glazin xternal Glazin xterior Windo nternal Glazin Blackout	g and Frar g Hardwar	me:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwork:	Casew	ork Securi	ty: Re	egular	Secur	·e		Remar	ks:		
Min Millwork /Coun					Counter/	Work Surface					
(mm) or % c	of perimeter v Upper Cup Lower Cup	boards	[Counte	er Top ess Steel	Height (mm)	Lockable				
	Rating Wall /				RT 60	1.0		Remar		er to Appendix 1D	- Acoustics and
	NC Rating								INOIS	se Control	
GENERAL ROOM REI	MARKS:	Coat H	looks: 🗸 :	Standard	Anti-L	gature No	of Coat 2		Mirr	ors: Standard	Vandal-Proof
V	Tackboard	Dim:	610 mm v	wide X 91	15 mm high			Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks:	Shall a	ccommod	ate desk	and chair, fi	ing cabinet					

Project Name:	Department:	ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADM	INICTRATION
VALLEYVIEW PROJECT	US.U IVIAPLES	ADMINISTRATION	3-IVIAPLES ADIVI	INISTRATION
Project Number: 35720	Draft:	✓ Final	Program Number:	3.0-05-01
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION, OF	FICE ASSISTANT
	Client:	MTICS	m²: 4.6 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Re	emarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	narks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment		n Isolation Patient Controlled ressure Monitor	
EXHAUST: Pressure: Fqual Air Temp: Standa	Positive Negative	Other:		
Air Temp: 🗹 Standa	rd Special	other.		
ELECTRICAL REQUIREMENTS		•		
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex, Workstation	ns: 1 quadplex		
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont	"In Use" Light	Lighting Ren	narks:	
Charting Light				

Project Name: VALLEYVII	EW PROJECT	Department: 03.0	MAPLES A	ADMINISTR	ATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRAT			
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number:		03.0-05-01	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	WORKSTATIC	DN, OFFICE ASSISTANT	
		Client:			MTICS	m ² : 4.6 m ²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIR	REMENTS								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Video In	n Station stercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commer	nt:								

Project Name: VALLE	VALLEYVIEW PROJECT	JECT	Department: 03.0	MAPLES A	ADMINISTR	RATION	SUB DEPAR	TMENT:	3-MAPLES A	DMINISTRATION
Project Number:	3	35720	Draft: prepop	1 2	✓ Final		Program Nu	ımber:		03.0-05-02
	Sign Off:		Date Issued:			7-01-25	RoomName	2:	MODESTATION	I OFFICE ASSISTANT
IBI			Client:		2017		m²:		WORKSTATION	I, OFFICE ASSISTAN
						MTICS		4.6 m²		
RISK LEVEL:			Standar	d						
ARCHITECTURAL	REQUIREME	NTS								
INTERIOR FINISHES	height		material		finish	1			remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished					
Wall:		GWI	В		Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Ci H	orner Guards: rash Rails: and Rails: hair Rail:	Standa Standa Standa Standa	rd	gature	R	temarks:				
Door(s): Clea	ar Opening (W x H)	: 9	914 x 2135	Material:	Solid Core			Finish:	Plam	
	✓ Door Sidelight	:						L		
	Door Protection Automatic Op Access Contro Door Glazing: Sic Acrdware Type:: OF	ener ol le glazing	✓ Locking	re & of Hardware	Door Remarks:					
	Operable Window External Glazing a External Glazing H Exterior Window Internal Glazing an Blackout	nd Frame: lardware: Freatment	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity			
Casework / Millwork:	Casework	Security:	Regular	Secur	·e		Remar	ks:		
Min Millwork /Cou (mm) or %	inter Linear Length 6 of perimeter wall Upper Cupboa Lower Cupboa	rds	Counte		Work Surface 7 Height (mm):	Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	15 35-40		RT 60:	1.0		Remar		er to Appendix 1D - ee Control	Acoustics and
GENERAL ROOM RI	EMARKS:	Coat Hook	s: 🗸 Standard	Anti-Li	igature No of	Coat 2		Mirr	ors: Standard	☐ Vandal-Proof
	✓ Tackboard	Dim: 61	0 mm wide X 91	5 mm high			Vhiteboard	Dim:	610mm wide X 9	15mm high
	Remarks: S	Shall acco	mmodate desk a	nd chair, fil	ling cabinet					

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	03.0 MAPLES ADMINIST	TRATION 3-MAPLES ADMINISTRATION
	Draft:	Program Number:
Project Number: 35720	-Draft:	03.0-05-02
Sign Off:	Date Issued:	RoomName:
ini	201	.7-01-25 WORKSTATION, OFFICE ASSISTANT
IBI	Client:	m²:
		MTICS 4.6 m ²
RISK LEVEL:	Standard	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
HVAC:		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
		Dlumbing Romarks
sink mounting faucet Handwash Counter Goosene	tap Urinal	Eyewash Plumbing Remarks
Lavatory Wall Standard	Standard III Hoppe	
Janitorial Floor Laborato	Foot Bodol	Emergency Shower
Double	Flortronic Controls	Free WC Corrosion Resistant Fittings
Deep Equipment	Floor D	rain Other:
Other:		
	-	
Size:	_	
Doom Tomp Control	with Doom Polotica Humidity with	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	☐ Infection Isolation ☐ Patient Controlled ☐ Room Pressure Monitor
Room Control Remarks:		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
EXHAUST: Pressure:	Tostave Negative	J Galet.
Air Temp: 🗸 Standa	ord Special Other:	
	_	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal	& Emergency	Clock
Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 quadpl	ex
Power Remarks:		
		1
Patient Care Area Designation (as per CSA Z32):		
(as per CSA 252).		
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:
Dimmable Lighting	"In Use" Light	
Switch & Light Cont		
Charting Light		

Project Name: VALLEYVIEN	W PROJECT	Department: 03.0	MAPLES A	DMINISTR	ATION	SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-05-02
I D I	ign Off:	Date Issued:		2017-	-01-25	RoomName:	WORKSTATIC	ON, OFFICE ASSISTANT
		Client:		1	MTICS	m²: 4.6 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:							,	
Communications Out Quantity (1 voice, 1 dat Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	☐ Room Statu	IS
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			aff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEY	/VIEW PR	OJECT	Department: 03	.0 MAPLES	ADMINISTR	RATION	SUB DEPARTM	ΛΕΝΤ:	3-MAPLES A	DMINISTRATION
Project Number:		35720		p 1 2	Final		Program Num	ber:		03.0-05-03
IBI	Sign Off	:	Date Issued: Client:		2017	'-01-25	RoomName:		WORKSTATION	N, OFFICE ASSISTANT
			G ireira			MTICS		.6 m²		
RISK LEVEL:			Stand	ard						
ARCHITECTURAL I	REQUIREN	1ENTS								
INTERIOR FINISHES:	height		materi	al	finish				remarks	
Ceiling:	2750		coustic Tile	<u>. </u>	Pre-Finished				Temano	
Wall:		GV	WB		Paint					
Floor:					Carpet					
Base:	100	Ru	ıbber							
Wall Protection: Cor	ner Guards:	✓	Sheet:		R	emarks:				
Cra	sh Rails:	Stand	dard 🗌 Ant	i-Ligature						
Har	nd Rails:	Stand	dard 🗌 Ant	i-Ligature						
Cha	ir Rail:	Stand	dard Ant	i-Ligature						
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fi	nish: PI	am	
v	▶ Door Sideli	ght								
Door Hardware:	Door Protect Automatic of Access Con	Opener trol	Locking	proof Hardware	Door Remarks:					
Haro	dware Type::	OF-01								
E E	operable Wind xternal Glazing xternal Glazing xterior Windo nternal Glazing	g and Frame g Hardware w Treatme	e: Standant: Standa	ird Sec	cure H	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	y: Regular	Secu	re		Remarks:			
Min Millwork /Coun (mm) or % o	ter Linear Leng of perimeter w			Counter/	Work Surface 7 Height (mm):	10				
	Upper Cupb			unter Top inless Steel		Lockable				
	Rating Wall / Floor / Ceiling	45		RT 60	: 1.0		Remarks:		to Appendix 1D - Control	- Acoustics and
	NC Rating	35-40								
GENERAL ROOM REI	_	_	oks: 🗸 Standa		igature No of	looks:		Mirro		☐ Vandal-Proof
<u> </u>	✓ Tackboard	Dim: (610 mm wide X	915 mm high		✓ V	Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks:	Shall acc	commodate de	sk and chair, fi	ling cabinet					

Project Name:	Department: 03.0 MAPLI	ES ADMINISTRATION	SUB DEPARTMENT: 3-1	MAPLES ADMINISTRATION
VALLEYVIEW PROJECT	Oraft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	Program Number.	03.0-05-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	ORKSTATION, OFFICE ASSISTANT
IBI	Client:		m²:	ONIGITATION, OTTICE ASSISTANT
		MTICS	4.6 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS		_		
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/C	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC	Emergency Shower	
Double	Electronic Contr	rols	Corrosion Resistant Fittir Other:	ngs
Deep Equipment		Tion Brain	_ other.	
Other:				
Size:				
ROOM CONTROLS: Room Temp Control volument Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustmen	· I I	ressure Monitor	Patient Controlled
EXHAUST: Pressure: Pressure: Equal	Positive Neg	gative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex, Worksta	ations: 1 quadplex		
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Rem	narks:	

		T						
Project Name: VALLEYV	VALLEYVIEW PROJECT	Department: 03.0	MAPLES A	ADMINISTI	RATION	SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		03.0-05-03
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	WORKSTATIO	ON, OFFICE ASSISTANT
181		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Video II	m Station ntercom Statio m Master Stati		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor [Card Reade	L		taff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLI	EYVIEW PR	OJECT	Department: 03.0	MAPLES /	ADMINIST	RATION	SUB DEPARTM		-MAPLES A	DMINIST	RATION
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:		03.0-0	6
[-	Sign Off:		Date Issued:		201	7-01-25	RoomName:		OFF	ICE, PAYRC	LL CLERK
IBI			Client:			MTICS	m²:	.2 m²			
RISK LEVEL:			Standard	d							
ARCHITECTURAL	DECLIDEN	ENTC									
INTERIOR FINISHES		ENIS									
	height 2750	A 60	material ustic Tile		finis Pre-Finished				remarks		
Ceiling:	2730	ACO	ustic file		Pre-rillistied	'					
Wall:		GW	В		Paint						
Floor:					Carpet						
Base:	100	Rub	ber								
C	Corner Guards: [: Crash Rails: [Iland Rails: [Chair Rail: [Standa Standa Standa	rd Anti-Lig	gature	I	Remarks:					
Door(s): Cle	ar Opening (W x H		914 x 2135	Material:	Solid Core		Fi	nish: Plam	1		
Door Hardware: H	Door Protec Automatic C Access Cont Door Glazing: S ardware Type:: C	pener rol ide glazing	Locking	re & of Hardware	Door Remarks	Half glaz	ed door if sic	lelite can	not be provide	ed	
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur	rity rity				
Casework / Millwork:	Casewo	rk Security:	Regular	Secur	re		Remarks		cabinet with ac	•	
Min Millwork /Coi (mm) or S	unter Linear Leng % of perimeter wa Upper Cupbo	all: pards	Counte		Work Surface Height (mm):	710			mm wide X 9 m high. Safe w		
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating:	45 30-35		RT 60:	0.7		Remarks	Refer to Noise Co	Appendix 1D ontrol	- Acoustics	and
GENERAL ROOM R	EMARKS:	Coat Hoo	ks: 🗸 Standard	Anti-Li	gature No c	of Coat 2 Hooks:		Mirrors:	Standard	Vanda	ll-Proof
	✓ Tackboard	Dim: 61	10 mm wide X 91	5 mm high			Vhiteboard	Dim: 61	0mm wide X 9	15mm high	
	Remarks:	Shall acco	ommodate desk a	and chair, fil	ing cabinet,	side chair					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	03.0 MAPLES ADMIN	IISTRATION	3-MAPLES ADMINISTRATION
	Draft:	Program Number:	
Project Number: 35720	prepop 1 2 Fina		03.0-06
Sign Off:	Date Issued:	RoomName:	055105 0444044 01504
IBI			OFFICE, PAYROLL CLERK
, , ,	Client:	MTICS m ² : 9.2 m ²	2
DICK I EVEL:	Chandoud	-	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
✓ Can Air be Returned Rate (A/	C).	Special Exhaust Air Required: 0	
Can Air be Returned Rate (A/ to System	C).	Special Exhaust Air Requireu: 0	
PLUMBING FIXTURES:			
sink mounting faucet		inal Eyewash	Plumbing Remarks
Handwash Counter Goosene		opper Water Fountain	
Lavatory Wall Standard	W Foot Bodel		
Janitorial Floor Laborato	Flostronis Controls	rrier Free WC Corrosion Resista	nt Fittings
Deep Equipment	Electronic Controls	oor Drain Other:	
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustment	Room Pressure Monitor	Patient Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: equal	Positive Negative	Other:	=
Air Temp: ✓ Standa	ord Special Other:		
, , , , , , , , , , , , , , , , , , ,			
ELECTRICAL DECLUDEMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerge	ency		
Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 qua	ndplex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
Workstation Task L	ighting Night Light	Lighting Remarks:	
LIGHTING: Workstation lask L		Lightenig Herndriks.	
Switch & Light Cont	"In Use" Light		
Charting Light	rols Vanity Light		

Project Name: VALLEYVII	EW PROJECT	Department: 03.0	MAPLES A	DMINISTR	ATION	SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-06
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OI	FFICE, PAYROLL CLERK
		Client:			MTICS	m²: 9.2 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video In	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reader			taff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks	s:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALL	EYVIEW PF	ROJECT	Department: 03.0	MAPLES A	ADMINIST	RATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATI			RATION	
Project Number:		35720	−Draft:			Program Number: 03.0-0)7		
	Sign Off	:	Date Issued:		201	7-01-25	RoomName:	0	FFICE, BUSINE	SS ADMINIS	STRATIOR
IBI			Client:			MTICS	m²:	.2 m²			
DICK LEVEL.			Chandan	-1			3				
RISK LEVEL:			Standar	0							
ARCHITECTURA		<u> IENTS</u>									
INTERIOR FINISHE			material		finis	1			remarks		
Ceiling:	2750	Acc	oustic Tile		Pre-Finished	i l					
Wall:		GW	/В		Paint						
Floor:					Carpet						
Base:	100	Rul	ober								
Wall Protection: (Standa Standa	Sheet: 🗹 ard Anti-Lig	gature		Remarks:					
Door(s): Cle	ear Opening (W x Door Sideli		914 x 2135	Material:	Solid Core	L	Fi	nish: Plan	1		
Door Hardware:	Door Prote Automatic Access Con Door Glazing:	Opener trol Side glazin	✓ Locking	e & of Hardware	Door Remarks	s: Half glaz	ed door if sid	elite can	not be provid	ed	
Windows:	Operable Wind External Glazin External Glazin Exterior Windo Internal Glazin Blackout	g and Frame g Hardware: w Treatmen	Standard Standard Standard Standard	Secu Secu Secu Secu Secu Shutter	ure	High Secur High Secur High Secur High Secur ror	rity rity				
Casework / Millwork	Casewo	ork Security:	: Regular	Secur	e		Remarks		cabinet with a		
Min Millwork /Co (mm) or	unter Linear Leng % of perimeter w Upper Cupl Lower Cupl	vall:	Counte	r Top	Work Surface Height (mm): ✓	710 Lockable		mm dee	m high x min. !	914 mm wid	de x 915
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling NC Rating			RT 60:	0.7		Remarks	Refer to Noise Co	Appendix 1D ontrol	- Acoustics	and
GENERAL ROOM F	REMARKS:	Coat Hoo	oks: 🗸 Standard	Anti-Li	gature No o	of Coat 2 Hooks:		Mirrors:	Standard	Vanda	al-Proof
	✓ Tackboard	Dim: 6	10 mm wide X 91	5 mm high			Vhiteboard	Dim: 61	0 mm wide X	915 mm hig	ţh
	Remarks:	Shall acc	ommodate desk a	nd chair, fil	ing cabinet,	bookcase a	and meeting	space for	2		

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	03.0 MAPLES AI	OMINISTRATION	3-MAPLES ADMINISTRATION			
	Draft:		Program Number:			
Project Number: 35720	prepop 1 2	✓ Final	03.0-07			
Sign Off:	Date Issued:	Tillul	RoomName:			
	Pate issuedi	2017-01-25	OFFICE, BUSINESS ADMINISTRATIOR			
IBI	Client:		m²:			
		MTICS	9.2 m²			
RISK LEVEL:	Standard					
	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01	Rem	iarks:				
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0			
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap		Plumbing Remarks			
Handwash Counter Goosene		Urinal	Eyewasii			
Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		wc	Emergency Shower			
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings			
Deep Equipment	Electronic controls	Floor Drain	Other:			
Other:						
	-					
Size:						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:						
EXHAUST: Pressure: Figure Figu	Positive Negative	Other:				
Air Temp: 🕜 Standa	rd Special C	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Conven	ience: 2 duplex, Workstations:	1 quadplex				
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	"In Use" Light	<u> </u>				
✓ Switch & Light Cont						
Charting Light	variity tigrit					

		Department:						
Project Name: VALLEYVIE	valleyview PROJECT		MAPLES A	ADMINISTF		SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2] 🔽 Final		Program Number:		03.0-07
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	OFFICE, BUSIN	ESS ADMINISTRATIOR
IBI		Client:			MTICS	m²: 9.2 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ita): 0		Video Ir	n Station ntercom Station n Master Statio	n _	Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Monit	tor [Card Reade	L		taff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:	:							

Project Name: VALLE	VIEW PROJE	CT Department: 03.0 MAPLES	S ADMINISTRATION	SUB DEPARTMENT: 3-MA	APLES ADMINISTRATION
Project Number:	357	Draft:	☐ ✓ 2 Final	Program Number:	03.0-08
[Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE WORKROOM
IBI		Client:	MTICS	m²: 12. m²	
RISK LEVEL:		Standard			
ARCHITECTURAL	DECLUDEMENT				
INTERIOR FINISHES:	height	material	finish	rema	arks
Ceiling:	2750	Acoustic Tile	Pre-Finished	Teme	1113
_					
Wall:		GWB	Paint		
Floor:			Carpet		
Base:	100	Rubber			
Wall Protection: Co Cra Ha	rner Guards: sh Rails: St nd Rails: St	Sheet: andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature	Remarks:		
Door(s): Clear	Opening (W x H):	914 x 2135 Materia	l: Solid Core	Finish: Plam	
	Door Protection Automatic Opener Access Control Door Glazing: Upper dware Type:: OF-01	✓ Locking	Door Remarks:		
E E	Operable Windows: External Glazing and Fixternal Glazing Hardvixterior Window Treathernal Glazing and Fixernal Glazing and Glazing and	rame: Standard Se vare: Standard Se tment: Standard Se	ecure High Secu	rity	
	Casework Sec eter Linear Length 12 of perimeter wall: Upper Cupboards		/ Work Surface 710 Height (mm): Lockable		ing for paper storage. 2185 in. 1220 mm wide x 450
ACOUSTICS: STO	Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4		0.7	Remarks: Refer to Appo Noise Contro	endix 1D - Acoustics and
GENERAL ROOM RE	MARKS: Coar	t Hooks: 🗸 Standard 🗌 Anti-	-Ligature No of Coat 2	Mirrors:	Standard
	✓ Tackboard Dim	610 mm wide X 915 mm hig		Whiteboard Dim: 610mm	wide X 915mm high
		standing furniture. Work / layc n office and Medical Records; sh			d between administration

Project Name:	Department:	ALNUCTOATION	SUB DEPARTMENT:	C A DA AINIICED A TIONI		
VALLEYVIEW PROJECT	03.0 MAPLES ADN	MINISTRATION	3-MAPLE	S ADMINISTRATION		
Project Number:	Draft:	✓	Program Number:	03.0-08		
Sign Off:	prepop 1 2 Date Issued:	Final	RoomName:	03.0-08		
J. D. J.	Date issued.	2017-01-25	noomvane.	OFFICE WORKROOM		
IBI	Client:		m²:			
		MTICS	12. m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01	Remark	KS:				
	-					
✓ Can Air be Returned Rate (A/ to System	C):	Special Exhai	ust Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	nbing Remarks		
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		wc _	Emergency Shower			
Double	Electronic Controls	Barrier Free WC Floor Drain	Corrosion Resistant Fittings Other:			
Deep Equipment		FIOOI DIAIII	Other.			
Other:						
Size:						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment 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: 🕑 Standa	rd Special Oth	er:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Conven	ience: 4 duplex, Special Equipme	nt (additional outle	ets): 1 photocopiers, fax machin	e		
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	In Use" Light					
Switch & Light Cont	rols Vanity Light					
Charting Light						

Project Name: VALLEYVI	valleyview PROJECT		MAPLES A	MINISTRA		SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-08
	Sign Off:	Date Issued:		2017-		RoomName:		OFFICE WORKROOM
IBI		Client:		1	MTICS	m²: 12. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): Dutlet: 1 Dutlet: 0			Station rcom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came Security Came	ra Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Dete			aff Assist utient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLEY	VIEW PROJE	Department: 03.0 MAPLES	ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES A	ADMINISTRATION
Project Number:	357	Draft:	Y Final	Program Number:	03.0-09
	Sign Off:	Date Issued:	2017-01-25	RoomName:	E, MEDICAL RECORDS
IBI		Client:	MTICS	m²:	
DICK LEVEL		Chandaud		13.111	
RISK LEVEL:	2501112514514	Standard			
ARCHITECTURAL I					
INTERIOR FINISHES: Ceiling:	height 2750	material Acoustic Tile	finish Pre-Finished	remarks	
ceimig.	2730	Acoustic Tile	Tre rimsneu		
Wall:		GWB - Impact Resistant	Paint	Fire rated walls	
Floor:			Carpet	Durable resilient flooring for carts if records is through this space	f access to medical
Base:	100	Rubber]		
Wall Protection: Cor Cra	ner Guards: sh Rails: St nd Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature	Remarks:		
Door(s): Clear	Opening (W x H): Door Sidelight	1220 x 2135 Material:	Solid Core	Finish: Plam	
	Door Protection Automatic Opener Access Control Door Glazing: Upper	✓ Locking		vision lite. Secure glazing. Fire rated oom. Refer to code report	glass. 2 hour fire
E: E:	perable Windows: external Glazing and Fixernal Glazing Hardwiterior Window Treathernal Glazing and Fring Blackout	rame: Standard Sec ware: Standard Sec tment: Standard Sec	cure High Secu cure High Secu cure High Secu cure High Secu cure High Secu	rity rity	
Casework / Millwork: Min Millwork /Count (mm) or % o	Casework Sector Linear Length of perimeter wall: Upper Cupboards Lower Cupboards		Work Surface 710 Height (mm): Lockable	Remarks:	
	Rating Wall / 45 Floor / Ceiling: NC Rating: 30-3		0.7	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REI	MARKS: Coat	t Hooks: Standard Anti-L	igature No of Coat 2	Mirrors: Standard	l Vandal-Proof
	Tackboard Dim:	:	Hooks:	Whiteboard Dim:	
	Remarks: Shall 3.11		ide chairs, filing cabine	ets and bookcases; shall be located a	djacent 3. 10 and

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	03.0 MAPLES AD	DMINISTRATION	3-MAPLES ADMINISTRATION			
	Draft:		Program Number:			
Project Number: 35720	prepop 1 2	✓ Final	03.0-09			
Sign Off:	Date Issued:	Tital	RoomName:			
	5 400 15540041	2017-01-25	SHARED OFFICE, MEDICAL RECORDS			
IBI	Client:		m²:			
		MTICS	13. m²			
RISK LEVEL:	Standard					
	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01	Rem	arks:				
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0			
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap		Plumbing Remarks			
Handwash Counter Goosene		Urinal	Eyewasn			
Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		wc	Emergency Shower			
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings			
Deep Equipment	Electronic controls	Floor Drain	Other:			
Other:						
	-					
Size:						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pressure: Pequal Positive Negative Other:						
Air Temp: 📝 Standa	rd Special C	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	ncy		Clock			
Receptacle Count: Conven	ience: 2 duplex, Workstations:	2 quadplex				
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	"In Use" Light	<u> </u>				
✓ Switch & Light Cont						
Charting Light	variity Light					

Project Name: VALLEYVIEW PROJ	Department: 03.0	MAPLES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION
Project Number: 35	Draft: prepop	1 2 Final	Program Number: 03.0-09
Sign Off:	Date Issued:	2017-01-25	RoomName: SHARED OFFICE, MEDICAL RECORDS
IBI	Client:	MTICS	m²: 13. m²
RISK LEVEL:	Standar	rd	
TECHNOLOGY REQUIREMENTS			
IMIT SYSTEMS:			
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: SECURITY SYSTEMS:		Video Intercom Station	Hands Free
Security Camera Security Camera Monitor	Clinical Camera Clinical Camera Moni	Card Reader No.: Intrusion Detection	Staff Assist Duress - Wired Patient Assist Duress - Wireless
Security Remarks:			
OTHER			
Equipment Remarks:		Operational Remarks:	
Room Data			

										-
Project Name: VAL I	LEYVIEW F	PROJEC	T Department: 03	03.0 MAPLES ADMINISTRATION			SUB DEPARTM		APLES ADMINIS	TRATION
Project Number:		3572	- 1 -1 -	p 1 2	! Final		Program Numb	oer:	03.0-	10-01
	Sign (Off:	Date Issued:		2017	-01-25	RoomName:		RECORD REA	DING AREA
IBI	ı		Client:			MTICS	m²: 3.	5 m²		
RISK LEVEL:			Stand	ard						
ARCHITECTURA	N DEOLUDE	NAENITO								
INTERIOR FINISH										
Ceiling:	2750 heig		mater Acoustic Tile	ial	finish Pre-Finished			rema	arks	
Cennig.	2730		Acoustic The		i re-i illisileu					
Wall:		C	GWB - Impact Re	sistant	Paint		2 Hour fire rat	ted walls		
Floor:		L			Resilient					
Base:	100	F	Flash Cove]					
Wall Protection:	Corner Guards:	✓	Sheet:		R	emarks:				
	Crash Rails:	Star	ndard 🗌 Ant	i-Ligature						
	Hand Rails:	Star	ndard 🗌 Ant	i-Ligature						
	Chair Rail:	Star	ndard	i-Ligature						
Door(s):	lear Opening (W	/ x H):		Material:			Fin	nish:		
	Door Side	elight								
Door Hardware:	Door Pro Automat Access Co Door Glazing	ic Opener ontrol		rature & Proof Hardware	Door Remarks:	If a door rated gla		rovide secure	, narrow vision lite	with fire
	Hardware Type:	: OF-01								
Windows:	Operable Wil External Glaz External Glaz Exterior Wind Internal Glaz	ing and Fra ing Hardwa dow Treatm ing and Frai	ere: Standa	ard Sec	cure H	igh Secui igh Secui igh Secui igh Secui	rity rity rity	No glazing		
Casework / Millwor	k: Case	work Secur	ity: 🗹 Regular	Secu	re		Remarks:		ng space min. 150	
Min Millwork /C (mm) o	r % of perimeter	wall:			Work Surface 7 Height (mm):			long X 760mr	m deep X 710 mm	nigh
	Upper Cu	•	=	unter Top inless Steel		Lockable				
ACOUSTICS:	STC Rating Wal			RT 60	0.7		Remarks:	Refer to Appe Noise Contro	endix 1D - Acoustic	s and
	NC Rati	ng: 30-35								
GENERAL ROOM	REMARKS:	Coat F	Hooks: Standa	ard	igature No of H	Coat looks:		Mirrors:	Standard 🗌 Van	dal-Proof
	Tackboa	rd Dim:				v	Whiteboard D	Dim:		
	Remarks	: Shall a	accommodate wr	iting/layout sp	ace, power su	pply, tasl	k lighting; shal	be located a	djacent 03.10 and	03.12

Project Name:	Department:	SUB DEPARTMENT:				
VALLEYVIEW PROJECT	03.0 MAPLES ADMINIST	RATION 3-MAPLES ADMINISTRATION				
	Draft:	Program Number:				
Project Number: 35720	-Draft:	03.0-10-01				
Sign Off:	Date Issued:	RoomName:				
		7-01-25 RECORD READING AREA				
IBI	Client:	m²:				
		MTICS 3.5 m ²				
RISK LEVEL:	Standard					
	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01	Remarks:					
✓ Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0				
to system						
PLUMBING FIXTURES:						
sink mounting faucet	tap	Plumbing Remarks				
Handwash Counter Goosene	ock Diavor/Plados	Eyewasii				
Lavatory Wall Standard	Standard III					
Janitorial Floor Laborato	Foot Podel	Emergency Shower				
Double	- Electronic Controls	Free WC Corrosion Resistant Fittings				
Deep Equipment	Floor D	rain Other:				
Other:						
	-					
Size:						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: One zone for 10-210-10-1,0-09						
		One 2011c 101 10 210 10 1,0 05				
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive Negative	Other:				
		<u> </u>				
Air Temp: 🕡 Standa	rd Special Other:					
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal		Clock				
Described County 0						
Receptacle Count: Conver	lience: 2 duplex					
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
Workstation Task L	ighting Night Light	Lighting Remarks:				
LIGHTING: Workstation lask L		gg				
Switch & Light Cont	"In Use" Light					
Charting Light	rols Vanity Light					

Project Name: VALLEYVI	EW PROJECT	Department: 03.0	MAPLES A	DMINISTR		SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-10-01
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	RE	CORD READING AREA
IBI		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Came Security Remark	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	_		taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

h ·							CUD DEDARTA	AFAIT		
Project Name: VAL	LEYVIEW	PROJEC	Department: 03.0	MAPLES	ADMINISTR	RATION	SUB DEPARTM		ES ADMINIST	RATION
Project Number:		3572		1 2	Final		Program Num	ber:	03.0-1	LO-02
	Sign	n Off:	Date Issued:		2017	'-01-25	RoomName:		RECORD READ	ING AREA
IBI			Client:			MTICS	m²:	.5 m²		
RISK LEVEL:			Standar	d						
	AL DEOLUI	DER AFRITC		u						
ARCHITECTURA	FC:									
INTERIOR FINISH		eight	material		finish			remarks		
Ceiling:	2750	-	Acoustic Tile		Pre-Finished					
Wall:		C	GWB - Impact Resist	ant	Paint		2 Hour fire ra	ited walls		
Floor:					Resilient					
Base:	100	F	Flash Cove							
Wall Protection:	Corner Guard Crash Rails: Hand Rails: Chair Rail:	Star	Sheet: ndard Anti-Li ndard Anti-Li ndard Anti-Li	gature	J R	emarks:				
Door(s):	Clear Opening (W x H):		Material:			Fi	nish:		
Door Hardware:	Autom		Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:	If a door		orovide secure, na	rrow vision lite v	with fire
Windows:	External GI Exterior W	azing and Fra azing Hardwa indow Treatm azing and Frai	ere: Standard nent: Standard me: Standard	Sec	cure H	ligh Secui ligh Secui ligh Secui ligh Secui	rity rity rity	No glazing		
Casework / Millwor	k: Ca	sework Secur	rity: 🗸 Regular	Secui	re		Remarks:	Counter writing s	space min. 1500	mm
Min Millwork /0 (mm) o	r % of perime		Counte		Work Surface 7 Height (mm):	Lockable		long X 760mm de	eep X 710 mm h	igh
ACOUSTICS:	STC Rating W Floor / Ce NC Ra			RT 60	: 0.7		Remarks:	Refer to Appendi Noise Control	x 1D - Acoustics	and
GENERAL ROOM	REMARKS:	Coat F	Hooks: Standard	Anti-L	igature No of			Mirrors: Stan	dard Vand	al-Proof
	Tackbo	oard Dim:			H	looks: L	Whiteboard	Dim:		
	Remar	ks: Shall a	accommodate writin	g/layout sp	ace, power su	pply, tasi	k lighting; sha	ll be located adjac	cent 03.10 and 0	3.12

Project Name:	Department: 03.0 MAPI	ES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
VALLEYVIEW PROJECT	05.0 WATE			LEG /		
Project Number: 35720	Draft:	2 Final	Program Number:	03.0-10-02		
Sign Off:	Date Issued:	2017-01-25	RoomName:	RECORD READING AREA		
IBI	Client:	201, 01 23	m²:	NECOND READING AREA		
		MTICS	3.5 m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0			
to System			0			
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene		Hopper	Water Fountain			
Lavatory Wall Standard		wc [Emergency Shower			
Janitorial Floor Laborato	· <u> </u>	Barrier Free WC	Corrosion Resistant Fit	tings		
Double Doep Equipment	Electronic Con	Floor Drain	Other:			
Deep Equipment Other:						
Size:	-					
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infectio	n Isolation	Patient Controlled		
Local Adjustment	Local Adjustme	ent Room P	ressure Monitor	Tutterit controlled		
Room Control Remarks:						
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive N	egative Other:				
Air Temp: 🗸 Standa	rd Special	Other:				
· · · · · · · · · · · · · · · · · · ·						
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal			Clock			
Receptacle Count: Conven	ience: 2 duplex					
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:			
LIGHTING: Workstation Task Li	"In Use" Light					
Switch & Light Cont	_					
Charting Light						

[_				T		
Project Name: VALLEYVII	EW PROJECT	Department: 03.0	MAPLES A	ADMINISTR.		SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number: 03.0-10- (
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	RE	CORD READING AREA
181		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet: 0			n Station tercom Station n Master Station		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monit	tor	Card Reader Intrusion Det	L		taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEY	VIEW PRO	DJECT	Department: 03.0	MAPLES A	ADMINISTR	ATION	SUB DEPARTN		√APLES A	DMINISTRAT	ΓΙΟΝ
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		03.0-11	
	Sign Off:		Date Issued:		2017	-01-25	RoomName:		MEDICAL	RECORDS STO	RAGE
			Client:			MTICS	m²:	0. m²			
RISK LEVEL:	ļ.		Standar	d							
		NTC	Staridar	<u>u</u>							
ARCHITECTURAL F	REQUIREME	:NIS									
INTERIOR FINISHES:	height		material		finish			re	emarks		
Ceiling:	2750	Aco	ustic Tile		Pre-Finished						
Wall:		GW	В		Paint		2 Hour fire ra	ited walls			_
			_								
Floor:					Resilient						
Base:	100	Flas	h Cove								
Wall Protection: Cor	ner Guards:	•	Sheet:		J R	emarks:					
Cras	sh Rails:	Standa	rd 🗌 Anti-Li	gature							
Han	id Rails:	Standa	rd Anti-Li	gature							
Cha	ir Rail:	Standa	rd 🗌 Anti-Li	gature							
Door(s): Clear	Opening (W x H)	: 1	220 x 2135	Material:	Solid Core		Fi	nish: Plam			
D001 (3).	Door Sideligh										
	_										
Door Hardware:	Door Protecti Automatic Op		Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks:	Secure ,	narrow visio	n lite with fi	re rated gla	SS.	
•	_		✓ Locking								
D	oor Glazing:										
Haro	lware Type:: OF	-02									
	perable Window		Standard	A Co.			Pomarks:	Na alasias			
	kternal Glazing a			✓ Sec ✓ Sec		igh Secu		No glazing			
Ex	kternal Glazing H	lardware:	Standard	✓ Sec		igh Secu					
	kterior Window			Sec		igh Secu					
Ir	iternal Glazing a		Standard	Sec	_	igh Secu	_				
L	Blackout	Blind	s Roller:	Shutter	1 Way Mirro	ir	Other				
Casework / Millwork:	Casework	Security:	Regular	Secur	re		Remarks				
Min Millwork /Count				Counter/	Work Surface 7	10					
(mm) or % c	of perimeter wal		Counte	er Top	Height (mm):└	Lockable					
	Lower Cupbo		=	ss Steel							
	D-+: \ \ [4.5		DT 60.	21/2		Damada	D - C I - A		A	
	Rating Wall / Floor / Ceiling:	45		RT 60:	N/A		Kemarks	Noise Con		- Acoustics and	
	NC Rating: .	N/A									
GENERAL ROOM REM	MARKS:	Coat Hool	s: Standard	Anti-Li	igature No of	Coat		Mirrors:	Standard	Vandal-Pr	nof
	7			7		ooks:	Mhitabaard				
L	_	Dim:						Dim:			
			hour fire rated ro odates 16 filing ca								
		, ccommi	Addies to ming to	aomicio, WO	in area, prioto	copici, s	man be locate	a aajaceiit	an 5 10 and	A	

Project Name:	Department:	SUB DEPARTMENT:	56 454 414 415 4 716 4
VALLEYVIEW PROJECT	LEYVIEW PROJECT 03.0 MAPLES ADMINISTRATION		LES ADMINISTRATION
	Draft:	Program Number:	
Project Number: 35720	-Draft:	Togram Number	03.0-11
Sign Off:	Date Issued:	RoomName:	
ini	20:	17-01-25 MI	EDICAL RECORDS STORAGE
IBI	Client:	m²:	
		MTICS 20. m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:		
HVAC:			
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash P	lumbing Remarks
Handwash Counter Goosene	— III Hobbe	r Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		r Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor I	Orain Other:	
Deep Equipment			
Other:	-		
Size:			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa	Local Adjustment Vet Dry Standpipe Types: Negative	Infection Isolation Room Pressure Monitor Other: Pre Action Sysytem req Other:	uired
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal			
Receptacle Count: Conven	ionco: 4 duploy		
Power Remarks:	ierce. Faapiex		
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light	_		

		1
Project Name: VALLEYVIEW PROJECT	Department: 03.0 MAPLES ADMINISTRATION	3-MAPLES ADMINISTRATION
Project Number: 35720	Draft:	Program Number: 03.0-11
Sign Off:	Date Issued: 2017-01-25	RoomName: MEDICAL RECORDS STORAGE
IBI	Client: MTICS	m²: 20. m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Video Intercom Station	Hands Free
	linical Camera Card Reader No.: Intrusion Detection	Staff Assist Duress - Wired Patient Assist Duress - Wireless
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VALLE	/VIEW PROJ		Department: 03.0	MAPLES	ADMIN	NISTRATI		3-MAPLES ADMINISTRATION				
Project Number:	35	720	Oraft: prepop	1 2	Fina		F	Program Nu	ımber:		03.0-12	2
[-	Sign Off:	ſ	Date Issued:			2017-01		RoomName	:		OFFICE, D	IRECTOR
IBI		C	Client:			МТ	ΓICS	m²:	15. m	1 ²		
RISK LEVEL:			Standar	d								
ARCHITECTURAL	RECHIREMEN	TS										
INTERIOR FINISHES:	height		material			finish				remarks		
Ceiling:	2750	Acou	stic Tile		Pre-Fin					Terriario		
Wall:		GWB			Paint							
Floor:					Carpet							
Base:	100	Rubb	er]							
Wall Protection: Co Cra Hai	rner Guards: sh Rails: 5		neet:	gature gature gature		Rema	rks:					
	Opening (W x H): Door Sidelight	9:	14 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Protection Automatic Open Access Control Door Glazing: Side	glazing	Anti-Ligatu Tamperpro	re & oof Hardware	Door Re	marks: Hal	f glaze	d door if s	idelite	e can not be provid	ed	
E E	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre External Glazing and Blackout	dware: atment:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec Sec Sec Shutter	ure ure ure ure	High S	Securit Securit Securit Securit	ty ty				
Casework / Millwork: Min Millwork /Coun (mm) or %	Casework Seter Linear Length of perimeter wall: Upper Cupboard Lower Cupboard	s	Regular Counte	Counter/ Securior Top		mm):	kable	Remar	ks:			
	Rating Wall / 50 Floor / Ceiling: 30-	35		RT 60	0.7			Remar		fer to Appendix 1D ise Control	- Acoustics a	nd
GENERAL ROOM RE	MARKS: Co	at Hooks	: 🗸 Standard	Anti-L	igature				Mi	rrors: Standard	Vandal	-Proof
	✓ Tackboard Di		mm wide X 91			Hooks		hiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Sha	all accor	nmodate desk a	and chair, fi	ling cabi	inet, book	case ar	nd meetin	g spac	ce for 4		

Project Name:	Department:	SUB DEPARTMENT	
VALLEYVIEW PROJECT 03.0 MAPLES ADMINISTRA		NISTRATION	3-MAPLES ADMINISTRATION
	Draft:	Program Number:	
Project Number: 35720	-Draft:		03.0-12
Sign Off:	Date Issued:	RoomName:	
ini		2017-01-25	OFFICE, DIRECTOR
IBI	Client:	m²:	
		MTICS 15. m	2
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:		
HVAC:			
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet		rinal Eyewash	Plumbing Remarks
Handwash Counter Goosene		opper Water Fountain	
Lavatory Wall Standard	<u> </u>	C Emergency Show	ver
Janitorial Floor Laborato	· =	arrier Free WC Corrosion Resista	ant Fittings
Double	Electronic Controls FI	oor Drain Other:	
Deep Equipment			
Other:	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment Via DDC Vet Dry Standpipe Types: Negative	Infection Isolation Room Pressure Monitor Other: Other:	Patient Controlled
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma	2. Emorgonov	Clock	
Types of Fower. Indiffia	& Lineigency		
Receptacle Count: Conver	ience: 2 duplex, Workstations: 1 qu	adplex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light	_		

Project Name: VALLEYVIE	valleyview PROJECT		Department: 03.0 MAPLES ADMINISTRATION				SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number: 03.0-12				
	Sign Off:	Date Issued:		2017-		RoomName:		OFFICE, DIRECTOR		
IBI		Client:		1	MTICS	m²: 15. m²				
RISK LEVEL:		Standar	d							
TECHNOLOGY REQUIR	REMENTS									
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	lata): Utlet: Utlet: Utlet:			Station Prom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu:	s		
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks	a Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Dete			aff Assist atient Assist	Duress - Wired Duress - Wireless		
OTHER										
Equipment Remarks:				perational emarks:						
Room Data Sheet Commen	t:									

Project Name: VALLE	YVIEW PR	OJECT	Department: 03.0	MAPLES A	ADMIN	NISTRATI		SUB DEPARTMENT: 3-MAPLES ADMINISTRATION					
Project Number:		35720	Draft: prepop	1 2	Fina		P	rogram Nu	mber:		03.0-1	3-01	
	Sign Off:		Date Issued:			2017-01-		RoomName:					
IBI			Client:				n	OFFICE, ASST DIRECTOR/COMM. SERV MNGR					
						MT	ICS		15. m	2			
RISK LEVEL:			Standar	d									
ARCHITECTURAL	REQUIREM	ENTS											
INTERIOR FINISHES	height		material			finish				remarks			
Ceiling:	2750	Aco	ustic Tile		Pre-Fini	ished							
Wall:		GW	В		Paint								
Floor:					Carpet								
Base:	100	Rub	ber										
Cr Ha	orner Guards: [ash Rails: [and Rails: [air Rail: [Standa Standa Standa	rd Anti-Lig	gature	I	Remar	ks:						
Door(s): Clea	r Opening (W x F	H): 9	914 x 2135	Material:	Solid C	Core			Finish:	Plam			
	Door Protec Automatic C Access Cont Door Glazing: S	pener rol ide glazing	Locking	re & of Hardware	Door Re	marks: Half	glazed	d door if si	idelite	e can not be provid	ed		
	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware:	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure		ecurity ecurity	y y	5:				
Casework / Millwork: Min Millwork /Cou (mm) or % [all: pards	Counte	Counter/ Ner Top ss Steel			able	Remark	as:				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	0.7			Remark		er to Appendix 1D ise Control	- Acoustics a	and	
GENERAL ROOM RE	MARKS:	Coat Hool	ks: 🗸 Standard	Anti-Li	igature	No of Coat			Mir	rrors: Standard	Vanda	l-Proof	
[✓ Tackboard	Dim: 61	10 mm wide X 91	5 mm high			_	niteboard	Dim:	610mm wide X 9	15mm high		
	Remarks:	Shall acco	ommodate desk a	and chair, fil	ling cabi	inet, bookc	ase an	nd meeting	g spac	ee for 4			

Project Name:	Department:	S ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
VALLEYVIEW PROJECT	US.U WIAPLE	-2 ADMINISTRATION	3-1	AIDLEES ADMINISTRATION		
Project Number: 35720	-Draft:	2 Final	Program Number:	03.0-13-01		
Sign Off:	Date Issued:	2017-01-25	RoomName:	F DIDECTOR (COMMA CERVANICE		
IBI	Client:	2017-01-23	m²:	DIRECTOR/COMM. SERV MNGR		
نت	Cheff.	MTICS	15. m²			
RISK LEVEL:	Standard		<u> </u>			
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
	0.					
Can Air be Returned Rate (A/ to System	C):	Special Exnat	ust Air Required: 0			
DI LIMBING FIVELIBES.						
PLUMBING FIXTURES:	tan			Plumbing Remarks		
sink mounting faucet Handwash Counter Goosene	tap eck Lever/Blades	Urinal	Eyewash	Fidilibilig Nelliaiks		
Lavatory Wall Standard		Hopper	Water Fountain Emergency Shower			
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittir	ngs		
Double	Electronic Contr		Other:	163		
Deep Equipment				7		
Other:	_					
Size:						
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V	Local Adjustmer	·	ressure Monitor	Patient Controlled		
Rack Storage (2.4m high)	Types:					
		zativa Debar				
EXHAUST: Pressure: Figure Equal		Other:				
Air Temp: 📝 Standa	ard Special	Other.				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Conver	iience: 4 duplex, Worksta	tions: 1 quadplex				
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rem	narks:			
Dimmable Lighting	"In Use" Light					
Switch & Light Cont						
Charting Light						

Project Name: VALLEYVIE\	W PROJECT	Department: 03.0	MAPLES A	DMINISTR	ATION	SUB DEPARTMENT:	3-MAPLES A	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-13-01
	ign Off:	Date Issued:		2017	-01-25	RoomName: OFFICE, A	SST DIRECTOR	/COMM. SERV MNGR
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da' Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			f Assist ent Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALI	LEYVIEW P	ROJECT	Department: 03.0	MAPLES /	ADMINISTF	RATION	SUB DEPAR	RTMENT:	3-MAPLES A	DMINISTI	RATION
Project Number:		35720	— Draft: prepop	1 2	✓ Final		Program N	umber:		03.0-1	3-02
	Sign Of	f:	Date Issued:		2017	7-01-25	RoomNam	e:	OFFICE, A	ASSISTANT D	DIRECTOR
IBI			Client:			MTICS	m²:	15. m ²			
DICK LEVEL.			Chanalan	-1				201			
RISK LEVEL:			Standar	0							
ARCHITECTURA		MENTS									
INTERIOR FINISHI			material		finish	1			remarks		
Ceiling:	2750	Ac	coustic Tile		Pre-Finished						
Wall:		G\	WB		Paint						
Floor:					Carpet						
Base:	100	Ru	ıbber								
Wall Protection:	Corner Guards:		Sheet:		F	Remarks:					
	Crash Rails: Hand Rails:	Stand		=							
	Chair Rail:	Stand		=							
Door(s).	lear Opening (W	x H).	914 x 2135	Material:	Solid Core	L		Finish:	Dlam		
Door(s):	✓ Door Sidel		914 X 2133	waterial.	3011d Core			1 1111311.	riaiii		
Door Hardware:	Door Prote		Anti-Ligatur Tamperpro	e & of Hardware	Door Remarks:	: Half glaz	ed door if	sidelite	can not be provid	ed	
	Access Co	ntrol	✓ Locking								
	Door Glazing:	Side glazir	ng								
	Hardware Type::	OF-01									
Windows:	Operable Wind	dows:	✓ Standard	Sec	ure		Remar	ks:			
	External Glazir			Sec		High Secur					
	External Glazir Exterior Windo	-		Sec Sec	_	High Secur High Secur	-				
	Internal Glazin		_	Sec		ligh Secur					
	Blackout	✓ Blir	nds Roller S	Shutter	1 Way Mirro	or	Othe	er			
Casework / Millwor	k: Casew	ork Security	y: Regular	Secur	re		Rema	rks:			
	ounter Linear Ler			Counter/ \	Work Surface						
(mm) o	r % of perimeter v		Counte	r Top	Height (mm):└	Lockable					
	Lower Cup		Stainles								
ACOUSTICS:	STC Rating Wall ,			RT 60:	0.7		Rema		er to Appendix 1D se Control	- Acoustics	and
		g: 30-35						NOIS	se control		
GENERAL ROOM	REMARKS:	Coat Ho	ooks: 🗸 Standard	Anti-Li	gature No of			Mir	rors: Standard	Vanda	ll-Proof
	✓ Tackboard	d Dim: (610 mm wide X 91	5 mm high	F	Hooks:	Vhiteboard	Dim:	610mm wide X 9	15mm high	I
	Remarks:	Shall acc	commodate desk a	nd chair, fil	ing cabinet, b	ookcase a	and meetii	ng space	e for 4		

Project Name:	Department: 03.0 MAPL	ES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION		
VALLEYVIEW PROJECT	Droft		Dragram Number		
Project Number: 35720	-Draft:	2 Final	Program Number:	03.0-13-02	
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ASSISTANT DIRECTOR	
IBI	Client:	2017 01 23	m²:	OFFICE, ASSISTANT DIRECTOR	
		MTICS	15. m²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
HVAC: Type: ASHRAE 62.1-01		Remarks:			
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain		
Lavatory Wall Standard Janitorial Floor Laborato		WC _	Emergency Shower	Filations	
Double	Electronic Cont	Barrier Free WC Floor Drain	Corrosion Resistant Other:	Fittings	
Deep Equipment			_ other		
Other:	_				
Size:	34.9				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	Room Relative Local Adjustme		n Isolation [ressure Monitor	Patient Controlled	
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive Ne	egative Other:			
Air Temp: 🕡 Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal	& Emergency		Clock		
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex			
Power Remarks:					
Datient Care Area Designation					
Patient Care Area Designation (as per CSA Z32):					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	"In Use" Light				
Switch & Light Cont					
Charting Light					

Project Name: VALLEYVIEW	PROJECT	Department: 03.0	MAPLES	ADMINISTR	RATION	SUB DEPARTMENT:	3-MAPLES /	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ ! Final		Program Number:		03.0-13-02
Sig	n Off:	Date Issued:		2017	'-01-25	RoomName:	OFFICE,	ASSISTANT DIRECTOR
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:): t: 0		Video	om Station Intercom Statior om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera M		nical Camera nical Camera Moni	tor	Card Reader	_		taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:	Dishwasher CP0	CI		Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEY	/VIEW PR	OJECT	Department: 03.	0 MAPLES	ADMINISTR	RATION	SUB DEPARTMI		PLES AD	MINISTRATION
Project Number:		35720	Draft: prepop	1 2	Final		Program Numb	er:		03.0-14
IBI	Sign Off:		Date Issued: Client:			'-01-25	RoomName: m ² :		OFFICE, C	CLINICAL DIRECTOR
						MTICS	15	5. m²		
RISK LEVEL:			Standa	rd						
ARCHITECTURAL I	REQUIREN	IENTS								
INTERIOR FINISHES:	height		materia	I	finish			remai	rks	
Ceiling:	2750	Acc	oustic Tile		Pre-Finished					
Wall:		GW	/B		Paint					
Floor:					Carpet					
Base:	100	Ruk	bber							
Cra Hai	rner Guards: sh Rails: [and Rails: [air Rail:	Standa Standa Standa	ard Anti-	Ligature Ligature Ligature	J R	emarks:				
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fin	ish: Plam		
· · /	✓ Door Sidelig	ht								
Hard Windows: C E	Door Protect Automatic C Access Cont Door Glazing: dware Type:: Operable Windo xternal Glazing	Opener crol Gide glazing DF-01 Dws: and Frame	✓ Locking g ✓ Standar Standar	d Sec	ure H	Half glaz ligh Secur ligh Secur		elite can not bo	e provided	ı
lı [xterior Windownternal Glazing Blackout		: Standar	d Sec	ure H	ligh Secur ligh Secur or	-			
Casework / Millwork:			: Regular	Secur	_		Nemarks.			
Min Millwork /Coun (mm) or % (ter Linear Leng of perimeter w Upper Cupb Lower Cupb	all:	=	Counter/ Volter Top	Work Surface Height (mm):	Lockable				
	Rating Wall /	50		RT 60	: 0.7			Refer to Appe	ndix 1D - /	Acoustics and
	Floor / Ceiling: NC Rating:							Noise Control		
GENERAL ROOM REI	_		oks: 🗹 Standar		igature No of	looks:			tandard	Vandal-Proof
<u> </u>	∠ Tackboard	Dim: 6	10 mm wide X 9	915 mm high		✓ V	Whiteboard D	oim: 610mm	wide X 91	5mm high
	Remarks:	Shall acco	ommodate desl	cand chair, fi	ling cabinet, b	ookcase a	and meeting s	pace for 3		

Project Name:	Department: 03.0 MAPL	ES ADMINISTRATION	SUB DEPARTMENT:	3-MAPLES ADMINISTRATION
VALLEYVIEW PROJECT				
Project Number: 35720	-Draft:	2 Final	Program Number:	03.0-14
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, CLINICAL DIRECTOR
IBI	Client:	MTICS	m²:	
		WITICS	15. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:		
HVAC: Type: ASHRAE 62.1-01		remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC Barrier Free WC	Emergency Shower Corrosion Resistant I	Eittings
Double	Electronic Cont		Other:	rittings
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	Room Relative Local Adjustme		n Isolation ressure Monitor	Patient Controlled
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	egative Other:		
Air Temp: 🕡 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont				
Charting Light				

Project Name: VALLEYV	IEW PROJECT	Department: 03.0	MAPLES AI	OMINISTRA	ATION	SUB DEPARTMENT:	3-MAPLES A	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-14
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	OFFICE	, CLINICAL DIRECTOR
IBI		Client:		ا	MTICS	m²: 15. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IIREMENTS							
Communications Quantity (1 voice, 2 Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Cam Security Remark	era Monitor CI	inical Camera inical Camera Moni	itor 🗌	Card Reader Intrusion Det			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 03.0	MAPLES	ADMINIST	RATION	SUB DEPAR	TMENT:	3-MAPLES A	DMINISTF	ATION
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nu	umber:		03.0-1	5
[-	Sign Off:		Date Issued:		201	7-01-25	RoomName		CE, COORD, NURSO	G, QA AND T	RAINING
IBI			Client:			MTICS	m²:	15. m²			
RISK LEVEL:			Standard								
ARCHITECTURAL	DECLIDEM	ENTS	o tamaan								
INTERIOR FINISHES		LIVIS			· ·						
Ceiling:	height 2750	۸۵۵	material oustic Tile		finis Pre-Finished				remarks		
cening.	2730	7.00	rustic The		116-111131160	4					
Wall:		GW	/B		Paint						
Floor:					Carpet						
Base:	100	Rub	ber								
Ci H	orner Guards: rash Rails: and Rails: hair Rail:	Standa Standa Standa	ard Anti-Lig	gature		Remarks:					
Door(s): Clea	ar Opening (W x F	i):	914 x 2135	Material:	Solid Core			Finish:	Plam		
• •	✓ Door Sideligh	nt						L			
	Door Protect Automatic O Access Contr Door Glazing: Si	pener ol ide glazinį	Locking	re & of Hardware	Door Remark	S: Half glaz	ed door if s	sidelite	can not be provide	ed	
	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing	and Frame Hardware: Treatmen	Standard t: Standard Standard Standard	Secondary Second	ure	High Secur High Secur High Secur High Secur ror	rity rity				
Casework / Millwork:	Casewor	k Security:	Regular	Secur	re		Remar	ks:			
Min Millwork /Cou (mm) or %	inter Linear Lengt 6 of perimeter wa Upper Cupbo	oards	Counte	r Top	Work Surface Height (mm):	Lockable					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:	50 30-35		RT 60	0.7		Remar		er to Appendix 1D se Control	- Acoustics a	nd
GENERAL ROOM RI	EMARKS:	Coat Hoo	ks: 🗸 Standard	Anti-L	igature No			Miri	rors: Standard	Vandal	-Proof
	✓ Tackboard	Dim: 6:	10 mm wide X 91	5 mm high		Hooks: ✓ v	Vhiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks:	Shall acco	ommodate desk a	nd chair, fi	ling cabinet,	bookcase a	and meetin	ng space	e for 3		

VALLEYVIEW PROJECT	Department:	EC ADMINISTRATION	SUB DEPARTMENT:	2 MAADI ES ADMINISTRATIONI
VALLETVIEWTROSECT	U3.U IVIAPI	LES ADMINISTRATION		3-MAPLES ADMINISTRATION
Project Number:	-Draft:		Program Number:	03.0-15
35720	prepop 1	2 Final	DoomNomo	03.0-13
Sign Off:	Date Issued:	2017-01-25	RoomName: OFFICE	, COORD, NURSG, QA AND TRAINING
IBI	Client:	MTICS	m²: 15. m²	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS		Damarka		
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
	tan			Plumbing Remarks
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewash	Fidinbing Kemarks
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC L	Emergency Shower	Fittings
Double	Electronic Con	Barrier Free WC trols Floor Drain	Corrosion Resistant Other:	rittings
Deep Equipment		Floor Drain	Other.	<u> </u>
Other:				
Size:	-			
<u></u>				
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with	n Isolation	7
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustme		ressure Monitor	Patient Controlled
Room Control Remarks:	Via DDC			
	🗆			
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
EMINOSI:		egative Other.		
Air Temp: Standa		Other:		
Air Temp: ✔ Standa				
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	rd Special		Clock	
Air Temp: Standa	rd Special		Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	special Special	Other:	Clock	
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	**Regency services a contract of the services	Other:		
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: Patient Care Area Designation (as per CSA Z32):	& Emergency ience: 2 duplex, Workst	Other:		
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	special & Emergency ience: 2 duplex, Workst ghting Night Light "In Use" Ligh	Other:		
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	& Emergency ience: 2 duplex, Workst	Other:		
Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Cont	& Emergency ience: 2 duplex, Workst	Other:		

Project Name:	Department:	APLES ADMINISTRAT	SUB DEPARTMENT:	2 MADIEC ADMINISTRA	TION
VALLEYVIEW PROJE	T	ALTES ADMINISTRAT	ION	3-MAPLES ADMINISTRA	TION
Project Number: 357	Draft:	1 2 Final	Program Number:	03.0-15	
Sign Off:	Date Issued:	2017-01	25 RoomName: OFFIC	E, COORD, NURSG, QA AND TRA	AINING
IBI	Client:	M	TICS m²: 15. m²		
RISK LEVEL:	Standard		'		
TECHNOLOGY REQUIREMENTS					
IMIT SYSTEMS:					
Communications Outlet 1 Quantity (1 voice, 1 data): Tel Outlet: 0		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Telemetry Teleconferencing	Room Status	
Coax/ Data TV Outlet: 0					
IMIT Remarks:					
SECURITY SYSTEMS:					
Security Camera Security Camera Monitor	Clinical Camera Clinical Camera Monitor	Card Reader N Intrusion Detecti		taff Assist Duress - Wire atient Assist Duress - Wire	
Security Remarks:					
OTHER					
Equipment Remarks:		Operational Remarks:			
Room Data					

Project Name: VALLEYVIE	W PROJEC	T Department: 03.0 MAP	LES ADMIN	ISTRATION	SUB DEPARTMENT		DMINISTRATION
Project Number:	3572	O Draft:	2 Final		Program Number:		03.0-16
'. – .'	Sign Off:	Date Issued:	2	017-01-25	RoomName:		BOARDROOM
IBI		Client:		MTICS	m²: 46.5 n	m²	
RISK LEVEL:		Standard					
	UDEA AFAITC						
ARCHITECTURAL REQU	<u> UIREIVIEN I S</u>						
INTERIOR FINISHES:	height	material		finish		remarks	
Ceiling: 2750)	Acoustic Tile	Pre-Finis	shed			
Wall:	(GWB	Paint				
Floor:			Carpet				
Base: 100	F	Rubber					
Wall Protection: Corner G	uards: 🗸	Sheet:		Remarks:			
Crash Rai	ls: Star	ndard Anti-Ligature	2				
Hand Rail	s: Star	ndard Anti-Ligature	2				
Chair Rail	: Star	ndard Anti-Ligature	2				
Door(s): Clear Openi	ing (W x H):	914 x 2135 Mai	terial: Solid Co	ore	Finish:	Plam	
✓ Doo	or Sidelight						
Aut	or Protection comatic Opener cess Control lazing: Side gla: Type:: OF-01	☐ Anti-Ligature & Tamperproof Hard ✓ Locking	Door Ren	narks:			
Windows: Operab Externa Externa Exterior Interna	le Windows: al Glazing and Fra al Glazing Hardwa r Window Treatm I Glazing and Fra	re: Standard nent: Standard nent: Standard nent: Standard	Secure [Secure [Secure [High Secur High Secur High Secur High Secur	rity	n on sidelite	
Casework / Millwork:	Casework Secur	ity: Regular	Secure			lt in millwork for co	offee corner c/w
		✓ Counter Top Stainless Stee	nter/ Work Surfa Height (m		sinl	k	
	/ Ceiling:		RT 60: 0.5			fer to Appendix 1D ise Control	- Acoustics and
GENERAL ROOM REMAR	C Rating: 25-30 KS: Coat F	Hooks: 🗸 Standard 🗌 A	Anti-Ligature	No of Coat 10	Miı	rrors: Standard	Vandal-Proof
	ckboard Dim:		9	Hooks:	Vhiteboard Dim:		
	marks: Video	conferencing and projector projector; a formal but fle		iera. Shall seat	t 15; shall include	side counter, video	oconference and

VALLEYVIEW PROJECT	Department:	EC ADAMANICEDATIO	SUB DEPARTMENT:	EC ADAMANICEDATION
VALLET VIEW PROJECT	03.0 MAPI	LES ADMINISTRATIO	JN 3-MAPL	ES ADMINISTRATION
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		03.0-16
Sign Off:	Date Issued:	2017.01	RoomName:	
IRI		2017-01-	25	BOARDROOM
	Client:	MTI	CS m ² :	
		14111	40.5 111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: AV Coolin	g Requirement	
]		
Can Air be Returned Rate (A) to System	C):	Special E	xhaust Air Required: 0	
,				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	umbing Remarks
Handwash Counter Goosen		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborate	· <u> </u>	Barrier Free Wo	C Corrosion Resistant Fittings	
Double	Electronic Con	floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:	_			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme		ection Isolation Patient Com Pressure Monitor	Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe	Other:	
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Vet Dry Types:	Standpipe	Other:	
Rack Storage (2.4m high)	Types:			
	Types:	Standpipe		
Rack Storage (2.4m high)	Types:			
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types:	egative Other		
Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Stands	Types:	egative Other		
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types:	egative Other		
Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Stands	Types:	egative Other		
Rack Storage (2.4m high) EXHAUST: Pressure:	Types: Positive No	egative Other		
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive No	egative Other Other:	: Clock	
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Notes and Special Special Section 1 & Emergency	egative Other Other:	: Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Notes and Special Special Section 1 & Emergency	egative Other Other:	: Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Notes and Special Special Section 1 & Emergency	egative Other Other:	: Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Notes and Special Special Section 1 & Emergency	egative Other Other:	: Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conversoreen,	Types: Positive Notes and Special Special Emergency Special	egative Other Other:	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conversoreen,	Types: Positive Notes and Special Special Emergency Special	ooxes: 3 quadplex, Speci	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen,	Types: Positive Notes and Special Special Emergency Special	ooxes: 3 quadplex, Speci	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert screen, Power Remarks: In-floot Patient Care Area Designation	Types: Positive Notes and Special Special Emergency Special	ooxes: 3 quadplex, Speci	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen,	Types: Positive Notes and Special Special Emergency Special	ooxes: 3 quadplex, Speci	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert screen, Power Remarks: In-floot Patient Care Area Designation	Types: Positive North Positive North Ref Special Special Second Special Second Special	ooxes: 3 quadplex, Specioment, AV equipment at	Clock al Equipment (additional outlets):	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen, Power Remarks: In-floor Patient Care Area Designation (as per CSA Z32):	Types: Positive North Reference Special Reference End Special Reference Special Reference End Special Reference Special Reference End Special	egative Other Other: Other: Doxes: 3 quadplex, Specionent, AV equipment at ata/power in ceiling and	Clock al Equipment (additional outlets): table wall Remarks:	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen, Power Remarks: In-floor Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Types: Positive North Special Special Special Section	egative Other Other: Other: Doxes: 3 quadplex, Specionent, AV equipment at ata/power in ceiling and	Clock al Equipment (additional outlets): table	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen, Power Remarks: In-floor Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Types: Positive North Special Referency Nience: 12 duplex, Floorth video conference equipated to the conference of th	egative Other Other: Other: Doxes: 3 quadplex, Specionent, AV equipment at ata/power in ceiling and	Clock al Equipment (additional outlets): table wall Remarks:	projector, overhead
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver screen, Power Remarks: In-floor Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L J Dimmable Lighting Switch & Light Converts	Types: Positive North Special Referency Nience: 12 duplex, Floorth video conference equipated to the conference of th	egative Other Other: Other: Doxes: 3 quadplex, Specionent, AV equipment at ata/power in ceiling and	Clock al Equipment (additional outlets): table wall Remarks:	projector, overhead

Project Name: VALLEYV	IEW PROJECT	Department: 03.0	MAPLES AD	MINISTRA		SUB DEPARTMENT:	3-MAPLES A	ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		03.0-16
	Sign Off:	Date Issued:		2017-		RoomName:		BOARDROOM
В]		Client:		1	MTICS	m²: 46.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IIREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Reman	Outlet: 1			Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu:	S
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Dete			ff Assist tient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER					-			
Equipment Remarks:				perational emarks:				
Room Data Sheet Comm	ent:							

Project Name: VA l	LLEYVIEW PRO	JECT	Department: 03.0	MAPLES A	ADMINISTF	RATION	SUB DEPARTN		MAPLES A	DMINISTRATION
Project Number:		35720	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				Program Num	ber:		03.0-17
IB	Sign Off:		Date Issued:			7-01-25	RoomName:			MEETING ROOM
IDI	',		Client:			MTICS	m²:	5.7 m²		
RISK LEVEL:			Low							
	RAL REQUIREME	NTS								
INTERIOR FINISI			material		finish	า			remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished	1				
\A/=!I.										
Wall:		GW	B - Impact Resist	ant	Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	•	Sheet:		F	Remarks:				
	Crash Rails:	Standa	_	_						
	Hand Rails: Chair Rail:	Standa	_	_						
		_	rd Anti-Li			L				
Door(s):	Clear Opening (W x H)	: 9	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
	✓ Door Sidelight	t								
Door Hardware:	Door Protecti		Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks	:				
	Automatic Op Access Contro		✓ Locking							
	Door Glazing: Sic									
	Hardware Type:: OF									
Windows:	Operable Window		✓ Standard	Sec	uro		Remarks:			
willuows.	External Glazing a		✓ Standard ✓ Standard	Sec		High Secui				
	External Glazing H	lardware:	✓ Standard	Sec	ure 🔲 F	High Secui	rity			
	Exterior Window Internal Glazing a			☐ Sec		High Secui				
	Blackout	Blind	✓ Standard Roller:	Sec Shutter	ure F	High Secui or	Other			
Casawark / Millag		Security:		C Socur			Remarks			
Casework / Millwork	/Counter Linear Length		☐ Regular	Secur	Work Surface		Remarks			
	or % of perimeter wall			Counter/	Height (mm):					
	Upper Cupboa		Counte			Lockable				
	Lower Cupboa	ai US	Stainle	ss Steel						
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks			- Acoustics and
	NC Rating:	30-35						Noise Co	TU UI	
GENERAL ROOM	и REMARKS:	Coat Hook	ks: 🗸 Standard	Anti-Li	igature No o			Mirrors: [✓ Standard	☐ Vandal-Proof
		Dim:				Hooks:	Whiteboard		0mm wide x	
	Remarks:	Shall seat	8; shall include t	table. chairs	and whiteho	ard		<u> </u>		
		seat	-,	,						

Project Name:	Department:	ES ADMINISTRATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
VALLEYVIEW PROJECT	US.U IVIAPL	LO ADIVINIO I NATION	5-IVIALLES ADIVINVISTIVATIO			
Project Number: 35720	Draft:	2 Final	Program Number:	03.0-17		
Sign Off:	Date Issued:	2017-01-25	RoomName:	MEETING ROOM		
IBI	Client:		m²:	WILLTING ROOM		
		MTICS	16.7 m²			
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
Can Air be Returned Rate (A/n to System	C):	Special Exhau	ust Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene		Hopper	Water Fountain			
Lavatory Wall Standard		wc [Emergency Shower			
Double Laborato	Electronic Conf	Barrier Free WC	Corrosion Resistant Fittings			
Deep Equipment		Floor Drain	Other:			
Other:						
Size:	-					
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC /et Dry		ressure Monitor	ent Controlled		
Rack Storage (2.4m high) FXHAUST: Pressure: Equal	Types: Positive No	egative Other:				
Pressure: ☐ Equal Air Temp: ✓ Standa		Other:				
All Temp.	Tu Special	other.				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal			✓ Clock			
Receptacle Count: Conven	ience: 2 duplex, Floorbo	oxes: 1 quadplex				
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont Charting Light	☐ "In Use" Ligh	Lighting Ren	narks:			

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		PLES ADMINISTRA		SUB DEPARTMENT:	ADMINISTRATION	
Project Number:	35720	Draft:	2 Final		Program Number:		03.0-17
	Sign Off:	Date Issued:	2017-	01-25	RoomName:		MEETING ROOM
		Client:		MTICS	m²: 16.7 m²		
RISK LEVEL:		Low					
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Coax/ Data TV Ou	ata): 0 utlet: 0		Intercom Station Video Intercom Station Intercom Master Station		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera	_	nical Camera nical Camera Monitor	Card Reader	L		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commen							

Project Name: VALI	EYVIE	W PROJEC	Department: 03.0	MAPLES A	DMINISTR	RATION	SUB DEPARTMENT: 3-MAPLES ADMINISTRATION				RATION
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nui	mber:		03.0-1	. 8
		Sign Off:	Date Issued:	ed: 2017-01-25					KITCHE	NETTE/ BR	EAK AREA
IBI			Client:			MTICS	m²:	l1.1 m	2		
RISK LEVEL:			Standar								
				u							
ARCHITECTURA		<u> UIREMENTS</u>	<u>S</u>								
INTERIOR FINISHI	_	height	material		finish				remarks		
Ceiling:	2750)	Acoustic Tile	V	Vashable						
Wall:			GWB	P	aint						
Floor:				R	esilient						
Base:	100		Flash Cove								
Wall Protection:	Corner Go Crash Rail Hand Rail Chair Rail	ls: Sta	Sheet: andard Anti-Li andard Anti-Li andard Anti-Li	gature	R	emarks:					
Door(s):	ear Openi	ing (W x H):	914 x 2135	Material:	Solid Core			Finish: [Plam		1
	✓ Doo	or Sidelight						L			
	Aut Acc Door G	or Protection comatic Opener cess Control lazing: Side gla Type:: OF-01	✓ Locking azing	of Hardware		Half glaz			can not be provid	ed	
Windows:	Externa Externa Exterio Interna	_	vare: Standard ment: Standard ame: Standard Blinds Roller	Secui Secui Secui Secui Secui Secui	re	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity	5:			
Casework / Millworl	C:	Casework Secu	urity: 🗹 Regular	Secure			Remark	s:			
Min Millwork /C (mm) o	° % of peri ✓ Up	per Cupboards ver Cupboards	✓ Counte	Н	ork Surface 9 eight (mm):	Lockable					
ACOUSTICS:		g Wall / 45 / Ceiling: 35-40	0	RT 60:	N/A		Remark		er to Appendix 1D se Control	- Acoustics	and
GENERAL ROOM	REMAR	KS: Coat	: Hooks: 🗸 Standard	Anti-Lig	ature No of			Mirr	ors: Standard	Vanda	al-Proof
	Тас	ckboard Dim:	:		н	looks: ✓ w	Vhiteboard	Dim:	915mm wide X 6	10mm high	ı
	Re		in millwork to accom ptacle, paper towel di								

Project Name:	Department:		SUB DEPARTMENT:							
VALLEYVIEW PROJECT	03.0 MAPLES A	DMINISTRATION	3-MAPLES ADMINISTRATION							
	Draft:		Program Number:							
Project Number: 35720	prepop 1 2	✓ Final	03.0-18							
Sign Off:	Date Issued:		RoomName:							
ini		2017-01-25	KITCHENETTE/ BREAK AREA							
IBI	Client:		m²:							
		MTICS	11.1 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
Type: ACLIDAT C2 1 01	Rei	marks: Exhaust								
HVAC:	, incl	LATIBUSE								
Can Air be Returned Rate (A/	7.	Snecial Exhau	ust Air Required: 0							
to System	<i>-</i> ,	Special Extrac	berni Required.							
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks							
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain							
Lavatory Wall Standard		☐ WC	Emergency Shower							
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings							
Double	Electronic Controls	Floor Drain	Other:							
Deep Equipment										
Other:	-									
Size:										
Local Adjustment Room Control Remarks:	Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: □ Rack Storage (2.4m high) Types:									
Air Temp: 📝 Standa	rd Special	Other:								
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Emerge	ncy		Clock							
	ience: 2 duplex, Countertop: ave, fridge, dishwasher, coffe		ounter, Special Equipment (additional outlets):							
Patient Care Area Designation (as per CSA Z32):										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rem	narks:							
☐ Dimmable Lighting	In Use" Light	Undercabi	net lighting							
✓ Switch & Light Cont ☐ Charting Light	rols Vanity Light									

Project Name: VALLEYVIE	W PROJECT	Department: 03.0 MAPLES ADMINISTRATION				SUB DEPARTMENT:	3-MAPLES ADMINISTRATION		
Project Number:	35720	-Draft: prepop	1 :	✓ 2 Final		Program Number:		03.0-18	
·	Sign Off:			2017	-01-25	RoomName:	КІТСНІ	ENETTE/ BREAK AREA	
IBI		Client:			MTICS	m²: 11.1 m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIR	EMENTS								
IMIT SYSTEMS:									
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): :let: 1		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Status	s	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	=	nical Camera nical Camera Moni	tor	Card Reader			aff Assist itient Assist	Duress - Wired Duress - Wireless	
,									
OTHER									
Equipment Remarks:	Dishwasher CP	CI		Operational Remarks:					
Room Data Sheet Comment:									

Project Name: VALLE	YVIEW PROJ	Department: 03.0	MAPLES A	OMINISTRA		SUB DEPARTMENT: 3-MAPLES ADMINISTRATION			
Project Number:	35	720 Draft: prepop	1 2	✓ Final		Program Numb	oer:	03.0-19	
[-	Sign Off:	Date Issued:	Date Issued: 2017-01-25				НО	USEKEEPING CLOSET	
IBI		Client:			MTICS	m²: 3.	5 m²		
RISK LEVEL:		Standar	-d						
			u						
ARCHITECTURAL		115							
INTERIOR FINISHES:		material		finish			remarks		
Ceiling:	2750	GWB - Moisture Res	istant Pa	aint					
Wall:		GWB - Moisture Res	sistant Pa	aint					
Floor:			Re	esilient					
Base:	100	Flash Cove			_				
	rner Guards:	Sheet:		Re	emarks:				
	_	_	igature						
		_	igature						
Chi	air Rail:	Standard Anti-L	igature						
Door(s): Clear	Opening (W x H):	914 x 2135	Material: S	Solid Core		Fin	iish: Plam		
	Door Sidelight		_						
	Door Protection Automatic Open Access Control Door Glazing:	Anti-Ligatu Tamperpro ✔ Locking	ure & Do pof Hardware	oor Remarks:					
ı	Joor Glazing:								
Har	dware Type:: SR-0:	1							
E E	Operable Windows: External Glazing and External Glazing Hare Exterior Window Tre Internal Glazing and Blackout	dware: Standard eatment: Standard Frame: Standard	Securion Securio Securion Securio Se	re Hi re Hi re Hi	gh Securi gh Securi gh Securi gh Securi	ity			
Casework / Millwork:	Casework Se	ecurity: 🗹 Regular	Secure				Floor to ceiling adjusta		
Min Millwork /Cour (mm) or %	of perimeter wall:			eight (mm):			450mm deep. Shelf he 1.8m. Provide broom		
	Upper Cupboard Lower Cupboard	=	er Top ess Steel	<u> </u>	Lockable				
ACOUSTICS: STC	Rating Wall / Floor / Ceiling:		RT 60:	N/A			Refer to Appendix 1D Noise Control	- Acoustics and	
	NC Rating: N/	A							
GENERAL ROOM RE	\neg	oat Hooks: Standard	Anti-Liga	ature No of 0	ooks:	/hitah	Mirrors: Standard	☐ Vandal-Proof	
L	Tackboard Di	m:			W	/hiteboard [Dim:		
		ovide shelf with mop ar k and floor drain	nd broom hold	ers and hoo	ks, soap d	dispenser, pa	per towel dispenser. Si	nall include mop	

Project Name:	Department:	EC ADMINISTRATION	SUB DEPARTMENT:			
VALLEYVIEW PROJECT	03.0 MAPL	ES ADMINISTRATION	3-MAPLES ADMINISTRATIO			
	Draft:		Program Number:			
Project Number: 35720	prepop 1	2 Final	03.0-19			
Sign Off:	Date Issued:	2017-01-25	RoomName:			
IRI		2017-01-23	HOUSEKEEPING CLOSE			
151	Client:	MTICS	m ² : 3.5 m ²			
RISK LEVEL:	Standard					
	Stanuaru					
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks: Exhaust				
HVAC:		Kemarks. Exhaust				
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0			
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap		Plumbing Remarks			
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain			
Lavatory Wall Standard	✓ Standard		Emergency Shower			
✓ Janitorial ✓ Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Contr	rols Floor Drain	Other:			
Deep Equipment	24 X 24 floor mounted					
Other:	janitors sink					
Size: 24 X 24						
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative l Local Adjustmen		n Isolation Patient Controlled ressure Monitor			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Othe	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Equal	Positive Ne	gative Other:				
Air Temp: 🗸 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:			_			
Types of Power: Normal			Clock			
Receptacle Count: Conven	ience: 1 duplex GFI					
Power Remarks: GFI						
Patient Care Area Designation (as per CSA Z32):						
	ahtina 🗆 · · ·		andre.			
LIGHTING: Workstation Task Lighting		Lighting Ren	lidi KS.			
☐ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light					
Switch & Light Cont Charting Light	rols Vanity Light					

Project Name: VALLEYV	oject Name: VALLEYVIEW PROJECT	Department: 03.0	MAPLES A	ADMINISTR	RATION	SUB DEPARTMENT:	3-MAPLES	ADMINISTRATION
Project Number:	35720	-Draft: prepop	1 2] 🗸 Final	Program Number:		03.0-19	
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	НС	OUSEKEEPING CLOSET
		Client:			MTICS	m ² : 3.5 m ²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0 Outlet: 0		Video Ir	n Station Itercom Station n Master Static		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L		aff Assist Itient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VAI	LLEYVIEW PR	OJECT		APLES CO		BIFROST, OGRAMS	SUB DEPARTMENT: 4A-CONN			
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	04.0-01	
	Sign Off:		Date Issued:		20	17-01-25	RoomName:		RECEPTION/ WAITING	
IBI	J		Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Medium	1						
		45NT6	ivicalan	•						
ARCHITECTUR		IENIS								
INTERIOR FINISH	g.r.c		material	1	1	nish		remarks		
Ceiling:	2750	GW	3 - Impact Resist	ant	Paint					
Wall:		GW	3 - Impact Resist	ant	Paint					
Floor:					Resilient					
Base:	100	Flas	h Cove]					
						[
Wall Protection:	Corner Guards: Crash Rails:	_	Sheet: 🗸	~atura		Remarks:				
	Hand Rails:	Standa Standa	_	gature gature						
	Chair Rail:	Standa	_	gature						
	Chair Rail.	Stariua	IU AIIU-LI	gature						
Door(s):	Clear Opening (W x	H):		Material:			Fii	nish:		
	Door Sidelig	tht								
Door Hardware:	Door Protect	Opener	Anti-Ligatu Tamperpro	re & oof Hardware	Door Remar	rks:				
	Access Cont	rol								
	Door Glazing:									
	Hardware Type::									
Windows:	Operable Windo	ows:	Standard	✓ Sec	ure		Remarks:			
	External Glazing	and Frame:	Standard	✓ Sec	ure] High Secur	rity			
	External Glazing		Standard	✓ Sec		High Secur				
	Exterior Windov Internal Glazing		Standard Standard	✓ Sec	_	High Secur High Secur				
	Blackout	✓ Blind		Shutter [1 Way M		Other			
		<u> </u>		_	'	-				
Casework / Millwo		ork Security:	Regular	Secui			Remarks:			
	Counter Linear Leng or % of perimeter w			Counter/	Work Surface Height (mm					
, ,	Upper Cupb		Counte	er Top	[Lockable				
	Lower Cupb	oards	Stainle	ss Steel						
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60	: 0.7		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and	
	NC Rating:	35-40								
GENERAL ROOM	I REMARKS:	Coat Hook	s: Standard	Anti-L	igature No	o of Coat Hooks:		Mirrors: Stand	lard Vandal-Proof	
	Tackboard	Dim:					Whiteboard I	Dim:		
	Remarks:	Waiting a	rea. Shall seat m	in. 3 people						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		
VALLETVIEWTROJECT		REACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0-01
35720	prepop 1	2 Final		04.0-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	DECEDITION / WAITING
IBI		2017 01 23		RECEPTION/ WAITING
101	Client:	MTICS	m²:	
		WITCS	8. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62.1.01		Remarks:		
HVAC: Type: ASHRAE 62.1-01		Remarks.		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
	A		DI.	umhing Romarks
sink mounting faucet	tap	Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Contro	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	with Room Relative H	umidity with Infection	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	·	ressure Monitor Patient C	Controlled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry :	Standpipe Oth	er:	
	_			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: equal	Positive Nega	ative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Types of Fower. NOTITIAL			_	
Pacantacla County Convers	inner 2 doubles			
Receptacle Count: Conven	ience: 2 duplex			
Power Remarks:				
Patient Care Area Designation				
Patient Care Area Designation (as per CSA Z32):				
(
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont				
Charting Light	vanity Light			

					SUB DEPARTMENT:		
Project Name:	Department: 04.0 N	Department: 04.0 MAPLES CONNECT, BIFROST,					4A-CONNECT
VALLEYVIEW PROJ	L/ · I	AND OUTRE					
Project Number: 35	Draft: prepop	1 2	Final		Program Number:		04.0-01
Sign Off:	Date Issued:		2017-	01-25	RoomName:	ſ	RECEPTION/ WAITING
IBI	Client:		ı	MTICS	m²: 8. m²		
RISK LEVEL:	Mediu	m					<u>'</u>
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Clinical Camera Mo	nitor	Card Reader Intrusion Det			aff Assist atient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Comment:							

Project Name: VALLEYVIEW PRO	IF(I	APLES CONNECT, ND OUTREACH PF		SUB DEPARTMENT:		4A-CONNECT
Project Number: 3.	5720 Draft: prepop	1 2 Final		Program Number:		04.0-02
Sign Off:	Date Issued:	20	017-01-25	RoomName:	OFFICE, PROG	RAM COORDINATOR
	Client:		MTICS	m²: 11.1 m²	2	
RISK LEVEL:	Standar	d				
		<u> </u>				
ARCHITECTURAL REQUIREMEN	W13					
INTERIOR FINISHES: height	material		nish		remarks	
Ceiling: 2750	Acoustic Tile	Pre-Finish	ied			
Wall:	GWB	Paint				
Floor:		Carpet				
11001.		Carpet				
	10.11					
Base: 100	Rubber		_			
Wall Protection: Corner Guards:	Sheet:		Remarks:			
Crash Rails:	Standard Anti-Li	gature				
Hand Rails:	Standard Anti-Li	gature				
Chair Rail:	Standard Anti-Li	gature				
Door(s): Clear Opening (W x H):	914 x 2135	Material: Solid Cor	·e	Finish: F	Plam	
✓ Door Sidelight						
		0				
Door Hardware: Door Protection Automatic Ope	Tamperpro	oof Hardware	rks: Half glaz	ed door if sidelite	can not be provide	ed
Access Control	✓ Locking					
Door Glazing: Side	e glazing					
Hardware Type:: OF-						
Traitiwate Type						
Windows: Operable Windows		Secure	7	Remarks:		
External Glazing an External Glazing Ha		Secure Secure	☐ High Secur	-		
Exterior Window Ti	_	Secure	☐ High Secur ☐ High Secur			
Internal Glazing and	=	Secure	High Secur	-		
Blackout	✔ Blinds	Shutter 1 Way N	/lirror	Other		
Casework / Millwork: Casework S	Security: Regular	Secure		Remarks:		
Min Millwork /Counter Linear Length		Counter/ Work Surface	-e			
(mm) or % of perimeter wall:		Height (mn				
Upper Cupboar	=		Lockable			
Lower Cupboar	rds Stainle	ess Steel				
ACOUSTICS: STC Rating Wall / 45	5	RT 60: 0.7		Remarks: Refe	er to Appendix 1D -	Acoustics and
Floor / Ceiling:				Nois	se Control	
NC Rating: 30	J-35					
GENERAL ROOM REMARKS:	Coat Hooks: 🗹 Standard	Anti-Ligature N	o of Coat 2 Hooks:	Mirr	rors: Standard	☐ Vandal-Proof
✓ Tackboard D	Dim: 610 mm wide X 91	.5 mm high	✓ w	Vhiteboard Dim:	610mm wide X 9	15mm high
Remarks: Sł	nall accommodate desk	and a chair, filing cabi	net(2), and si	de chair.		
L						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4A-CONNECT
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0.02
35720	prepop 1	2 Final		04.0-02
Sign Off:	Date Issued:	2017.01.25	RoomName:	
LDI		2017-01-25	OFFI	CE, PROGRAM COORDINATOR
IBI	Client:		m²:	
		MTICS	11.1 m²	
DICK I EVEL:	Chandord			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
IIVAC.				
✓ Can Air be Returned Rate (A/	C)-	Snecial Exhau	ust Air Required: 0	
to System	5,.	Special Extra	aser in riequirear 0	
PLUMBING FIXTURES:				
	ton			Plumbing Remarks
sink mounting faucet	tap	Urinal	Eyewash	Fluinbling Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Conti	rols Floor Drain	Other:	
Deep Equipment				
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control Clocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustme		ressure Monitor	ent Controlled
Rack Storage (2.4m high)	Types:			
Nuck Storage (2.411 high)	турсэ.			
EXHAUST: Pressure: equal	Positive Ne	gative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		clock	
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light	i		
Switch & Light Cont	_			
Charting Light	variity Light			

						T		
Project Name:		Department: 04.0 MAPLES CONNECT, BIFROST,				SUB DEPARTMENT:		4A-CONNECT
VALLEYVIE	W PROJECT		ND OUTREA					471 CONTRECT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		04.0-02
	Sign Off:	Date Issued:	1 2	TITIOI		RoomName:		
İRİ	Jigii Oii.			2017-	01-25		OFFICE, PROG	GRAM COORDINATOR
		Client:		ľ	MTICS	m²: 11.1 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet: 0		_	tation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Monit		Card Reader Intrusion Dete			ff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW P	ROJECT			NNECT, BIF		SUB DEPART	TMENT:		4A-CO1	NNECT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Nu	mber:		04.0-03	3-01
Sign Of	ff:	Date Issued:		2017	'-01-25	RoomName	:		OFFICE, T	RAINER
IBI		Client:			MTICS	m²:	9.2 m²			
RISK LEVEL:		Standard								
	NACNITC	Standard								
ARCHITECTURAL REQUIRES										
INTERIOR FINISHES: heigh		material		finish				remarks		
Ceiling: 2750	Acc	oustic Tile		Pre-Finished						
Wall:	GW	В		Paint						
Floor:				Carpet						
Base: 100	Rub	ber								
Wall Protection: Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa	ard Anti-Liga	ature	R	emarks:					
Clear Opening (M	~ IIV.			Callal Carra			Finish.	N		
Door(s): Clear Opening (W		914 x 2135	Material:	Solid Core			Finish: F	riam 		
✓ Door Sidel	light									
Door Hardware: Door Prote Automatic Access Col Door Glazing:	Opener ntrol	Anti-Ligature Tamperproof Locking		Door Remarks:	Half glaz	ed door if s	idelite	can not be provide	ed	
Hardware Type::	OF-01									
Windows: Operable Wind External Glazir External Glazir Exterior Windo Internal Glazir Blackout	ng and Frame ng Hardware: ow Treatmen	Standard Standard Standard	Seco	ure	iigh Secur iigh Secur iigh Secur iigh Secur	rity rity				
Casework / Millwork: Casew	vork Security:	Regular	Secur	e		Remark	ks:			
Min Millwork /Counter Linear Ler (mm) or % of perimeter · Upper Cup Lower Cup	wall:	Counter Stainless	Тор	Work Surface Height (mm):	Lockable					
ACOUSTICS: STC Rating Wall / Floor / Ceilin, NC Rating			RT 60:	0.7		Remark		r to Appendix 1D e Control	- Acoustics ar	nd
GENERAL ROOM REMARKS:	Coat Hoo	ks: 🗹 Standard	Anti-Li	gature No of			Mirr	ors: Standard	☐ Vandal-	Proof
✓ Tackboard	d Dim: 6:	10 mm wide X 915	mm high	H	looks:	Vhiteboard	Dim:	610mm wide X 9	15mm high	
Remarks:	Shall acco	ommodate desk an	nd chair, fil	ing cabinet, a	nd side cl	hair.				

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	04.0 MAPLES CON				
TALLET VIL VV I NOTECT		ACH PROGRAMS	D N 1		
Project Number:	Draft:		Program Number:	04.0-03-01	
35720	prepop 1 2	Final		04.0-03-01	
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE TRAINER	
IBI		2017 01 23		OFFICE, TRAINER	
101	Client:	MTICS	m²:		
		WITICS	9.2 m²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: ACUDAT 62.1.01	Por	marks:			
HVAC: Type: ASHRAE 62.1-01	Kei	ildiks.			
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
		_	plbis	ag Romarks	
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks	
Handwash Counter Goosene		Hopper	Water Fountain		
Lavatory Wall Standard		☐ WC	Emergency Shower		
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Controls	Floor Drain	Other:		
Deep Equipment					
Other:					
Size:					
ROOM CONTROLS. Room Temp Control	with Room Relative Humic	lity with Infectio	n Isolation		
ROOM CONTROLS: Local Adjustment	Local Adjustment		Pressure Monitor Patient Control	olled	
Room Control Remarks:	,				
FIRE PROTECTION: Sprinkler Type: V	/et Dry Stan	dpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive Negative	Other:			
Air Temp: 📝 Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
			Clock		
Types of Power: Normal					
Receptacle Count: Conven	ience: 2 duplex, Workstations	s: 1 quadplex			
Power Remarks:					
rowel Remarks.					
2:: 12					
Patient Care Area Designation (as per CSA Z32):					
(as per CSA 232).					
LIGHTING: Workstation Task L	ghting Night Light	Lighting Rer	marks:		
Dimmable Lighting	"In Use" Light	5g //c/			
✓ Switch & Light Cont					
Charting Light	rols Vanity Light				

					SUB DEPARTMENT:		
Project Name:	04	Department: 04.0 MAPLES CONNECT, BIFROST,					4A-CONNECT
VALLEYVIEW PROJ	ECT		TREACH PROG				
Project Number: 35	Draft: pre	epop 1	2 Final		Program Number:		04.0-03-01
Sign Off:	Date Issued	:	2017-	-01-25	RoomName:		OFFICE, TRAINER
IBI	Client:			MTICS	m²: 9.2 m²		
RISK LEVEL:	Star	ndard					
TECHNOLOGY REQUIREMENTS	ì						
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Vid	ercom Station eo Intercom Station ercom Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera		Card Reader	_		aff Assist tient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Comment:							

Project Name: VALLEY	VIEW PROJE	·		INECT, BIF ACH PROG		SUB DEPART	MENT:		4A-CO	NNECT
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Nui	mber:		04.0-0	3-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:			OFFICE,	TRAINER
IBI		Client:			MTICS	m²:	9.2 m²			
RISK LEVEL:		Standard	٦							
	FOLUDEN 4ENT		ч							
ARCHITECTURAL R		<u>S</u>								
INTERIOR FINISHES:	height	material	5	finish				remarks		
Ceiling:	2750	Acoustic Tile	P	re-Finished						
Wall:		GWB	P	aint						
Floor:			C	Carpet						
_		1								
Base:	100	Rubber								
Crash		Sheet: andard andard Anti-Lig	_	Re	emarks:					
Chair	Rail: St	andard 🗌 Anti-Lig	gature							
Door(s): Clear C	pening (W x H): Door Sidelight	914 x 2135	Material:	Solid Core		ı	Finish: PI	am		
	Door Protection Automatic Opener Access Control or Glazing: Side gl	Locking	re & D of Hardware	Ooor Remarks:	Half glaz	ed door if si	delite ca	an not be provide	ed	
Ext Ext Ext	erable Windows: ernal Glazing and F ernal Glazing Hardv erior Window Trea ernal Glazing and Fi Blackout	vare: Standard tment: Standard	Secui Secui Secui Secui Secui	re Hi re Hi re Hi	gh Secur gh Secur gh Secur gh Secur	ity ity	5:			
Casework / Millwork:	Casework Sec	urity: 🗌 Regular	Secure			Remark	s:			
Min Millwork /Counte (mm) or % of	er Linear Length perimeter wall: Upper Cupboards Lower Cupboards	Counte		leight (mm):	Lockable					
	NC Rating: 30-3	5	RT 60:	0.7		Remark		to Appendix 1D Control	- Acoustics a	nd
GENERAL ROOM REM	IARKS: Coa	t Hooks: 🗹 Standard	Anti-Liga	ature No of	Coat 2		Mirro	rs: Standard	Vandal	-Proof
•	Tackboard Dim	610 mm wide X 91	5 mm high			Vhiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Shall	accommodate desk a	and chair, filir	ng cabinet, ar	nd side ch	hair.	L			

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT,		4A-CONNECT
TALLET VIL VV I NOSECT	AND OUTREACH PR		
Project Number:	Draft:	Program Number:	04.0-03-02
35720	prepop 1 2 Final		04.0-03-02
Sign Off:	Date Issued:	RoomName:	OFFICE TRAINER
IBI			OFFICE, TRAINER
101	Client:	MTICS m ² : 9.2 m ²	
		MTICS 9.2 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACHDAE 62.1.01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	l Eyewash	Plumbing Remarks
Handwash Counter Goosene		er Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barri	er Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment	Infection Isolation Room Pressure Monitor Other:	nt Controlled
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:	
Air Temp: ✓ Standa	rd Special Other:		
_	_		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quad	olex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont			
Charting Light	rols Vanity Light		

n :		n		CLID	DEDARTMENT		
Project Name:		Department: 04.0 MAPLES	CONNECT, BIF		DEPARTMENT:		4A-CONNECT
VALLEYVII	EW PROJECT		UTREACH PROG				
Project Number:	35720	Draft:	2 Final	Prog	gram Number:		04.0-03-02
	Sign Off:	Date Issued:	2017-	·01-25	mName:		OFFICE, TRAINER
IBI		Client:		MTICS m²:	9.2 m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0	v	itercom Station ideo Intercom Station itercom Master Station	Tele	ds Free metry conferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	nical Camera nical Camera Monitor	Card Reader Intrusion Det			ff Assist tient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VALLE	YVIEW F	ROJEC			IAPLES CO						4A-CONNECT
Project Number:		3572	Draf	t: prepop	1 2	✓ Final		Program Nu	umber:		04.0-03-03
IBI	Sign (Off:	Date	e Issued:		201	.7-01-25	RoomName	e:		OFFICE, TRAINER
			O c.				MTICS		9.2 m ²	2	
RISK LEVEL:				Standar	rd						
ARCHITECTURAL	REQUIRE	MENTS	5								
INTERIOR FINISHES				material		fini	sh			remarks	
Ceiling:	2750	,	Acoustic	Tile		Pre-Finishe	d				
Wall:			CMD			Daiat					
***************************************			GWB			Paint					
Floor:		'				Carpet					
Base:	100		Rubber					I.			
Wall Protection: Co	rner Guards:		Shee			•	Remarks:				
	ash Rails: and Rails:	_	ndard	_	igature						
	nair Rail:	_	ndard ndard	_	igature igature						
Dana (a) Clea	r Opening (W			< 2135	Material:	Solid Core			Finish:	Dlam	
2001 (3).	✓ Door Side		914	(2133	I Widterial.	Joliu Core				riaiii	
	Access Co	ontrol Side gla		Anti-Ligatu Tamperpro	ure & oof Hardware	Door Remark	s: Half glaz	zed door if s	sidelite	can not be provide	ed
Windows:	Operable Win External Glaz External Glaz Exterior Wind Internal Glazi Blackout	ndows: ing and Fraing Hardw dow Treating and Fra	ame: ame:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secu High Secu High Secu High Secu ror	rity rity			
Casework / Millwork:	Case	work Secu	rity:	Regular	Secur	·e		Remar	ks:		
Min Millwork /Cou (mm) or % [nter Linear Le of perimeter Upper Cu Lower Cu	wall:pboards			Counter/ er Top ess Steel	Work Surface Height (mm):	Lockable				
ACOUSTICS: ST	C Rating Wall Floor / Ceili				RT 60	0.7		Remar		er to Appendix 1D - se Control	- Acoustics and
		ng: 30-35	;						14013	SC CONTROL	
GENERAL ROOM RE	MARKS:	Coat	Hooks:	✓ Standard	Anti-L	igature No	of Coat 2		Mir	rors: Standard	Vandal-Proof
	✓ Tackboai	d Dim:	610 m	m wide X 9:	15 mm high			Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks	Shall	accomm	odate desk	and chair, fi	ling cabinet,	and side c	hair.			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4A-CONNECT
TALLET VIEW I NOSECT	AND OUT	REACH PROGRAMS	Program Number:	
Project Number: 35720	prepop 1	2 Final	Program Number.	04.0-03-03
Sign Off:	Date Issued:	Z Tillai	RoomName:	
· ·		2017-01-25		OFFICE, TRAINER
IBI	Client:		m²:	
		MTICS	9.2 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62 1 01		Remarks:		
HVAC:				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System		·	·	
DI LINADINIO EIVELIDEO				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic contro	Floor Drain	Other:	
Other:				
	-			
Size:				
Poom Tomp Control	with Doom Polative H	umidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Hi Local Adjustment	·	Pressure Monitor Patient Control	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Nega	ative Other:		
EXTROST.				
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstat	ions: 1 quadplex		
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
(00 pc. 00 202).				
LIGHTING: Workstation Task L	ghting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name:		Department: 04.0 MAPLE	S CONNECT, BIF		DEPARTMENT:		4A-CONNECT
VALLEYVII	EW PROJECT		UTREACH PROG				
Project Number:	35720	Draft: prepop 1	2 Final	Progr	ram Number:		04.0-03-03
	Sign Off:	Date Issued:	2017	-01-25 Room	nName:		OFFICE, TRAINER
		Client:		MTICS m²:	9.2 m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		ntercom Station Video Intercom Station Intercom Master Statio	Telen	s Free netry onferencing	Room Status	s
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Monitor	Card Reader			f Assist ent Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commer	nt:						

Project Name: VALLEYVIEW PROJECT		NNECT, BIFROST, EACH PROGRAMS	SUB DEPARTMENT:	4A-CONNECT
Project Number: 35720	Draft:	Final	Program Number:	04.0-04
Sign Off:	Date Issued:	2017-01-25	RoomName:	HARED OFFICE, PT PSYCHOLOGIST
	Client:	MTICS	m²: 11.1 m²	
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish		remarks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall: GW	В	Paint		
Floor:		Carpet		
Base: 100 Rub	ber			
Wall Protection: Corner Guards: Crash Rails: Standa	Sheet: rd Anti-Ligature	Remarks:		
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd 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 &	Door Remarks: Half glaz	ed door if sidelite can i	not be provided
Automatic Opener	Tamperproof Hardware Locking			
Access Control Door Glazing: Side glazing				
Hardware Type:: OF-01	,			
Windows: Operable Windows:	Standard Seco	ure	Remarks:	
External Glazing and Frame:			rity	
External Glazing Hardware:	✓ Standard Seco			
Exterior Window Treatment Internal Glazing and Frame:			-	
Blackout Blinc		ure High Secur 1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur	re	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	RT 60:	0.7	Remarks: Refer to Noise Co	Appendix 1D - Acoustics and
NC Rating: 30-35				
GENERAL ROOM REMARKS: Coat Hool	ks: 🗸 Standard 🗌 Anti-Li	gature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof
✓ Tackboard Dim: 61	10 mm wide X 915 mm high		Vhiteboard Dim: 610	Omm wide X 915mm high
Remarks: Shall acco	ommodate 2 work stations			

Project Name:	Department:	SUB DEPARTMENT:			
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT,		4A-CONNECT		
VALLETVIEWTROSECT	AND OUTREACH PR				
Project Number:	Draft:	Program Number:	04.0-04		
35720	prepop 1 2 Final		04.0-04		
Sign Off:	Date Issued:	RoomName: SHARE	OFFICE DT DEVCHOLOCIET		
IBI			O OFFICE, PT PSYCHOLOGIST		
	Client:	MTICS m ² : 11.1 m ²			
		11.11			
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: ACUDAT 62 1 01	Remarks:				
HVAC: Type: ASHRAE 62.1-01	Remarks.				
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0			
to System					
PLUMBING FIXTURES:					
	1		DI I: D /		
sink mounting faucet	tap Urin	al Eyewash	Plumbing Remarks		
Handwash Counter Goosene		per Water Fountain			
Lavatory Wall Standard	Standard WC	Emergency Shower			
Janitorial Floor Laborato	ory Foot Pedal Barr	er Free WC Corrosion Resistant Fittings			
Double	Electronic Controls Floo	Drain Other:			
Deep Equipment					
Other:					
Size:	-				
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:					
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:			
Air Temp: ✓ Standa	ard Special Other:				
_					
ELECTRICAL REQUIREMENTS					
GENERAL POWER:		Clock			
Types of Power: Norma	& Emergency	Clock			
Receptacle Count: Conver	ience: 2 duplex, Workstations: 2 quad	plex			
Power Remarks:					
Patient Care Area Designation (as per CSA Z32):					
	inhairn	Lighting Remarks:			
Workstation Tack I	Ignting Night Light				
LIGHTING: Workstation Task L					
Dimmable Lighting	In Use" Light				
Dimmable Lighting Switch & Light Conf	In Use" Light				
Dimmable Lighting	In Use" Light				
Dimmable Lighting Switch & Light Conf	In Use" Light				

Project Name:		Department:				SUB DEPARTMENT:		
VALLEYVIE	W PROJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS					4A-CONNECT	
		Draft:	ND OUTREA			Dragram Number		
Project Number:	35720	prepop	1 2	✓ Final		Program Number:		04.0-04
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	SHARED OFFIC	CE, PT PSYCHOLOGIST
IBI		Client:			MTICS	m²: 11.1 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou IMIT Remarks: SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	ata): ottlet: ottle	nical Camera nical Camera Moni	Intercom	Station Percom Station Master Station Card Reader Intrusion Det	No.:		Room Status aff Assist tient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Lemarks:				
Room Data Sheet Comment	t:							

Project Name: VA l	LLEYVIEW PROJE	/·I		ECT, BIFROST, CH PROGRAMS		4A-CONNECT	
Project Number:	357	Draft: prepop	1 2	✓ Final	Program Num	ber:	04.0-05
	Sign Off:	Date Issued:		2017-01-25	RoomName:		STORAGE
IB		Client:		MTICS	m²: S 8	3. m²	
RISK LEVEL:		Standar	d				
	RAL REQUIREMENT						
INTERIOR FINISI		material		finish		remarks	
Ceiling:	2750	Acoustic Tile	Pre	-Finished			
Mall.							
Wall:		GWB	Pair	nt			
Floor:			Res	ilient			
Base:	100	Flash Cove					
Wall Protection:	Corner Guards:	Sheet:		Remarks:			
		tandard Anti-Li tandard Anti-Li	_				
		tandard Anti-Li	_				
5 ()	Clear Opening (W x H):			lid Core	Eir	nish: Plam	
Door(s):	Door Sidelight	914 x 2135	Material. 30	iid Core		man. Plam	
Door Hardware:	Door Protection Automatic Opene	Anti-Ligatu r Tamperpro	re & Doo oof Hardware	r Remarks:			
	✓ Access Control	✓ Locking					
	Door Glazing:						
	Hardware Type:: OF-02						
Windows:	Operable Windows:	Standard	Secure		Remarks:		
	External Glazing and F	=	Secure	High Secu			
	External Glazing Hard Exterior Window Trea		Secure	High Secu			
	Internal Glazing and F		Secure Secure	High Seco			
	Blackout	Blinds Roller	Shutter 1	Way Mirror	Other		
Casework / Millwo	ork: Casework Sec	curity: Regular	Secure		Remarks:		
	/Counter Linear Length		Counter/ Work				
(mm)	or % of perimeter wall: Upper Cupboards	Counte	_	tht (mm): Lockable	<u> </u>		
	Lower Cupboards	=	ess Steel		-		
ACOUSTICS:	STC Rating Wall / 40		RT 60: N/	A	Remarks:	Refer to Appendix 1D	- Acoustics and
	Floor / Ceiling: N/A					Noise Control	
GENERAL ROOM	/ REMARKS: Coa	t Hooks: Standard	Anti-Ligatu	ure No of Coat		Mirrors: Standard	Vandal-Proof
	Tackboard Dim	_	Ligate	Hooks:	Whiteboard	Dim:	
	Remarks:						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		04.0 MAPLES CONNECT, BIFROST,		4A-CONNECT
VALLET VIEW PROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0-05
35720	prepop 1	2 Final		04.0-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	CTODACE
IBI		2017-01-23		STORAGE
101	Client:	NATICS	m²:	
		MTICS	8. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
DITIMBING EIVTUDES.		Ţ		
PLUMBING FIXTURES:				1 _, ,,
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con		Other:	
Deep Equipment				
Other:				
Sizo	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment	with Room Relative	·	n Isolation Patie	ent Controlled
Room Control Remarks:				
		_		
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
<u></u>				
EXHAUST: Pressure: Fqual	Positive N	egative Other:		
Air Temp: Standa	rd Special	Other:		
T = . = = = . = . = . = . = . = . = . =				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
	•			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li		Lighting Rer	marks:	
Dimmable Lighting	In Use" Ligh	nt		
Switch & Light Cont	rols Vanity Light			
Charting Light				

		1			T		
Project Name:		Department: 04.0 MAI	PLES CONNE	CT, BIFROST,	SUB DEPARTMENT:		4A-CONNECT
VALLEYVII	EW PROJECT			PROGRAMS	5		
Project Number:	35720	Draft: prepop		✓ inal	Program Number:		04.0-05
	Sign Off:	Date Issued:		2017-01-25	RoomName:		STORAGE
181		Client:		MTICS	8. m ² :		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data):		Intercom Stati Video Intercom Intercom Mas	m Station	Hands Free Telemetry Teleconferencing	Room Statu	S
IMIT Remark:	5:						
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monitor		rd Reader No.: rusion Detection		aff Assist	Duress - Wired Duress - Wireless
Security Remarks	5:						
OTHER							
Equipment Remarks:			Oper Rema	ational arks:			
Room Data Sheet Commer	nt:						

Project Name: VA	LLEYVIEW PR				NNECT, BII EACH PRO		SUB DEPARTN	MENT:	4B-BIFROST
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	04.0-06
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	OFFICE, PRO	GRAM COORDINATOR
	<u>.</u>		Client:			MTICS	m²:	5. m²	
RISK LEVEL:			Standar	·4					
			Stariuai	<u>u</u>					
ARCHITECTU	RAL REQUIREM	ENTS							
INTERIOR FINIS	HES: height		material		finish	1		remarks	
Ceiling:	2750	Acou	ıstic Tile		Pre-Finished				
Wall:		GWI	3		Paint				
Floor:					Carpet				
Base:	100	Rubl	per						
Wall Protection:	Corner Guards:		heet:]	Remarks:			
wan Protection.	Crash Rails:	Standa		igature		vernarks.			
	Hand Rails:	Standa	_	igature					
	Chair Rail:	Standa	_	igature					
- ()	L	_		- 1	Calid Cana			nich: Dla	
Door(s):	Clear Opening (W x I		14 x 2135	Material:	Solid Core		FI	nish: Plam	
	✓ Door Sidelig	ht							
Door Hardware:	Door Protec		Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remarks:	: Half glaz	ed door if sid	lelite can not be provid	ded
	Automatic C Access Cont		✓ Locking						
	Door Glazing: S								
	L								
	Hardware Type:: C)F-U1							
Windows:	Operable Windo		✓ Standard	_			Remarks:		
	External Glazing External Glazing		✓ Standard✓ Standard			ligh Secur ligh Secur	-		
	Exterior Window					ligh Secur			
	Internal Glazing	and Frame:	✓ Standard	_		ligh Secur			
	Blackout	✔ Blind:	Roller	Shutter	1 Way Mirro	or	Other		
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	re		Remarks		
	/Counter Linear Leng or % of perimeter wa			Counter/	Work Surface Height (mm):				
,,	Upper Cupbe		Count	er Top		Lockable			
	Lower Cupbe	oards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60	0.7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating:	30-35							
GENERAL ROOM	И REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L	igature No of	f Coat 2 Hooks:		Mirrors: Standard	d Vandal-Proof
	✓ Tackboard	Dim: 61	0 mm wide X 93	15 mm high			Vhiteboard	Dim: 610mm wide X	915mm high
	Remarks:	Shall acco	mmodate desk	and a chair,	filing cabinet,	, bookcase	e and meetin	g area for 3 people	
		L							

Project Name:	Department:		SUB DEPARTMENT:			
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,			4B-BIFROST		
		TREACH PROGRAMS	Drogram Number			
Project Number: 35720	Draft:		Program Number:	04.0-06		
	prepop 1	2 Final	PoomNamo:	0.1000		
Sign Off:	Date Issued:	2017-01-25	RoomName:	ICE, PROGRAM COORDINATOR		
IBI				ice, i nodnawi coondiivaton		
	Client:	MTICS	m²: 15. m²			
			15.111			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type: ACHDAE 62.1.01		Remarks:				
HVAC:						
✓ Can Air be Returned Rate (A/	C):	Special Eyhai	ust Air Required: 0			
Can Air be Returned Rate (A/ to System	CJ.	Special Exhat	ust All Nequired. U			
PLUMBING FIXTURES:						
sink mounting faucet	tap		7 Fugurask	Plumbing Remarks		
Handwash Counter Goosene	_	Urinal	Eyewash			
Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		WC L	Emergency Shower			
Double	Electronic Contr	Barrier Free WC	Corrosion Resistant Fittings	5		
Deep Equipment		Floor Drain	Other:			
Other:						
	-					
Size:						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:						
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive Ne	gative Other:				
Air Temp: Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	8. Emorgoncy		Clock			
Types of Fower: Morrial	& Lineigency					
Receptacle Count: Conven	ionco: 2 dunloy Worksta	tions: 1 guadalov				
Receptable count. Conven	nence. 2 duplex, worksta	itions. I quaupiex				
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
The second secon	ighting	Colors 6	ander.			
LIGHTING: Workstation Task Lighting		Lighting Ren	narks:			
Dimmable Lighting	"In Use" Light					
✓ Switch & Light Cont Charting Light	rols Vanity Light					
Charting Light						

Project Name: VALLEYVIEW PROJECT		Department: 04.0 MA	PLES CONI	NECT, BIFI		SUB DEPARTMENT:		4B-BIFROST
VALLEYVII	EW PROJECT	AN	D OUTREA	CH PROG	RAMS			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		04.0-06
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	OFFICE, PRO	GRAM COORDINATOR
IBI		Client:		ſ	MTICS	m²: 15. m²		
RISK LEVEL:		Standard						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): outlet: outlet: o			Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monito		Card Reader Intrusion Det			aff Assist tient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PROJECT	Department: 04.0 MAPLES CO AND OUTRI	NNECT, BIFROST, EACH PROGRAMS	SUB DEPARTMENT:	4B-BIFROST
Project Number: 35720	Draft:	Final	Program Number:	04.0-07-01
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION,	CLINICAL COUNSELLOR
-	Client:	MTICS	m ² : 4.6 m ²	
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES				
INTERIOR FINISHES: height	material	finish	remarks	
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall: GW	В	Paint		
Floor:		Carnot		
FIOOT:		Carpet		
Base: 100 Rub	ber			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
✓ Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks: Half glaze	ed door if sidelite can not be prov	ided
Access Control	✓ Locking			
Door Glazing: Side glazing	Į			
	,			
Hardware Type:: OF-01				
Windows: Operable Windows:	✓ Standard Seco		Remarks:	
External Glazing and Frame: External Glazing Hardware:			•	
Exterior Window Treatment	✓ Standard Seculary Standard Seculary Standard Seculary Secular Secu			
Internal Glazing and Frame:				
☐ Blackout ✓ Blind	ls Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Length		Nork Surface		
(mm) or % of perimeter wall:		Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / 45	RT 60:	0.7	Remarks: Refer to Appendix 1	D - Acoustics and
Floor / Ceiling: NC Rating: 35-40			Noise Control	
		No of Cook	Minner Constant	
		gature No of Coat 2 Hooks:	Mirrors: Standa Whiteboard Dim: 610mm wide	
	10 mm wide X 915 mm high			_
Remarks: Shall acco	ommodate desk and a chair, i	riling cabinet, each stat	tion shared by 2 staff. 2 coat hook	s per statt

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		04.0 MAPLES CONNECT, BIFROST,		4B-BIFROST
VALLET VIEW PROJECT		ACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 07 01
35/20	prepop 1 2	Final		04.0-07-01
Sign Off:	Date Issued:	2017 01 25	RoomName:	
IDI		2017-01-25	WORKSTAT	ION, CLINICAL COUNSELLOR
IBI	Client:	NATICS	m²:	
		MTICS	4.6 m²	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Re	marks:		
✓ Can Air be Returned Rate (A/o	2):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard		WC	Emergency Shower	
Janitorial Floor Laborato			<u> </u>	
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic controls	Floor Drain	Other:	
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et Dry Star Types: Negative	Room P	ressure Monitor	t Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:	0.5		Clock	
Types of Power: Normal	& Emergency			
December 1 County C	ience: 2 duplex, Workstation	s: 1 quadplex		
Receptacle Count: Conven				
Receptacle Count: Conven				
Power Remarks:				
Power Remarks: Patient Care Area Designation				
Power Remarks: Patient Care Area Designation	ghting Night Light	Lighting Ren	narks:	
Power Remarks: Patient Care Area Designation (as per CSA Z32):	ghting Night Light	Lighting Ren	narks:	
Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont	In Use" Light	Lighting Ren	narks:	
Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	In Use" Light	Lighting Ren	narks:	
Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont	In Use" Light	Lighting Ren	narks:	

		Department:				
Project Name:	Project Name: VALLEYVIEW PROJECT		ES CONNECT, BIF		PARTMENT:	4B-BIFROST
VALLEYVII	EW PROJECT	AND	OUTREACH PROG	RAMS		
Project Number:	35720	Draft:	2 Final	Progra	m Number:	04.0-07-01
	Sign Off:	Date Issued:	2017	-01-25 Room		N, CLINICAL COUNSELLOR
		Client:		MTICS m2:	4.6 m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUI	REMENTS					
IMIT SYSTEMS:						
Communications C Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): outlet: 0 outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Hands Telemen Telecon		tatus
IMIT Kemark	5:					
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	5:					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Commer	nt:					

Project Name: VA I	LLEYVIEW PR	OJECT	Department: 04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS				SUB DEPARTM	4B-BIFROST	
Project Number:		35720	-Draft: prepop	1 2	Final		Program Num	ber:	04.0-07-02
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:	WORKSTATION,	CLINICAL COUNSELLOR
IBI			Client:			MTICS	m²:	.6 m²	
RISK LEVEL:			Standar	d					
ARCHITECTUR	AL DECLUDEN	TENITO	Standar	<u> </u>					
INTERIOR FINISI	150	IEIVIS	matarial		finish			no montes	
Ceiling:	1ES: height 2750	Aco	material ustic Tile		finish Pre-Finished			remarks	
Wall:		GW	В		Paint				
Floor:					Carpet				
Base:	100	Rub	ber						
Wall Protection:	Corner Guards:	✓	Sheet:		R	emarks:			
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature					
	Hand Rails:	Standa	rd Anti-Li	gature					
	Chair Rail:	Standa	rd Anti-Li	gature					
Door(s):	Clear Opening (W x I	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	✓ Door Sidelig	ht					<u>.</u>	1	
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing: S	Opener rol ide glazing	Locking	re & of Hardware	Door Remarks:	Half glaz	ed door if sid	elite can not be pro	vided
	Hardware Type:: (OF-01							
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	✓ Standard Standard ✓ Standard	Sec Sec Sec Sec Sec Sec	ure	iigh Secur iigh Secur iigh Secur iigh Secur	rity		
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	re		Remarks:		
	/Counter Linear Leng or % of perimeter water Upper Cupb Lower Cupb	all: oards	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks:	Refer to Appendix 2 Noise Control	LD - Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hoo	ks: 🗸 Standard	Anti-Li	igature No of			Mirrors: Standa	rd Vandal-Proof
	✓ Tackboard	Dim: 61	10 mm wide X 91	5 mm high	H	looks: 🔽 v	Vhiteboard [Dim: 610mm wide	X 915mm high
	Remarks:	Shall acco	ommodate desk a	and a chair.	filing cabinet.	each stat	tion shared by	y 2 staff. 2 coat hool	ks per staff
				ŕ	2 -7				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,			4B-BIFROST
VALLET VIEW PROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 07 02
35/20	prepop 1	2 Final		04.0-07-02
Sign Off:	Date Issued:	2017 01 25	RoomName:	TION 011111211 221111
IBI		2017-01-25	WORKSTA	TION, CLINICAL COUNSELLOR
IDI	Client:	NATICS	m²:	
		MTICS	4.6 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont			
Deep Equipment		FIOOI DIAIII	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustme		ressure Monitor	nt Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Ligh	t		
✓ Switch & Light Cont	_			
Charting Light				
		<u> </u>		

Project Name:		Department: 04.0 MAPLE	S CONNECT, BIF		JB DEPARTMENT:		4B-BIFROST
VALLEYVII	EW PROJECT		UTREACH PROG	RAMS			
Project Number:	35720	Draft:	2 Final	Pr	ogram Number:		04.0-07-02
	Sign Off:	Date Issued:	2017	-01-25 Rc	oomName: V	ORKSTATION, C	LINICAL COUNSELLOR
		Client:		MTICS m	²: 4.6 m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): outlet: 0		ntercom Station /ideo Intercom Station ntercom Master Statio	Те	ands Free Elemetry Eleconferencing	Room Statu	s
IMIT Remark:	5:						
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monitor	Card Reader			raff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks	5:						
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commer	nt:						

Project Name: VA l	LLEYVIEW PR	OJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS				SUB DEPARTM	4B-BIFROST	
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	04.0-07-03
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:	WORKSTATION,	CLINICAL COUNSELLOR
IB			Client:			MTICS	m²:	.6 m²	
RISK LEVEL:			Standar	d					
	DAL DECLUDEN	LNITC	Stanuar	u					
INTERIOR FINISI	RAL REQUIREM	ENIS			6				
Ceiling:	height 2750	Aco	material ustic Tile		finish Pre-Finished			remarks	
cciiiig.	2730	Aco	astic file		Tre Timistica				
Wall:		GW	В		Paint				
Floor:					Carpet				
11001.					Carpet				
Base:	100	Rub	ber						
Wall Protection:	Corner Guards:	/	Sheet:		R	emarks:			
	Crash Rails:	Standa	rd Anti-Li	gature					
	Hand Rails:	Standa	rd Anti-Li	gature					
	Chair Rail:	Standa	rd Anti-Li	gature					
Door(s):	Clear Opening (W x F	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	✓ Door Sidelight	ht							
Door Hardware:	Door Protect Automatic O Access Contr	pener rol ide glazing	Locking	re & of Hardware	Door Remarks:	Half glaz	ed door if sid	elite can not be prov	vided
	Hardware Type:: C)F-01							
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: Treatment	✓ Standard ∵ Standard ✓ Standard	Sec Sec Sec Sec Sec Sec	ure	iigh Secur iigh Secur iigh Secur iigh Secur	rity		
Casework / Millwo	ork: Casewoo	rk Security:	Regular	Secur	re		Remarks:		
	/Counter Linear Lengt or % of perimeter wa Upper Cupbo	all: pards	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
GENERAL ROOM			ks: 🗹 Standard	Anti-Li	igature No of	Coat 2		Mirrors: Standa	rd Vandal-Proof
-	✓ Tackboard		10 mm wide X 91			looks:	Vhiteboard [X 915mm high
	Remarks:	Shall acco	nmmodate deck	and a chair	filing cabinet	each stat	tion shared by	y 2 staff. 2 coat hook	rs ner staff
		3000			545111619	223 3601		, 23300	

Project Name:	Department:	SUB DEPARTMENT:				
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,	4B-BIFROST				
V/(22211120011103201	AND OUTREACH PROGRAMS					
Project Number: 35720	Draft:	Program Number: 04.0-07-03				
	prepop 1 2 Final					
Sign Off:	Date Issued: 2017-01-25	RoomName: WORKSTATION, CLINICAL COUNSELLOR				
IBI						
	Client: MTICS	m²: 4.6 m²				
		1.0 111				
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type: ACLIDAT 62.1.01	Remarks:					
HVAC:						
✓ Can Air be Returned Rate (A/	C): Special Exha	ust Air Required: 0				
to System	7					
PLUMBING FIXTURES:						
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks				
Handwash Counter Goosene		Water Fountain				
Lavatory Wall Standard		Emergency Shower				
Janitorial Floor Laborato		Corrosion Resistant Fittings				
Double	Electronic Controls Floor Drain	Other:				
Deep Equipment	The France					
Other:						
Size:	-					
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:						
EXHAUST: Pressure:	Positive Negative Other:					
Air Temp: 📝 Standa	rd Special Other:					
ELECTRICAL REQUIREMENTS						
GENERAL POWER:		_				
Types of Power: Normal	& Emergency	Clock				
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadplex					
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task Li	ghting Night Light Lighting Rei	marks:				
Dimmable Lighting	"In Use" Light					
Switch & Light Cont						
Charting Light						

Project Name: VALLEYVIE\	N PROJECT		PLES CONNECT, BIF D OUTREACH PROG	ROST,	ARTMENT:	4B-BIFROST
Project Number:	25720	Draft:			Number:	04.0-07-03
	35720	prepop Date Issued:	1 2 Final			04.0-07-03
	Sign Off:		2017	-01-25 RoomNa		N, CLINICAL COUNSELLOR
		Client:		MTICS m²:	4.6 m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUIRE	EMENTS					
IMIT SYSTEMS:						
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0		Intercom Station Video Intercom Station Intercom Master Statio	relemen	ry	atus
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:		nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comment:						

Project Name: VALLEYVIEW PROJECT	Department: 04.0 MAPLES CO AND OUTRI	NNECT, BIFROST, EACH PROGRAMS	SUB DEPARTMENT:	4B-BIFROST
Project Number: 35720	Draft:	Final	Program Number:	04.0-07-04
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION,	CLINICAL COUNSELLOR
	Client:	MTICS	m ² : 4.6 m ²	
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES				
INTERIOR FINISHES: height	material	finish	remarks	
Ceiling: 2750 Aco	oustic Tile	Pre-Finished		
Wall: GW	В	Paint		
Floor:		Carnot		
FIOOT:		Carpet		
Base: 100 Rub	bber			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	ard Anti-Ligature			
Hand Rails: Standa	ord Anti-Ligature			
Chair Rail: Standa	ard Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
✓ Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks: Half glaz	red door if sidelite can not be prov	ided
Access Control	✓ Locking			
Door Glazing: Side glazing				
	,			
Hardware Type:: OF-01				
Windows: Operable Windows:	✓ Standard Seco		Remarks:	
External Glazing and Frame External Glazing Hardware:			•	
Exterior Window Treatment	✓ Standard Secut: ✓ Standard Secu			
Internal Glazing and Frame:				
☐ Blackout ✓ Blind	ds Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur	re	Remarks:	
Min Millwork /Counter Linear Length				
(mm) or % of perimeter wall:		Work Surface Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / 45	RT 60:	0.7	Remarks: Refer to Appendix 1	D - Acoustics and
Floor / Ceiling: NC Rating: 35-40			Noise Control	
		gature No of Coat 2 Hooks:	Mirrors: Standa	
L	10 mm wide X 915 mm high		Whiteboard Dim: 610mm wide)	_
Remarks: Shall acco	mmodate desk and a chair,	filing cabinet, each stat	tion shared by 2 staff. 2 coat hook	s per staff
				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,			4B-BIFROST
VALLET VIEW PROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 07 04
35/20	prepop 1	2 Final		04.0-07-04
Sign Off:	Date Issued:	2017 01 25	RoomName:	TION 011111011011011
IBI		2017-01-25	WORKSTA	TION, CLINICAL COUNSELLOR
IDI	Client:	NATICS	m²:	
		MTICS	4.6 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont		Ξ	
Deep Equipment		FIOOI DIAIII	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustme	· I I	ressure Monitor	nt Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	·			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light	t		
✓ Switch & Light Cont	rols Vanity Light			
Charting Light	_			

Project Name:		Department: 04.0 MAPLES CONNECT, BIFROST,			SUB DEPARTMENT:		4B-BIFROST	
VALLEYVIE	EW PROJECT		ID OUTREA					40 01111031
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		04.0-07-04
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	WORKSTATION, C	LINICAL COUNSELLOR
		Client:		ı	MTICS	m²: 4.6 m²	1	
RISK LEVEL:		Standard						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Coax/ Data TV O	data): utlet: 0 utlet: 0		_	Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	s
IMIT Remarks	S:							
SECURITY SYSTEMS: Security Camer	ra Cli	nical Camera		Card Reader	No.:		Staff Assist	Duress - Wired
Security Camer	a Monitor Cli	nical Camera Monito	or 🗌	Intrusion Det	ection	t	Patient Assist	✓ Duress - Wireless
Security Remarks	3:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commer	nt:							

Project Name: VA	LLEYVIEW PROJ				NNECT, BIF		SUB DEPARTN	MENT:		4B-BIFROST
Project Number:	35	5720	Praft:prepop	1 2	✓ Final		Program Num	ber:		04.0-08
-	Sign Off:		Pate Issued:		2017	'-01-25	RoomName:		OFFICE	, SOCIAL WORKER
IB	J	C	lient:			MTICS	m²:	1.1 m²		
RISK LEVEL:			Standar	·d						
	RAL REQUIREMEN	VITC	Starida							
INTERIOR FINIS	UEC.	V13								
Ceiling:	height 2750	Δεοιισ	material stic Tile		finish Pre-Finished			rema	arks	
ceimig.	2,30	, teous	THE THE		Tre Timorica					
Wall:		GWB			Paint					
Floor:					Carpet					
Base:	100	Rubb	er							
Wall Protection:	Corner Guards:	Sh	neet:		R	emarks:				
	Crash Rails:	Standard	d 🗌 Anti-L	igature						
	Hand Rails:	Standard	d Anti-L	igature						
	Chair Rail:	Standard	d Anti-L	igature						
Door(s):	Clear Opening (W x H):	91	4 x 2135	Material:	Solid Core		Fi	nish: Plam		
()	✓ Door Sidelight			J						
Door Hordword	Door Protection		Anti-Ligatu	ıra Q						
Door Hardware:	Automatic Oper			oof Hardware	Door Remarks:	Half glaz	zed door if sid	lelite can not b	e provided	
	Access Control		✓ Locking							
	Door Glazing: Side	glazing								
	Hardware Type:: OF-0	01								
Windows:	Operable Windows		✓ Standard	□ Sec	ure		Remarks:			
willdows.	External Glazing and		✓ Standard	_	_	ligh Secui				
	External Glazing Ha	rdware:	✓ Standard	Sec		ligh Secui				
	Exterior Window Tr		✓ Standard	_	_	ligh Secui				
	Internal Glazing and Blackout	Blinds	✓ Standard	Shutter Sec		ligh Secui	rity Other			
					1 Way Mirro)I	Other			
Casework / Millwo	ork: Casework S	Security:	Regular	Secur	re		Remarks	:		
	/Counter Linear Length or % of perimeter wall:			Counter/	Work Surface Height (mm):					
(11111)	Upper Cupboar	ds	Count	er Top		Lockable				
	Lower Cupboar	ds	Stainle	ess Steel	_					
ACOUSTICS:	STC Rating Wall / 50)		RT 60:	: 0.7		Remarks	Refer to Appe	endix 1D - A	coustics and
Acoustics.	Floor / Ceiling:			1				Noise Contro		ass as the
	NC Rating: 30)-35								
GENERAL ROOM	/I REMARKS:	oat Hooks	: 🗹 Standard	Anti-Li	igature No of H	Coat 2		Mirrors: S	Standard [Vandal-Proof
	✓ Tackboard D	im: 610	mm wide X 93	15 mm high		✓ ∨	Whiteboard	Dim: 610mm	wide X 915	imm high
	Remarks: Sh	nall accon	nmodate desk	and a chair,	filing cabinet,	book cas	se and 1-2 sid	e chairs		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,			4B-BIFROST
VALLET VIEW PROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0-08
35720	prepop 1	2 Final		04.0-00
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE COCIAL MODICED
IBI		2017-01-23		OFFICE, SOCIAL WORKER
101	Client:	NATICS	m²:	
		MTICS	11.1 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
_				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
DITIMPING EIVITIDES		I		
PLUMBING FIXTURES:				1
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont		Other:	
Deep Equipment				
Other:				
Sino.	-			
Size:				
ROOM CONTROLS: Room Temp Control		-	n Isolation Patie	ent Controlled
Local Adjustment	Local Adjustme	ent Room P	ressure Monitor	
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	or	
FIRE PROTECTION. Sprinker Type.	vet Diy	Standpipe Otti	ет.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	egative Other:		
EXHAUST: Pressure:	TOSILIVE	other.		
Air Temp: 🗸 Standa	ord Special	Other:		
7. Tempi • Standa	openia	other.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency			
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
UGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks [.]	
LIGHTING: Workstation Task Li				
<u>=</u>	In Use" Ligh	IL		
✓ Switch & Light Cont Charting Light	rols Vanity Light			
Charting Light				

Project Name:	Department: SUB DEPARTMEN 04.0 MAPLES CONNECT, BIFROST,	T: 4B-BIFROST
VALLEYVIEW PROJECT	AND OUTREACH PROGRAMS	4B-BIFKO31
Project Number: 35720	Draft: Program Number prepop 1 2 Final	04.0-08
Sign Off:	Date Issued: 2017-01-25 RoomName:	OFFICE, SOCIAL WORKER
	Client: MTICS m²: 11.1	m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 0	☐ Intercom Station ☐ Hands Free ☐ Video Intercom Station ☐ Telemetry ☐ Intercom Master Station ☐ Teleconferencing	Room Status
IMIT Remarks:		
	linical Camera Card Reader No.:	Staff Assist Duress - Wired Patient Assist Duress - Wireless
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name:		Department:				SUB DEPARTMENT	T:	
VAI	LLEYVIEW PROJEC			ONNECT, E				4B-BIFROST
		AI		REACH PRO	<u>JGRAMS</u>	Program Number:		
Project Number:	3572		1	2 Final		r rogram rumber.		04.0-10
	Sign Off:	Date Issued:				RoomName:		
i D I	i			20:	17-01-25		O	PFFICE, PSYCHIATRIST
IDI		Client:			MTICS	m²:	2	
					MTICS	15. m) ²	
RISK LEVEL:		Low						
ARCHITECTUR	RAL REQUIREMENTS							
INTERIOR FINISI		material		fin	ish		remarks	
Ceiling:	e.g	Acoustic Tile		Pre-Finishe			remarks	
B					-			
Wall:		GWB - Impact Resist	ant	Paint				
		•						
Floor:	L			Carpet				
Base:	100 F	Rubber						
					i			
Wall Protection:	Corner Guards:	Sheet:			Remarks:			
		ndard	_					
	Hand Rails: Star	ndard	_					
	Chair Rail: Star	ndard Anti-Li	gature					
Door(s):	Clear Opening (W x H):	914 x 2135	Materia	l: Solid Core		Finish:	Plam	
	✓ Door Sidelight							
			0					
Door Hardware:	Door Protection Automatic Opener	Anti-Ligatu Tamperpro		Door Remar e	ks: Half glaz	zed door if sidelite	e can not be provid	ed
	Access Control	✓ Locking						
	Door Glazing: Side gla	zing						
		8						
	Hardware Type:: OF-01							
Windows:	Operable Windows:	Standard	✓ Se			Remarks:		
	External Glazing and Fra		✓ Se		High Secu			
	External Glazing Hardwa Exterior Window Treatm		_	ecure 📙	High Secu			
	Internal Glazing and Fra	otaniaana	✓ Se	ecure	High Secur	-		
	Blackout		Shutter	1 Way Mi	•	Other		
Casework / Millwo	ork: Casework Secur	ity:	Sec	ure		Remarks:		
	Counter Linear Length		Counter	/ Work Surface				
(11111)	or % of perimeter wall: Upper Cupboards	Counte	er Top	Height (mm)	Lockable			
	Lower Cupboards	=	ss Steel					
	_							
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 6	60: 0.7			fer to Appendix 1D ise Control	- Acoustics and
	NC Rating: 30-35					NO	ise control	
			_				_	
GENERAL ROOM	1 REMARKS: Coat H	Hooks: 🗹 Standard	Anti-	Ligature No	of Coat 2 Hooks:	Mi	rrors: Standard	☐ Vandal-Proof
	✓ Tackboard Dim:	610 mm wide X 91	5 mm higl	h		Whiteboard Dim:	610mm wide X 9	915mm high
	Remarks: Shall a	ccommodate desk a	ind a chaii	r, filing cabin	et, bookcas	e, and meeting ar	rea for 2 people.	7

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4B-BIFROST			
		JTREACH PROGRAMS	Drogram Number				
Project Number: 35720	-Draft:	2 Final	Program Number:	04.0-10			
	prepop 1	2 Final	PoomNamo:	J 1.0 10			
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, PSYCHIATRIST			
IBI	Clicate		2.	GITICE, I STCHIATRIST			
	Client:	MTICS	m²: 15. m²				
			13.111				
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
Type: ACLIDAT 62.1.01		Remarks:					
HVAC:							
✓ Can Air be Returned Rate (A/u	r).	Special Evha	ust Air Required: 0				
Can Air be Returned Rate (A/C to System	CJ.	Special Extra	ust All Required.				
PLUMBING FIXTURES:							
sink mounting faucet	tap	I I I I I I I	Fugurash	Plumbing Remarks			
Handwash Counter Goosene		Urinal	Eyewash				
Lavatory Wall Standard		Hopper _	Water Fountain				
Janitorial Floor Laborato		WC L	Emergency Shower				
Double	Electronic Conf	Barrier Free WC	Corrosion Resistant Fittings				
Deep Equipment	LIECTIONIC CON	Floor Drain	Other:				
Other:	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Room Pressure Monitor Room Pressure Monitor FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:							
EXHAUST: Pressure:		Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal	& Emergency		Clock				
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex					
Tower remarks.							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:				
Dimmable Lighting ✓ Switch & Light Cont Charting Light	☐ "In Use" Ligh						

Project Name:						SUB DEPARTMENT:		
\/\\ EV\/	EW PROJECT		04.0 MAPLES CONNECT, BIFROST,			-		4B-BIFROST
VALLETVI	EW PROJECT		ND OU	TREAC	H PROG	RAMS		
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:	04.0-10
	Sign Off:	Date Issued:			2017-	01-25	RoomName:	OFFICE, PSYCHIATRIST
IBI		Client:			1	MTICS	m²: 15. m²	
RISK LEVEL:		Low						
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (data): Outlet: 0 Outlet: 0		Vide		ation om Station aster Station		Hands Free Ro	om Status
SECURITY SYSTEMS: Security Came Security Came		inical Camera inical Camera Monii	tor	_	ard Reader strusion Dete		Staff Assist	
Security Remark	KS:							
OTHER								
Equipment Remarks:					erational narks:			
Room Data Sheet Comme	ent:							

Project Name: VALLEYV	IEW PROJEC			ECT, BIFROST, CH PROGRAMS	,			
Project Number:	35720	Draft: prepop	1 2	✓ Final	Program Num	ber:	04.0-11-01	
IBI	Sign Off:	Date Issued:		2017-01-25	RoomName:	WORKSTATION, CARE	PLAN CONSULTANT	
		Client:		MTICS	S m ² :	6 m²		
RISK LEVEL:		Standard						
	OLUDENAENTS							
ARCHITECTURAL RE								
INTERIOR FINISHES:	height	material	D	finish		remarks		
Ceiling: 27	750 A	Acoustic Tile	Pre-	Finished				
Wall:	G	GWB	Pair	nt				
Floor:			Car	net				
11001.			Cary	Jet				
D	20	. I.I						
Base: 10		tubber 						
Wall Protection: Corner	Guards:	Sheet:		Remarks:				
Crash	Rails: Stan	ndard Anti-Lig	ature					
Hand F	Rails: Stan	ndard Anti-Lig	ature					
Chair F	Rail: Stan	ndard Anti-Lig	ature					
Door(s): Clear Op	ening (W x H):	914 x 2135	Material: Sol	id Core	Fir	nish: Plam		
✓ 1	Door Sidelight							
D	Door Protection	Anti Ligatura	. 0 _					
	Automatic Opener	Anti-Ligature Tamperproo		r Remarks:				
	Access Control	✓ Locking						
Doo	r Glazing: Upper gl	azing]				
	are Type:: OF-01]				
	rable Windows: rnal Glazing and Frai	✓ Standard	Secure	□ usab caa	Remarks:			
	rnal Glazing and Frai rnal Glazing Hardwa		Secure Secure	☐ High Secu ☐ High Secu	-			
	rior Window Treatm		Secure	High Sect				
Inter	nal Glazing and Fran		Secure	High Secu				
	Blackout 🗸 B	linds Roller St	nutter 1	Way Mirror	Other			
Casework / Millwork:	Casework Securi	ty: Regular	Secure		Remarks:			
Min Millwork /Counter	Linear Length		Counter/ Work	Surface				
(mm) or % of p			Heig	ht (mm):				
	Jpper Cupboards	Counter		Lockable	9			
	Lower Cupboards	Stainless	s steei					
	ting Wall / 45		RT 60: 0.7	1	Remarks:	Refer to Appendix 1D	- Acoustics and	
Flo	or / Ceiling: NC Rating: 35-40					Noise Control		
	140 Hatting. 33-40			_				
GENERAL ROOM REMA	ARKS: Coat H	looks: 🗸 Standard	Anti-Ligatu	re No of Coat 2		Mirrors: Standard	Vandal-Proof	
	Tackboard Dim:	610 mm wide X 915		•	Whiteboard [Dim: 610mm wide X 9	15mm high	
	Remarks: Shall b	e located in open off	ice area with fi	les				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		TREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 11 01
35720	prepop 1	2 Final		04.0-11-01
Sign Off:	Date Issued:	2017.01.25	RoomName:	
LDI		2017-01-25	WORKSTATIO	ON, CARE PLAN CONSULTANT
IBI	Client:		m²:	
		MTICS	4.6 m²	
DICK I EVEL:	Chandoud			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
IIVAC.				
✓ Can Air be Returned Rate (A/	U)·	Snecial Exha	ust Air Required: 0	
to System	5,1	opedar Emai	Joer III Required.	
PLUMBING FIXTURES:				
	ton			Plumbing Remarks
sink mounting faucet	tap	Urinal	Eyewash	Fluitibilig Kellidiks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Contr	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
<u> </u>				
ROOM CONTROLS: Room Temp Control v		·	n Isolation Patie	nt Controlled
Local Adjustment	Local Adjustme	III KOOIII P	ressure Monitor	
Room Control Remarks:	Via DDC			
	🗆			
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	gative Other:		
			<u> </u>	
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
	0		Clock	
Types of Power: Normal	& Emergency			
Receptacle Count: Conven	ience: 1 duplex, Worksta	itions: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li		Lighting Ren	пагкѕ:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name:	EW PROJECT	Department: 04.0 MAPLE	S CONNECT, BIF	ROST,	JB DEPARTMENT:	4C-OUTREACH
VALLETVI	EW PROJECT	AND (OUTREACH PROG	SRAMS		
Project Number:	35720	Draft:	2 Final	Pr	ogram Number:	04.0-11-01
	Sign Off:	Date Issued:	2017	-01-25 Rc	oomName: WORKSTAT	ION, CARE PLAN CONSULTANT
IBI		Client:		MTICS mi	²: 4.6 m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUI	REMENTS					
IMIT SYSTEMS:						
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Те	ands Free Ro	oom Status
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader		Staff Assis	
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comme	nt:					

Project Name: VAI	LLEYVIEW PR	OJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS				SUB DEPARTN	SUB DEPARTMENT:		4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-11-02
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	WORKSTAT	ION, CARE	PLAN CONSULTANT
IBI	_		Client:			MTICS	m²:	.6 m²		
RISK LEVEL:			Standar	d						
	RAL REQUIREM	ENTS	o tarridar	-						
INTERIOR FINISI		LIVIS	material		finish			rem	arke	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished	1		Telli	diks	
o .										
Wall:		GW	В		Paint					
Floor:					Carpet					
					-					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		l F	Remarks:				
	Crash Rails:	Standa		gature						
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature						
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature						
Door(s):	Clear Opening (W x F	i): 9	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
(-).	Door Sideligi	 nt								
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing: U Hardware Type:: O	pener ol pper glazi	✓ Locking	re & of Hardware	Door Remarks:	:				
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing	and Frame: Hardware: Treatment	✓ Standard Standard ✓ Standard	Sec Sec Sec Sec Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwo	ork: Casewoi	k Security:	Regular	Secur	re		Remarks			
	/Counter Linear Lengt or % of perimeter wa Upper Cupbo	oards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks	Refer to App Noise Contro		Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hook	ks: 🗸 Standard	Anti-Li	gature No of			Mirrors:	Standard	Vandal-Proof
	✓ Tackboard	Dim: 61	10 mm wide X 91	5 mm high		Hooks: ✓ v	Vhiteboard	Dim: 610mm	n wide X 91	5mm high
	Remarks:	Shall be lo	ocated in open of	ffice area wi	ith files					

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		NNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		EACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0-11-02
35720	prepop 1 2	Final		04.0-11-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	E PLAN CONSULTANT
IBI		2017 01 23	· ·	L FLAN CONSOLIANT
	Client:	MTICS	m²: 4.6 m²	
		1711105	4.0111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62 1 01	R	emarks:		
HVAC:				
Date (A)	C).	Consist Eybs	ust Air Doguirod.	
Can Air be Returned Rate (A/	C):	Special Exna	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbir	ng Remarks
Handwash Counter Goosene		Urinal	Eyewasii	ig nemana
Lavatory Wall Standard		Hopper _	Water Fountain	
		wc [Emergency Shower	
	· =	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:	=			
Size:				
ROOM CONTROLS: Room Temp Control	with Room Relative Hum	nidity with Infectio	n Isolation Patient Contro	alled
Local Adjustment	Local Adjustment	Room P	Pressure Monitor	Jiicu
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry Sta	andpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negative	ve Other:		
Air Temp: 🕡 Standa	und Conneial	Other:		
Air Temp: ✓ Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Norma	& Emergency		Clock	
Receptacle Count: Conver	ience: 1 duplex, Workstatio	ns: 1 quadplex		
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
(as per CSA 252).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rer	marks:	
Dimmable Lighting				
✓ Switch & Light Cont	"In Use" Light			
Charting Light	rols Vanity Light			

Project Name:	EW DROJECT	Department: 04.0 MAPL	ES CONNECT, BIF	ROST,	DEPARTMENT:	4C-OUTREACH
VALLEYVII	EW PROJECT		OUTREACH PROG			
Project Number:	35720	Draft:	2 Final	Prog	gram Number:	04.0-11-02
	Sign Off:	Date Issued:	2017	-01-25 Room	mName: WORKSTATION	N, CARE PLAN CONSULTANT
IRI		Client:		MTICS m2:	4.6 m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUI	REMENTS					
IMIT SYSTEMS:						
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Tele	ds Free Roon metry conferencing	n Status
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Commei	nt:					

Project Name: VAI	LLEYVIEW PR	OJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS				SUB DEPARTN	SUB DEPARTMENT:		4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-11-03
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	WORKSTATI	ON, CARE	PLAN CONSULTANT
IBI	_		Client:			MTICS	m²:	.6 m²		
RISK LEVEL:			Standar	d						
	AL DECLUDEM	ENTC	Staridar	<u> </u>						
INTERIOR FINISH	AL REQUIREM	ENIS								
Ceiling:	1ES: height 2750	Δco	material ustic Tile		finish Pre-Finished	1		rema	arks	
cciiiig.	2730	Aco	ustic The		TTC THIISTICA					
Wall:		GW	В		Paint					
Floor:					Carpet					
11001.					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	/	Sheet:		·	Remarks:				
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature						
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature						
	Chair Rail:	Standa	rd Anti-Li	gature						
Door(s):	Clear Opening (W x F	H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sidelig	ht								
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing:	pener	Locking	re & of Hardware	Door Remarks	:				
	Hardware Type::	F-01								
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: Treatment	✓ Standard Standard ✓ Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwo	ork: Casewoo	rk Security:	Regular	Secur	e		Remarks	:		
	Counter Linear Lengt or % of perimeter wa Upper Cupbo	all: pards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks	Refer to Appe Noise Contro		Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hool	ks: 🗸 Standard	Anti-Li	gature Noo	f Coat 2		Mirrors:	Standard	☐ Vandal-Proof
	✓ Tackboard		L0 mm wide X 91			Hooks:	Vhiteboard			.5mm high
	Remarks:	Shall be lo	ocated in open o	ffice area wi	ith files					
			.,							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		NNECT, BIFROST,		4C-OUTREACH
VALLET VIEW PROJECT		EACH PROGRAMS	D N I	
Project Number: 35720	Draft:		Program Number:	04.0-11-03
	prepop 1 2	2 Final	Do a ser November	04.0 11 03
Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION, CARE	PLAN CONSULTANT
IBI	Client:		m²:	
	Chefit.	MTICS	4.6 m ²	
DIGIT IS US				
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	R	emarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
		1[Plumbin	a Romarks
sink mounting faucet	tap	Urinal	Eyewash	g Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Janitorial Floor Laborato		wc [Emergency Shower	
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment		Floor Drain	Other:	
Other:				
Size:	-			
Ji2C				
ROOM CONTROLS: Room Temp Controls	with Room Relative Hun	aidity with Infactio	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment		ressure Monitor Patient Control	lled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry Sta	andpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Negati	ve Other:		
EXHAUST: Pressure:	Positive Negati	ve Other.		
Air Temp: ✓ Standa	ırd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
,	a zmergeney			
Receptacle Count: Conven	ience: 1 duplex, Workstatio	ns: 1 quadplex		
	, ,			
Power Remarks:				
Fower Remarks.				
Patient Care Area Designation				_
(as per CSA Z32):				
	. —			
LIGHTING: Workstation Task L		Lighting Rer	narks:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name:	EM DD0156 T	Department: 04.0 MAPLE	S CONNECT, BIF	ROST,	B DEPARTMENT:	4C-OUTREACH
VALLEYVI	EW PROJECT		OUTREACH PROG			
Project Number:	35720	Draft:	2 Final	Pro	ogram Number:	04.0-11-03
	Sign Off:	Date Issued:	2017	-01-25 Roo	omName: WORKSTATIO	ON, CARE PLAN CONSULTANT
IRI		Client:		MTICS m²:	: 4.6 m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUI	REMENTS					
IMIT SYSTEMS:						
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Tele	nds Free Roo emetry econferencing	om Status
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assi	□ Duress - Wired st ☑ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comme	nt:					

Project Name: VAI	LLEYVIEW PR	OJECT			NNECT, BIF		SUB DEPARTM	IENT:	4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	04.0-11-04
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	WORKSTATION, C	ARE PLAN CONSULTANT
IBI	_		Client:			MTICS	m²:	.6 m²	
RISK LEVEL:			Standar	d					
	RAL REQUIREM	FNTS	- Ctarraar	.					
INTERIOR FINISI		LIVIS	material		finish			remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished	'		Temarks	
Wall:		GW	В		Paint				
Floor:					Carpet				
					•				
Base:	100	Rub	ber			,			
Wall Protection:	Corner Guards:	v :	Sheet:		l R	Remarks:			
	Crash Rails:	Standa		gature					
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature					
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x F	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
(-).	Door Sidelig	ht							
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing: U Hardware Type:: O	pener rol Ipper glazi	✓ Locking	re & oof Hardware	Door Remarks:				
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: Treatment	✓ Standard	Sec Sec Sec Sec Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity		
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	e		Remarks:		
	/Counter Linear Leng or % of perimeter wa Upper Cupbo	all: pards	Counte		Nork Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hook	ks: 🗸 Standard	Anti-Li	gature No of			Mirrors: Stand	ard Vandal-Proof
	✓ Tackboard	Dim: 61	.0 mm wide X 91	5 mm high		Hooks:	Vhiteboard I	Dim: 610mm wide	X 915mm high
	Remarks:	Shall be lo	ocated in open o	ffice area w	ith files				

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH					
VALLETVIEWTROSECT		TREACH PROGRAMS							
Project Number:	Draft:		Program Number:	04 0 11 04					
35720	prepop 1	2 Final		04.0-11-04					
Sign Off:	Date Issued:		RoomName:						
LDI		2017-01-25	WORKSTATIO	ON, CARE PLAN CONSULTANT					
IBI	Client:		m²:						
		MTICS	4.6 m²						
DICK I EVEL.	Ctondoud								
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01		Remarks:							
IIVAC.									
✓ Can Air be Returned Rate (A/	C):	Special Evhau	ust Air Required: 0						
to System	C).	Special Extrac	Joe 7 III Nequired.						
,									
PLUMBING FIXTURES:									
	4			Plumbing Remarks					
sink mounting faucet	tap	Urinal	Eyewash	Fidilibilig Kelliarks					
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard	I Standard	wc [Emergency Shower						
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Contro	ols Floor Drain	Other:						
Deep Equipment]						
Other:									
	=								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:									
EXHAUST: Pressure: ✓ Equal Air Temp: ✓ Standa		Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
	0 5		Clock						
Types of Power: Normal	& Emergency								
2									
	ience: 1 duplex, Worksta	tions: 1 quadpiex							
Power Remarks:									
Patient Care Area Designation									
(as per CSA Z32):									
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rem	narks:						
Dimmable Lighting	In Use" Light								
✓ Switch & Light Cont	_								
Charting Light	variity Light								

Project Name:	roject Name: VALLEYVIEW PROJECT		ES CONNECT, BIF	ROST,	SUB DEPARTMENT: 4C-OUTREAC			
VALLEYVII	EW PROJECT	AND	OUTREACH PROG	GRAMS				
Project Number:	35720	Draft:	2 Final	Progr	am Number:	04.0-11-04		
	Sign Off:	Date Issued:	2017	-01-25 Room	Name: WORKSTATION,	CARE PLAN CONSULTANT		
IBI		Client:		MTICS m2:	4.6 m²			
RISK LEVEL:		Standard				<u> </u>		
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio			tatus		
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER								
Equipment Remarks:			Operational Remarks:					
Room Data Sheet Commei	nt:							

Project Name: VAI	LLEYVIEW PR	OJECT			NNECT, BII EACH PRO		SUB DEPARTN	IENT:		4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-11-05
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	WORKSTATIO	ON, CARE	PLAN CONSULTANT
IBI	J		Client:			MTICS	m²:	.6 m²		
RISK LEVEL:			Standar	d						
	RAL REQUIREM	IFNTS	o tarratar	<u> </u>						
INTERIOR FINISI		LIVIS	material		finish			rema	rks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished	'		Tema	IKS	
Wall:		GW	В		Paint					
Floor:					Carpet					
					•					
Base:	100	Rub	ber			,				
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		l F	Remarks:				
	Crash Rails:	Standa		gature						
	Hand Rails:	Standa	rd Anti-Li	gature						
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature						
Door(s):	Clear Opening (W x F	H): 9	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
(-).	Door Sidelig	ht								
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	pener rol Ipper glazi	Locking	re & of Hardware	Door Remarks	:				
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware:	✓ Standard ∴ Standard ✓ Standard	Sec Sec Sec Sec Sec Shutter	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	e		Remarks:			
	/Counter Linear Leng or % of perimeter wa Upper Cupbe Lower Cupbe	all: pards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 35-40		RT 60:	0.7		Remarks:	Refer to Appe Noise Control		Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hook	ks: 🗸 Standard	Anti-Li	gature Noo			Mirrors: S	Standard	Vandal-Proof
	✓ Tackboard	Dim: 61	10 mm wide X 91	5 mm high	'	Hooks:	Vhiteboard	Dim: 610mm	wide X 91	5mm high
	Remarks:	Shall be lo	ocated in open of	ffice area w	ith files					

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:					
		CONNECT, BIFROST,		4C-OUTREACH				
VALLETVIEWTROJECT		TREACH PROGRAMS						
Project Number:	Draft:		Program Number:	04.0.11.05				
35720	prepop 1	2 Final		04.0-11-05				
Sign Off:	Date Issued:	2047.04.25	RoomName:					
LDI		2017-01-25	WORKSTATI	ON, CARE PLAN CONSULTANT				
IBI	Client:		m²:					
		MTICS	4.6 m²					
DISK LEVEL:	Ctondovd							
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
HVAC.								
✓ Can Air be Returned Rate (A/o	7.	Special Eyhai	ust Air Required: 0					
to System	S).	Special Exilat	ast All Required.					
PLUMBING FIXTURES:								
				Diumbing D				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain					
Lavatory Wall Standard	Standard	□ wc	Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings					
Double	Electronic Contr		Other:					
Deep Equipment			J Other:					
Other:								
	-							
Size:	_							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Lequal Positive Negative Other: Air Temp: Standard Special Other:								
Air Temp: 🗹 Standa	rd Special	Other:						
	rd Special	Other:						
ELECTRICAL REQUIREMENTS	rd Special	Other:						
ELECTRICAL REQUIREMENTS GENERAL POWER:		Other:	Clock					
ELECTRICAL REQUIREMENTS		Other:	Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER:		Other:	Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER:	& Emergency		☐ Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	& Emergency		☐ Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven	& Emergency		Clock					
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32):	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting ✓ Switch & Light Cont	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Conven Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting ✓ Switch & Light Cont	& Emergency ience: 1 duplex, Worksta	tions: 1 quadplex						

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		CT, BIFROST, I PROGRAMS	SUB DEPARTMENT: 4C-OUTREA		
Project Number:	35720		v inal	Program Number:	04.0-11-05	
·	Sign Off:	Date Issued:	2017-01-25	RoomName: WORKSTATION, (CARE PLAN CONSULTANT	
IBI		Client:	MTICS	m²: 4.6 m²		
RISK LEVEL:		Standard				
TECHNOLOGY REQUIR	REMENTS					
IMIT SYSTEMS:						
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 utlet: 0	│ Intercom Stat	m Station	Hands Free	tatus	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	a Monitor		rd Reader No.:	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER						
Equipment Remarks:		Oper Rema	rational arks:			
Room Data Sheet Commen	+·					

Project Name: VAL	LEYVIE	EW PRO	JECT	Departme 0	4.0 M			T, BIFROS ⁻ PROGRAN	Τ,	SUB DEPARTMENT: 4C-C			4C-OUTREACH
Project Number:		3	5720	Draft:	prepop	1 2	Fina		P	rogram Nu	mber:		04.0-12-01
	1	Sign Off:		Date Issu	ed:			2017-01-2		toomName			PRINTER AND FAX
181	ı			Client:				MTI		n²:	1. m²		
RISK LEVEL:				Sta	andar	d							
	A	, , , D	NTC	500	amaan	<u> </u>							
ARCHITECTUR		UIKEIVIE	NIS										
INTERIOR FINISH		height			naterial			finish				remarks	
Ceiling:	275	0	Aco	ustic Tile			Pre-Fin	ished					
Wall:			GW	В			Paint						
Floor:							Carpet						
Base:	100		Rub	ber									
Wall Protection:	Corner G	iuards:		Sheet:	✓		J	Remarks	5:				
	Crash Ra	ils:	Standa	rd 🗌	Anti-Li	gature							
	Hand Rai	ils:	Standa	rd 🗌	Anti-Li	gature							
	Chair Rai	il:	Standa	rd 🗌	Anti-Li	gature							
Door(s):	Clear Open	ning (W x H):				Material:					Finish:		
(-)	Do	or Sidelight											
Door Hardware:	Au	oor Protection atomatic Open cess Control	ener	Ta	nti-Ligatui amperpro ocking	re & of Hardware	Door Re	emarks: Locat	ed in	room 4-1	1		
	Hardware	e Type::											
Windows:	Externa Externa Exterio	ble Windows al Glazing ar al Glazing Ha or Window T al Glazing an	nd Frame: ardware: reatment	St St St St	tandard tandard tandard tandard tandard	Sec	ure ure ure	High Se High Se High Se High Se	curity curity	y y	3:		
Casework / Millwo	rk:	Casework	Security:	Reg	gular	Secui	re			Remark	s:		
Min Millwork / (mm)	or % of per	imeter wall:				Counter/	Work Sur Height (ı	mm):					
		per Cupboa wer Cupboa			Counte	ss Steel		Lockat	ле				
ACOUSTICS:	STC Ratin	ng Wall / / Ceiling:	0			RT 60	: N/A			Remark		to Appendix 1E Control	O - Acoustics and
	N	IC Rating: N	I/A										
GENERAL ROOM	REMAR	RKS:	Coat Hool	s: St	andard	Anti-L	igature	No of Coat Hooks:			Mirro	rs: Standar	d Vandal-Proof
	Па	ckboard [Dim:						Wh	iteboard	Dim:		
	Re	emarks: 2	printers										

Project Name:	Department:	SUB DEPARTMENT:				
VALLEYVIEW PROJECT	VALLEYVIEW PROJECT 04.0 MAPLES CONNECT, BIFR			4C-OUTREACH		
TALLET VILLY I NOSECT		UTREACH PROGRAMS	Data area and Mills			
Project Number: 25720	-Draft:		Program Number:	04.0-12-01		
35/20	prepop 1	2 Final		04.0-12-01		
Sign Off:	Date Issued:	2017-01-25	RoomName:	DDINITED AND FAV		
IBI		2017-01-23		PRINTER AND FAX		
	Client:	MTICS	m²: 1. m²			
		IVITICS	1. 111			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type: ACLIDAT 62.1.01		Remarks: Exhaust				
HVAC:		LATIAUSE				
	c).	Consider Fisher	ant Air De suring de O			
Can Air be Returned Rate (A/ to System	L):	Special Exnai	ust Air Required: 0			
to system						
PLUMBING FIXTURES:						
	tan			Plumbing Remarks		
sink mounting faucet	tap	Urinal	Eyewash	Transpirig Nemarks		
Handwash Counter Goosene		Hopper	Water Fountain			
Lavatory Wall Standard		☐ wc	Emergency Shower			
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Con	trols Floor Drain	Other:			
Deep Equipment						
Other:	_					
Size:						
ROOM CONTROLS. Room Temp Control	with Room Relative	e Humidity with Infectio	n Isolation			
ROOM CONTROLS: Local Adjustment	Local Adjustm		ressure Monitor Patier	nt Controlled		
Room Control Remarks:						
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
Nack Storage (2.4111 fligh)	Types:					
EXHAUST: Pressure: Equal	Positive N	egative Other:				
Air Temp: 🗸 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	9. Emorgonou		Clock			
Types of Fower.	& Lineigency					
Recentacle County Commen	ionco: 1 dunloy Sport-l	Equipment (additional outle	ots): printer fav			
receptacie count: Conven	ience: 1 aupiex, Special	equipment (additional outl	ets): printer, tax			
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
						
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	"In Use" Ligh	nt				
Switch & Light Cont						
Charting Light						
						

Project Name:	roject Name: VALLEYVIEW PROJECT		ES CONNECT, BIF	ROST,	PARTMENT:	4C-OUTREACH
VALLETVI	EVV PROJECI	AND	OUTREACH PROG	GRAMS		
Project Number:	35720	Draft:	2 Final	Program	m Number:	04.0-12-01
	Sign Off:	Date Issued:	2017	-01-25 RoomN	lame:	PRINTER AND FAX
IBI		Client:		MTICS m²:	1. m²	
RISK LEVEL:		Standard				
TECHNOLOGY REQUI	REMENTS					
IMIT SYSTEMS:						
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	reletite		Status
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	nical Camera nical Camera Monitor	Card Reader Intrusion Det		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comme	nt:					

Project Name: VALLE	YVIEW PF	OJECT			NNECT, BI EACH PRO		SUB DEPART			4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nur	nber:		04.0-12-02
IBI	Sign Off	:	Date Issued:		201	7-01-25	RoomName:			PRINTER AND FAX
			Client:			MTICS	m²:	1. m²		
RISK LEVEL:			Standar	d						
ARCHITECTURAL	DEOI IIDEN	<i>MENITS</i>								
INTERIOR FINISHES										
Ceiling:	height 2750		material oustic Tile		finis Pre-Finished	1		re	marks	
cciiiig.	2730	Acc	Justic Tile		TTC TIMISTICE	•				
Wall:		GW	/B		Paint					
Floor:					Carpet					
Base:	100	Rul	bber							
Wall Protection: Co	rner Guards:	✓	Sheet:			Remarks:				
Cr	ash Rails:	Standa	ard 🗌 Anti-Li	gature						
Ha	ınd Rails:	Standa	ard 🗌 Anti-Li	gature						
Ch	air Rail:	Standa	ard Anti-Li _k	gature						
Door(s): Clea	r Opening (W x	H):		Material:			F	inish:		
[Door Sideli	ght								
	Door Prote Automatic Access Con Door Glazing: rdware Type::	Opener	Anti-Ligatui Tamperpro Locking	re & of Hardware	Door Remarks	Located	in room 4-1	1		
	Operable Wind External Glazin; External Glazin; Exterior Windo Internal Glazin; Blackout	g and Frame g Hardware: w Treatmen	Standard Standard Standard Standard	Second Se	ure	High Secui High Secui High Secui High Secui	rity rity	:		
Casework / Millwork:	Casewo	ork Security	: Regular	Secur	re		Remark	s:		
Min Millwork /Cou (mm) or %	nter Linear Len of perimeter w			Counter/	Work Surface Height (mm):					
[Upper Cupl		Counte	er Top ss Steel		Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling	40		RT 60	N/A		Remark	Refer to Ap		Acoustics and
	NC Rating							Noise come		
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	Anti-L	gature No c	of Coat Hooks:		Mirrors:	Standard	Vandal-Proof
[Tackboard	Dim:					Whiteboard	Dim:		
	Remarks:	2 printer	s							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	VALLEYVIEW PROJECT 04.0 MAPLES CONNECT, BIFR			4C-OUTREACH
TALLET VIEW I NOSECT		UTREACH PROGRAMS	Dan see at 1	
Project Number: 25720	Draft:		Program Number:	04.0-12-02
35/20	prepop 1	2 Final		04.0-12-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	DDINITED AND EAV
IBI		2017-01-23		PRINTER AND FAX
	Client:	MTICS	m²: 1. m²	
		WITICS	1. III	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: ACLIDAT 62.1.01		Remarks: Exhaust		
HVAC:		LATIBUSE		
	2)			
Can Air be Returned Rate (A/C to System	<u>ـ):</u>	Special Exnai	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
	tan			Plumbing Remarks
sink mounting faucet	tap	Urinal	Eyewash	Transing Nemarks
Handwash Counter Goosene	= '	Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	_	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS. Room Temp Control v	vith Room Relative	Humidity with Infectio	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustm	-	ressure Monitor	nt Controlled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:	
Deal Sterre (2 Arr bink)	T			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive N	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
	0.5		Clock	
Types of Power: Normal	& Emergency			
Receptacle Count: Conven	ience: 1 duplex, Special	Equipment (additional outle	ets): printer, fax	
Power Remarks:				
rower nemarks.				
Patient Care Area Designation				
Patient Care Area Designation (as per CSA Z32):				
V k				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	☐ "In Use" Ligh			
✓ Switch & Light Cont				
Charting Light	variity Light			

Project Name:	roject Name: VALLEYVIEW PROJECT		S CONNECT, BIF		DEPARTMENT:		4C-OUTREACH
VALLEYVII	EW PROJECT	AND C	OUTREACH PROG	GRAMS			
Project Number:	35720	Draft:	2 Final	Prog	ram Number:		04.0-12-02
	Sign Off:	Date Issued:	2017	-01-25 Rooi	mName:		PRINTER AND FAX
IBI		Client:		MTICS m2:	1. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Telei	ds Free metry conferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	nical Camera nical Camera Monitor	Card Reader			ff Assist cient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VALL	EYVIEW PF	ROJECT			NNECT, B EACH PRC		SUB DEPARTM	IENT:		4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-13-01
[-	Sign Off	:	Date Issued:		201	7-01-25	RoomName:		FILES/ RES	OURCE COLLECTION
IBI			Client:			MTICS	m²:	m²		
RISK LEVEL:			Standar	d						
		45456	Standar	ч						
ARCHITECTURA		/IENIS								
INTERIOR FINISHE			material		finis			re	emarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished	d				
Wall:		GW	В		Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	✓	Sheet:		_	Remarks:				
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature						
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature						
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature						
Door(s):	ear Opening (W x	H):		Material:			Fir	nish:		
. ,	Door Sideli	ght								
Door Hardware:	Door Prote	ction	Anti-Ligatu	ire &	Door Domorle					
Door Hardware.	Automatic			oof Hardware	Door Remark	s. Located	in room 4-11			
	Access Con	trol	Locking							
	Door Glazing:									
1	Hardware Type::									
Windows:	Operable Wind	ows.	Standard	Sec	ure		Remarks:			
willdows.	External Glazing		=	Sec		High Secur				
	External Glazing	g Hardware:	Standard	Sec		High Secur	-			
	Exterior Windo			_	_	High Secur	•			
	Internal Glazing		Standard	Sec		High Secur				
	Blackout	Blind	s Koller	Shutter	1 Way Mir	IOF	Other			
Casework / Millwork	c: Casewo	ork Security:	Regular	Secur	re		Remarks:			7
	ounter Linear Len	9		Counter/	Work Surface Height (mm):					
(IIIII) OI	Upper Cupl		Count	er Top	Ticigiii (iiiii).	Lockable				
	Lower Cupl	ooards	Stainle	ess Steel		_				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling			RT 60	: N/A		Remarks:			Acoustics and
	NC Rating							Noise Cont	troi	
GENERAL ROOM	REMARKS:	Coat Hoo	s: Standard	Anti-L	igature No	of Coat		Mirrors:	Standard	Vandal-Proof
	Tackboard	Dim:				Hooks: U	Whiteboard I	Dim:		
	Remarks:	Shall acco	mmodate 1 filin	g cabinet						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 12 01
35720	prepop 1	2 Final		04.0-13-01
Sign Off:	Date Issued:	2047.04.25	RoomName:	
LDI		2017-01-25		FILES/ RESOURCE COLLECTION
IBI	Client:		m²:	
		MTICS	1. m²	
DICK I EVEL.	Ctondord			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
HVAC.				
✓ Can Air be Returned Rate (A/	n.	Special Evha	ust Air Required: 0	
to System	ω ₁ .	Special Extra	ust All Required.	
,				
PLUMBING FIXTURES:				
				Diumbing Dawarda
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	rs
Double	Electronic Con		Other:	·
Deep Equipment		TIOGI BIAIII	Other.	1
Other:				
	=			
Size:]
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et	·	Pressure Monitor	tient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
D.:				
Patient Care Area Designation (as per CSA Z32):				
(45 pc. Con 252).				
UGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Ligh	IT		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department: 04.0 MAP	LES CONNECT, B		SUB DEPARTMENT:		4C-OUTREACH
VALLEYVII	EW PROJECT		OUTREACH PRO				
Project Number:	35720	-Draft: prepop	1 2 Final		Program Number:		04.0-13-01
	Sign Off:	Date Issued:	201	7-01-25	RoomName:	FILES/ RE	SOURCE COLLECTION
IBI		Client:		MTICS	m²: 1. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): Outlet: 0 Outlet: 0		Intercom Station Video Intercom Statio Intercom Master Stat	on 🔲	Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Read			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER	-						
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VALLEYVIEW PROJECT	Department: 04.0 MAPLES CO AND OUTRI	NNECT, BIFROST, EACH PROGRAMS	SUB DEPARTMENT:	4C-OUTREACH
Project Number: 35720	Draft:	Final	Program Number:	04.0-13-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	FILES/ RESOURCE COLLECTION
IBI	Client:	MTICS	m²: 1. m²	
RISK LEVEL:	Standard			
	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	re	marks
Ceiling: 2750 Acc	oustic Tile	Pre-Finished		
Wall: GW	/B	Paint		
Floor:		Carpet		
	bber	_		
Wall Protection: Corner Guards: ✓ Crash Rails: Standa	Sheet: 🗹 ard 🗌 Anti-Ligature	Remarks:		
Hand Rails: Standa				
Chair Rail: Stand	ard Anti-Ligature			
Door(s): Clear Opening (W x H):	Material:		Finish:	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware Locking	Door Remarks: Located	in room 4-11	
Access Control Door Glazing:				
Hardware Type::				
Windows: Operable Windows:	Standard Secu	ure	Remarks:	
External Glazing and Frame	e: Standard Seco	ure 🗌 High Secur		
External Glazing Hardware: Exterior Window Treatmen				
Internal Glazing and Frame		_	· ·	
Blackout Blin	ds Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security	: Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface Height (mm):		
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable		
ACOUSTICS: STC Rating Wall / 40	RT 60:	N/A	Remarks: Refer to Ap	pendix 1D - Acoustics and
Floor / Ceiling: N/A			Noise Cont	rol
GENERAL ROOM REMARKS: Coat Hoo	oks: Standard Anti-Li	gature No of Coat	Mirrors:	Standard Vandal-Proof
Tackboard Dim:		Hooks: U	Vhiteboard Dim:	
Remarks: Shall acc	ommodate 1 filing cabinet			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 12 02
35/20	prepop 1	2 Final		04.0-13-02
Sign Off:	Date Issued:	2017 01 25	RoomName:	
IDI		2017-01-25		FILES/ RESOURCE COLLECTION
IBI	Client:		m²:	
		MTICS	1. m²	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene			Water Fountain	
Lavatory Wall Standard		Hopper _		
Janitorial Floor Laborato		wc _	Emergency Shower	
Double	Electronic Cont	Barrier Free WC	Corrosion Resistant Fitting	SS
	Electronic cont	Floor Drain	Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustme	' I I	ressure Monitor	tient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
Modestation T-1-1-1	ahting Assessed	Lighting Da-	narke	
LIGHTING: Workstation Task Lighting		Lighting Ren	iiai KS.	
Dimmable Lighting	In Use" Ligh	t		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department: 04.0 MAPLE	S CONNECT, BIF		B DEPARTMENT:		4C-OUTREACH
VALLEYVII	EW PROJECT		UTREACH PROG				
Project Number:	35720	Draft:	2 Final	Pro	ogram Number:		04.0-13-02
	Sign Off:	Date Issued:	2017-	-01-25 Ro	omName:	FILES/ RE	SOURCE COLLECTION
181		Client:		MTICS m²	: 1. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0		ntercom Station /ideo Intercom Station ntercom Master Station	Tel	nds Free emetry econferencing	Room Statu:	5
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VALLEYVIEW PROJECT	Department: 04.0 MAPLES CO AND OUTRI	NNECT, BIFROST, EACH PROGRAMS	SUB DEPARTMENT:	4C-OUTREACH
Project Number: 35720	Draft:	Final	Program Number:	04.0-13-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	FILES/ RESOURCE COLLECTION
IBI	Client:	MTICS	m²: 1. m²	
RISK LEVEL:	Standard			
	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	rei	marks
Ceiling: 2750 Acc	oustic Tile	Pre-Finished		
Wall: GW	/B	Paint		
Floor:		Carpet		
Base: 100 Rul	ober			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa				
Hand Rails: Standa Chair Rail: Standa				
Door(s): Clear Opening (W x H):	Material:	L	Finish:	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks: Leasted	in room 4.11	
Automatic Opener	Tamperproof Hardware	Door Remarks: Located	in room 4-11	
Access Control	Locking			
Door Glazing:				
Hardware Type::			Damaria.	
Windows: Operable Windows: External Glazing and Frame	Standard Secu		Remarks:	
External Glazing Hardware:				
Exterior Window Treatmen Internal Glazing and Frame		_	-	
Blackout Blin		1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface		
Upper Cupboards	Counter Top	Height (mm): Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling:	RT 60:	N/A	Remarks: Refer to Ap	pendix 1D - Acoustics and
NC Rating: N/A			13.50 33111	
GENERAL ROOM REMARKS: Coat Hoo	oks: Standard Anti-Li	gature No of Coat	Mirrors:	Standard Vandal-Proof
Tackboard Dim:		Hooks: U	Vhiteboard Dim:	
Remarks: Shall acc	ommodate 1 filing cabinet			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 12 02
35720	prepop 1	2 Final		04.0-13-03
Sign Off:	Date Issued:	2047.04.25	RoomName:	
LDI		2017-01-25		FILES/ RESOURCE COLLECTION
IBI	Client:		m²:	
		MTICS	1. m²	
DICK I EVEL.	Ctondord			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
HVAC.				
✓ Can Air be Returned Rate (A/	n.	Special Evha	ust Air Required: 0	
to System	ω ₁ .	Special Extra	ust All Required.	
PLUMBING FIXTURES:				
				Diumbing Dawards
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	rs
Double	Electronic Con		Other:	·
Deep Equipment		TIOGI BIAIII	Other.	1
Other:				
	=			
Size:	_]
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et	·	Pressure Monitor	tient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
D.:				
Patient Care Area Designation (as per CSA Z32):				
(45 pc. Con 252).				
UGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Ligh	IT		
Switch & Light Cont	rols Vanity Light			
Charting Light				

,		Department: 04.0 MAPL	ES CONNECT, BIF		DEPARTMENT:		4C-OUTREACH
VALLEYVII	EW PROJECT	AND	OUTREACH PROG	RAMS			
Project Number:	35720	Draft:	2 Final	Prog	gram Number:		04.0-13-03
	Sign Off:	Date Issued:	2017	-01-25 Roo	mName:	FILES/ RE	SOURCE COLLECTION
IBI		Client:		MTICS m2:	1. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Tele	ds Free metry conferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader			aff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VAL	LEYVIEW PROJ				NNECT, B EACH PRO		SUB DEPARTN	MENT:		4C-OUTREACH
Project Number:	35	5720 Dr	aft:	1 2	✓ Final		Program Num	ber:		04.0-13-04
	Sign Off:		ate Issued:			.7-01-25	RoomName:		FILES/ RES	OURCE COLLECTION
IBI		Cli	ent:			MTICS	m²:	l. m²		
RISK LEVEL:	•		Standar	d						
	AL REQUIREMEN	ITS								
INTERIOR FINISH			material		fini	sh		re	emarks	
Ceiling:	2750	Acoust	ic Tile		Pre-Finishe	d				
Wall:		CWD			Daint					
		GWB			Paint					
Floor:					Carpet					
		1			1					
Base:	100	Rubbe								
Wall Protection:	Corner Guards:	She	_			Remarks:				
	_	Standard Standard	☐ Anti-Lig	_						
		Standard	Anti-Lig	_						
Door(s):	Clear Opening (W x H):			Material:		l	Fi	nish:		
Door(s).	Door Sidelight									
Door Hardware:	Door Protection Automatic Oper Access Control Door Glazing: Hardware Type::		Anti-Ligatur Tamperpro	re & of Hardware	Door Remark	Located	in room 4-11			
Windows:	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	I Frame: dware: eatment:	Standard Standard Standard Standard Standard Roller S	Sec Sec Sec Sec Sec Sec Sec	ure	High Secui High Secui High Secui High Secui	rity rity			
Casework / Millwo	rk: Casework S	ecurity:	Regular	Secur	е		Remarks	:		
	Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard		Counte	er Top	Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: N/			RT 60:	N/A		Remarks	Refer to A Noise Con		Acoustics and
GENERAL ROOM	REMARKS: Co	oat Hooks:	Standard	Anti-Li	igature No	of Coat		Mirrors:	Standard	☐ Vandal-Proof
		im:	<u> </u>	_		Hooks:	Whiteboard	Dim:		_
	Remarks: Sh	all accom	modate 1 filing	g cabinet						
				-						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 13 04
35/20	prepop 1	2 Final		04.0-13-04
Sign Off:	Date Issued:	2017.01.25	RoomName:	
IDI		2017-01-25		FILES/ RESOURCE COLLECTION
IBI	Client:		m²:	
		MTICS	1. m²	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene			Water Fountain	
Lavatory Wall Standard		Hopper	_	
Janitorial Floor Laborato		wc _	Emergency Shower	
Double	Electronic Cont	Barrier Free WC	Corrosion Resistant Fitting	SS
	Electronic cont	Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Local Adjustme Vet Dry Types: Positive Ne		ressure Monitor	tient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
Workstation Task Li	ighting Nijaht 1:aht	Lighting Ren	narks:	
			iui NJ.	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJE	Department: 04.0 MAPLES CONNECT, BIF	
	AND OUTREACH PROC	
Project Number: 357	Draft:	Program Number: 04.0-13-04
Sign Off:	Date Issued: 2017	7-01-25 RoomName: FILES/ RESOURCE COLLECTIO
IBI	Client:	MTICS m²: 1. m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station Intercom Master Station	Telemeny
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Card Reader Clinical Camera Monitor Intrusion De	
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VAL	LEYVIEW PR	OJECT			NNECT, B EACH PRC		SUB DEPARTN	IENT:		4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-13-05
	Sign Off	:	Date Issued:		201	7-01-25	RoomName:		FILES/ RES	OURCE COLLECTION
IBI			Client:			MTICS	m²:	m²		
RISK LEVEL:			Standar	d						
		45456	Standar	ч						
ARCHITECTUR		IENTS								
INTERIOR FINISH			material		fini			re	emarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finishe	d				
Wall:		GW	В		Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	✓	Sheet:			Remarks:				
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature						
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature						
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature						
Door(s):	Clear Opening (W x	H):		Material:			Fir	nish:		
()	Door Sidelig	ht								
Door Hardware:	Door Protect	ction	Anti-Ligatu	ıra &						
Door Hardware.	Automatic			oof Hardware	Door Kemark	Located	in room 4-11			
	Access Conf	trol	Locking							
	Door Glazing:									
	Hardware Type::									
Windows:	Operable Windo	ows:	Standard	Sec	ure		Remarks:			
willdows.	External Glazing		=	Sec		High Secur				
	External Glazing	g Hardware:	Standard	Sec	ure 🗌	High Secur	rity			
	Exterior Windov			_	ure	High Secur	-			
	Internal Glazing		Standard	Sec		High Secur				
	Blackout	Blind	Koller	Shutter [1 Way Mir	IUI	Other			
Casework / Millwor	rk: Casewo	ork Security:	Regular	Secur	re		Remarks:			
	Counter Linear Leng or % of perimeter w	, I		Counter/	Work Surface Height (mm):					
(11111)	Upper Cupb		Count	er Top	Ticigit (iiiii).	Lockable				
	Lower Cupb	oards	Stainle	ess Steel	_	_				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:			RT 60	: N/A		Remarks:	Refer to A		Acoustics and
	NC Rating:	N/A								
GENERAL ROOM	REMARKS:	Coat Hool	ks: Standard	Anti-L	igature No	of Coat Hooks:		Mirrors:	Standard	Vandal-Proof
	Tackboard	Dim:					Whiteboard	Dim:		
	Remarks:	Shall acco	mmodate 1 filin	g cabinet						
		L								

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4C-OUTREACH
VALLETVIEWTROJECT		JTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04 0 13 05
35720	prepop 1	2 Final		04.0-13-05
Sign Off:	Date Issued:	2017.04.25	RoomName:	
LDI		2017-01-25		FILES/ RESOURCE COLLECTION
IBI	Client:		m²:	
		MTICS	1. m²	
DISK LEVEL:	Ctondord			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
HVAC.				
✓ Can Air be Returned Rate (A/	n.	Special Evha	ust Air Required: 0	
to System	ω ₁ .	Special Extra	ust Air Nequirea.	
,				
PLUMBING FIXTURES:				
				Diumbing Dawards
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	rs
Double	Electronic Conf		Other:	,
Deep Equipment		TIOOI DIAIII	Other.	1
Other:				
	=			
Size:	_]
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustme	·	ressure Monitor	tient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
D.:				
Patient Care Area Designation (as per CSA Z32):				
(45 pc. Con 252).				
UGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	marks:	
			- =:	
Dimmable Lighting	In Use" Ligh	τ		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department: 04.0 MAPL	ES CONNECT, BIF		EPARTMENT:		4C-OUTREACH
VALLEYVI	EW PROJECT	AND OUTREACH PROGRAMS					
Project Number:	35720	Draft:	2 Final	Progra	am Number:		04.0-13-05
	Sign Off:	Date Issued:	2017	-01-25 Room	Name:	FILES/ RE	SOURCE COLLECTION
IBI		Client:		MTICS m²:	1. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): outlet: 0 outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio	Hands		Room Status	3
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader Intrusion Det			f Assist ent Assist	Duress - Wired Duress - Wireless
,	3.						
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Comme	nt:						

Project Name: VALLI	EYVIEW PRO				NNECT, B EACH PRC		SUB DEPARTM	IENT:		4C-OUTREACH
Project Number:	3	5720	Draft: prepop	1 2	✓ Final		Program Num	ber:		04.0-13-06
<u>-</u>]	Sign Off:		Date Issued:		201	7-01-25	RoomName:		FILES/ RES	OURCE COLLECTION
IBI			Client:			MTICS	m²:	m²		
RISK LEVEL:			Standar	d						
			Standar	ч						
ARCHITECTURA		NTS								
INTERIOR FINISHES		T	material		fini	sh		re	marks	
Ceiling:	2750	Acou	ıstic Tile		Pre-Finishe	d				
Wall:		GWE	3		Paint					
Floor:					Carpet					
Base:	100	Rubl	per							
Wall Protection:	Corner Guards:	s	heet:			Remarks:				
C	Crash Rails:	Standar	d Anti-Li	gature						
	land Rails:	Standar	_	gature						
C	Chair Rail:	Standar	d Anti-Li	gature						
Door(s):	ar Opening (W x H):	:		Material:			Fir	nish:		
	Door Sidelight									
Door Hardware:	Door Protection Automatic Open Access Contro	ener	Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remark	s: Located	in room 4-11			
	Door Glazing:									
н	ardware Type::									
	Operable Window	··	Chandand				Remarks:			
Windows:	External Glazing a		Standard Standard	Sec Sec		High Secur				
	External Glazing H	ardware:	Standard	Sec		High Secur	•			
	Exterior Window T			_	ure 🗌	High Secur	-			
	Internal Glazing ar Blackout	Blinds	Standard Roller	Sec	ure	High Secur	Other			
Cacamarie / Mailline							Remarks:			
Casework / Millwork:	unter Linear Length		Regular	Secur	e Work Surface		nemarks.			
	% of perimeter wall:				Height (mm):					
	Upper Cupboa Lower Cupboa		Counte	er Top ess Steel	L	Lockable				
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling:	.0		RT 60:	N/A		Remarks:	Refer to Ap		Acoustics and
	NC Rating:	I/A								
GENERAL ROOM R	EMARKS:	Coat Hook	s: Standard	Anti-Li	igature No	of Coat Hooks:		Mirrors:	Standard	Vandal-Proof
	Tackboard	Dim:					Vhiteboard [Dim:		
	Remarks: 1	bay reso	urce							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST,			4C-OUTREACH
	AND OUTREACH PROGRAM		Dun annua Niverban	
Project Number: 35720	-Draft:		Program Number:	04.0-13-06
	prepop 1	2 Final	D and Norman	04.0 13 00
Sign Off:	Date Issued:	2017-01-25	RoomName:	FILES/ RESOURCE COLLECTION
IBI				TILES/ RESOURCE COLLECTION
	Client:	MTICS	m²: 1. m²	
			2.111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
HVAC:				
✓ Can Air be Returned Rate (A/	U)·	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	□ wc □	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Contr		Other:	
Deep Equipment		Tiodi Biam		
Other:				
Size:	=			
3120.				
Decare Terror Control	ith	loodida oo lafa aha	- 11	
ROOM CONTROLS: Room Temp Control of Local Adjustment	with Room Relative F Local Adjustmen		n Isolation Pat Pat	ient Controlled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
Mack Storage (2.411 high)	турсз.			
EXHAUST: Pressure: equal	Positive Neg	gative Other:		
_	_			
Air Temp: Standa	rd Special	Other:		
F				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Tower Remarks.				
Patient Care Area Designation				_
(as per CSA Z32):				
_				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department: 04.0 MAPL	ES CONNECT, BIF		DEPARTMENT:		4C-OUTREACH
VALLEYVII	EW PROJECT	AND OUTREACH PROGRAMS					
Project Number:	35720	Draft:	2 Final	Progra	am Number:		04.0-13-06
	Sign Off:	Date Issued:	2017	-01-25 Room	Name:	FILES/ RE	SOURCE COLLECTION
IBI		Client:		MTICS m2:	1. m²		
RISK LEVEL:		Standard		'			
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0		Intercom Station Video Intercom Station Intercom Master Statio			Room Statu:	3
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monitor	Card Reader			off Assist tient Assist	Duress - Wired ✓ Duress - Wireless
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commei	nt:						

Project Name: VALLEYVIEW PROJE		ES CONNECT, BIFROST, OUTREACH PROGRAMS	SUB DEPARTMENT:	4C-OUTREACH
Project Number: 357	Draft:	2 Final	Program Number:	04.0-14-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	NCENTRATION/VIDEO ROOM
	Client:	MTICS	m²: 7.4 m²	
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMENT	3			
INTERIOR FINISHES: height	material	finish	remai	rks
Ceiling: 2750	Acoustic Tile	Pre-Finished		
Wall:	GWB	Paint		
Floor:		Carpet		
11001.		Carpet		
	To			
Base: 100	Rubber			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: St	andard Anti-Ligatur	re		
Hand Rails: St	andard 🗌 Anti-Ligatur	re		
Chair Rail: St	andard 🗌 Anti-Ligatur	re		
Door(s): Clear Opening (W x H):	914 x 2135 M	aterial: Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Ha	Door Remarks: rdware		
Access Control	✓ Locking			
Door Glazing: Upper	glazing			
	9.429			
Hardware Type:: OF-01				
Windows: Operable Windows:	✓ Standard	Secure	Remarks:	
External Glazing and F		Secure High Secur	•	
External Glazing Hards Exterior Window Trea		Secure High Secure High Secure		
Internal Glazing and Fi	- Standard	Secure High Secur	· ·	
_	Blinds Roller Shutte		Other	
Casework / Millwork: Casework Sec	urity: Decule:		Remarks:	
_		Secure	IVEIIIGI NS.	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Co	ounter/ Work Surface Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Ste	eel		
ACOUSTICS: STC Rating Wall / 55		RT 60: 0.5	Remarks: Pofor to Asso	ndix 1D - Acoustics and
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 55		N 00. 0.5	Noise Control	
NC Rating: 25-3	0			
GENERAL ROOM REMARKS: Coa	t Hooks: 🗸 Standard	Anti-Ligature No of Coat Hooks:	Mirrors: S	tandard Vandal-Proof
Tackboard Dim	:		Whiteboard Dim:	
Remarks: Shal	be designed to accommo	date concentrated activities, i	incl. completion of files, conf	idential calls, video
	<u> </u>		,	,

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT,		4C-OUTREACH
VALLETVIEWTROJECT	AND OUTREACH PI		
Project Number:	Draft:	Program Number:	04.0-14-01
35720	prepop 1 2 Final		04.0-14-01
Sign Off:	Date Issued:	RoomName: CO	NICENTRATION AUDEO ROOM
IBI	21	317-01-23	NCENTRATION/VIDEO ROOM
101	Client:	MATICS m²:	
		MTICS 7.4 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
DITIMPING EIVITIPES			
PLUMBING FIXTURES:			1
sink mounting faucet	tap Urin	al Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hop	per Water Fountain	
Lavatory Wall Standard	Standard	Emergency Shower	
Janitorial Floor Laborato	True Dodal	ier Free WC Corrosion Resistant Fittings	
Double	Flootronic Controls	r Drain Other:	
Deep Equipment			
Other:			
Size:	-		
Size.			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V Rack Storage (2.4m high)	Local Adjustment Via DDC /et	Room Pressure Monitor Other:	ent Controlled
EXHAUST: Pressure:		Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal			
Receptacie Count: Conven	ience: 1 duplex, Workstations: 1 quad	, Special Equipment (additional outlets):	video equipment
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	"In Use" Light	-	
Switch & Light Cont	. =		
Charting Light	rols Uanity Light		

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		APLES CONI		ROST,	SUB DEPARTMENT:		4C-OUTREACH
		Draft:	ND OUTREA			Program Number:		
Project Number:	35720	prepop	1 2	✓ Final		Program Number.		04.0-14-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	CONCENT	RATION/VIDEO ROOM
IBI		Client:		1	MTICS	m²: 7.4 m²		
RISK LEVEL:		Standard	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	lata): O utlet: O		_	Station rcom Station Waster Station		Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks	a Monitor Cli	nical Camera nical Camera Moniti	or	Card Reader Intrusion Dete	_		aff Assist tient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PRO		rtment: 04.0 MAPLES CC AND OUTR	NNECT, BIFROS EACH PROGRAN		IENT:	4C-OUTREACH
Project Number:	Draft:	prepop 1 2	✓ ! Final	Program Numl	oer:	04.0-14-02
Sign Off:	Date I	Issued:	2017-01-2	RoomName:	CONCENTRA	ATION/VIDEO ROOM
	Client	:	MTI	CS m²: 7.	4 m²	
RISK LEVEL:		Standard				
ARCHITECTURAL REQUIREME	:1013					
INTERIOR FINISHES: height	1	material	finish		remarks	
Ceiling: 2750	Acoustic 1	Tile	Pre-Finished			
Wall:	GWB		Paint			
Floor:			Carpet			
11001.			Carpet			
-			7			
Base: 100	Rubber					
Wall Protection: Corner Guards:	Sheet:	✓	Remarks	s:		
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	Fir	nish: Plam	
Door Sideligh	<u> </u>					
	_	1				
Door Hardware: Door Protecti		Anti-Ligature & Tamperproof Hardware	Door Remarks:			
Automatic Op		Locking				
Door Glazing: Up						
Hardware Type:: OF	-01					
Windows: Operable Window	/s: ✓	Standard Sec	cure	Remarks:		
External Glazing a		_	cure 🔲 High Se	•		
External Glazing F Exterior Window	_		cure High Se			
Internal Glazing a	_		cure High Se cure High Se	•		
Blackout	✓ Blinds	Roller Shutter	1 Way Mirror	Other		
, .		Regular Secu		Remarks:		
Min Millwork /Counter Linear Length (mm) or % of perimeter wal		Counter/	Work Surface Height (mm):			
Upper Cupbo		Counter Top	Lockal	ble		
Lower Cupboa	ards	Stainless Steel				
ACOUSTICS: STC Rating Wall /	55	RT 60	ı: 0.5	Demarks	Refer to Appendix 1D	Acqueties and
ACOUSTICS: STC Rating Wall / Floor / Ceiling:) j	KT 00	0.5	itemarks.	Noise Control	- Acoustics and
NC Rating:	25-30					
GENERAL ROOM REMARKS:	Coat Hooks: 🗸	Standard Anti-L	igature No of Coat Hooks:	2	Mirrors: Standard	Vandal-Proof
Tackboard	Dim:			Whiteboard [Dim:	
Remarks:	Shall be design	ed to accommodate co	oncentrated activitie	es, incl. completion	on of files, confidential	calls, video
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	,	,

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT		4C-OUTREACH
VALLETVIEWTROJECT	AND OUTREACH P		
Project Number:	Draft:	Program Number:	04.0-14-02
35720	prepop 1 2 Final		04.0-14-02
Sign Off:	Date Issued:	017-01-25 RoomName:	CONCENTRATION / /IDEO ROOM
IRI			CONCENTRATION/VIDEO ROOM
101	Client:	MTICS m ² : 7.4 m ²	
		MTICS 7.4 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Uri	nal Eyewash	Plumbing Remarks
Handwash Counter Goosene		pper Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Bar	rier Free WC Corrosion Resistant Fittir	ngs
Double	Electronic Controls Floo	or Drain Other:	
Deep Equipment			7
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Pompersure Monitor	atient Controlled
Room Control Remarks:	Via DDC	Noom ressure Monitor	
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinner Type:	Jiy Standpipe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	- Strict.	
Air Temp: ✓ Standa	rd Special Other:		
7th Temp. Stands	Street.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma		Clock	
Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 qua-	d, Special Equipment (additional outle	ts): video equipment
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	. —		
LIGHTING: ✓ Workstation Task L	ghting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJE	Department: 04.0 MAPLES CONNECT, BI	
VALLETVIEWTKOS	AND OUTREACH PRO	
Project Number: 35	720 Draft:	Program Number: 04.0-14-02
Sign Off:	Date Issued: 201	L7-01-25 RoomName: CONCENTRATION/VIDEO ROOM
IBI	Client:	MTICS m ² : 7.4 m ²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: O IMIT Remarks:	Intercom Station Video Intercom Statio Intercom Master Stat	
iivii iveiidiks.		
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Card Reade	
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

							T		
Project Name:	LLEYVIEW PR	OJECT			NNECT, BIF		SUB DEPARTM	IENI:	4C-OUTREACH
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	04.0-15
LD	Sign Off:		Date Issued:		2017	-01-25	RoomName:		SECURE STORAGE
	<u>,</u>		Client:			MTICS	m²:	5. m²	
RISK LEVEL:			Standar	d					
	AL DECLUDEA	AENITC .	Staridar						
	RAL REQUIREM	IEN IS							
INTERIOR FINIS			material		finish			remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished				
Wall:		GW	3		Paint				
Floor:					Resilient				
Base:	100	Flas	n Cove						
Wall Protection:	Corner Guards:	✓	Sheet:		R	emarks:			
	Crash Rails:	Standa	rd 🗌 Anti-L	igature					
	Hand Rails:	Standa	rd 🗌 Anti-L	igature					
	Chair Rail:	Standa	rd 🗌 Anti-L	igature					
Door(s):	Clear Opening (W x	H): 0)14 x 2135	Material:	Solid Core		Fir	nish: Plam	
2001(3).	Door Sidelig								
Door Hardware:	✓ Door Proted	tion	Anti-Ligatu	ıre &	Door Remarks:	Drovide s	second door	Door size : 914 mm	
	Automatic (Opener		oof Hardware		Tovide	secona ador.	5001 312C . 514 HHH	
	✓ Access Cont	rol	✓ Locking						
	Door Glazing:								
	Hardware Type:: (DF-02							
Windows:	Operable Windo	ows:	Standard	☐ Sec	ure		Remarks:		
windows.	External Glazing		Standard	Sec		igh Secur			
	External Glazing	Hardware:	Standard	Sec		igh Secur	=		
	Exterior Windov	v Treatment	Standard	Sec		igh Secur			
	Internal Glazing		Standard	Sec	_	igh Secur			
	Blackout	✔ Blind	s Roller	Shutter	1 Way Mirro	r	Other		
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	re		Remarks:		
	/Counter Linear Leng or % of perimeter w			Counter/	Work Surface Height (mm):				
(111111)	Upper Cupb		Count	er Top		Lockable			
	Lower Cupb		=	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	40		RT 60	: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating:	N/A						THE SECOND OF	
GENERAL ROOM	I REMARKS:	Coat Hook	s: Standard	Anti-L	igature No of			Mirrors: Standard	☐ Vandal-Proof
	Tackboard	Dim:				ooks: W	Vhiteboard I	Dim:	
	Remarks:	Shall acco	mmodate 12 fili	ng cabinets	and material s	storage			

Project Name:	Department:			SUB DEPARTMENT:			
VALLEYVIEW PROJECT		S CONNECT, B			4C-OUTREACH		
VALLETVIEWTROSECT		OUTREACH PRO	GRAMS				
Project Number:	Draft:			Program Number:	04.0-15		
35720	prepop 1	2 Final			04.0-13		
Sign Off:	Date Issued:	201	7-01-25	RoomName:	CECURE CTORACE		
IBI		201	.7 01 23		SECURE STORAGE		
101	Client:		MTICS	m²:			
			WITICS	25. m²			
RISK LEVEL:	Standard						
MECHANICAL REQUIREMENTS							
Tuno: ACUDAE 63.1.01		Remarks:					
HVAC: Type: ASHRAE 62.1-01		Remarks.					
Can Air be Returned Rate (A)	C):		Special Exhau	ust Air Required: 0			
to System							
PLUMBING FIXTURES:							
				N.			
sink mounting faucet	tap	Urinal		Eyewash	umbing Remarks		
Handwash Counter Goosen		П Норре	r [Water Fountain			
Lavatory Wall Standard	Standard	☐ wc		Emergency Shower			
Janitorial Floor Laborate	ory Foot Pedal	Barrier	Free WC	Corrosion Resistant Fittings			
Double	Electronic Co	ntrols Floor D	rain	Other:			
Deep Equipment							
Other:							
Size:	_						
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:							
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:		_	Room P	ressure Monitor			
Room Control Remarks:		_	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Vet Dry [Standpipe	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Vet Dry [_	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry [Types: Positive I	Standpipe	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry [Types: Positive I	Standpipe Negative	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Vet Dry [Types: Positive I	Standpipe Negative	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Vet Dry [Types: Positive I	Standpipe Negative	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands	Vet Dry [Types: Positive I	Standpipe Negative	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER:	Vet Dry [Types: Positive I	Standpipe Negative	Room P	ressure Monitor			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands	Vet Dry [Types: Positive I	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER:	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Vet Dry [Types:	Standpipe Negative	Room P	er:			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32):	Vet Dry Types: Positive Special Special	Standpipe Negative Other:	Room P Oth	er: Clock			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Vet Dry Types: Special	Standpipe Negative Other:	Room P	er: Clock			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Vet Dry Types: Special Special Special Special Indicate: 1 duplex	Standpipe Negative Other:	Room P Oth	er: Clock			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Vet Dry Types: Special Special Special Special Indicate: 1 duplex Special Indicate: 1 duplex Special S	Standpipe Negative Other:	Room P Oth	er: Clock			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Vet Dry Types: Special Special Special Special Indicate: 1 duplex	Standpipe Negative Other:	Room P Oth	er: Clock			
Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Vet Dry Types: Special Special Special Special Indicate: 1 duplex	Standpipe Negative Other:	Room P Oth	er: Clock			

Project Name:	EW PROJECT	Department: 04.0 MAPLES CONNECT, B		4C-OUTREACH
VALLETVII	EVV PROJECI	AND OUTREACH PRO	OGRAMS	
Project Number:	35720	Praft:	Program Number:	04.0-15
	Sign Off:	Pate Issued:	.7-01-25 RoomName:	SECURE STORAGE
IRI		lient:	MTICS m²: 25. m²	
RISK LEVEL:		Standard		
TECHNOLOGY REQUI	REMENTS			
IMIT SYSTEMS:				
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0	☐ Intercom Station ☐ Video Intercom Statio ☐ Intercom Master Stat	on Telemetry	oom Status
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	cal Camera		
,	5.			
OTHER				
Equipment Remarks:		Operational Remarks:		
Room Data Sheet Commei	nt:			

Project Name:	Department:			SUB DEPARTM		
VALLEYVIEW PROJ	JECT A	IAPLES CONNEC	PROGRAMS	4D-NON-RESIDENTIAL CARE PLANNING		
Project Number: 35	Draft: prepop		√ nal	Program Num	ber:	04.0-16
Sign Off:	Date Issued:		2017-01-25	RoomName:	C	LIENT LOUNGE AREA
IRI	Client:		MTICS	m²:	5. m²	
DICK LEVEL:	D.A. californi		IVITIES	11	5. III-	
RISK LEVEL:	Mediun	<u> </u>				
ARCHITECTURAL REQUIREMEN INTERIOR FINISHES: height			finish		romo elso	
Ceiling: 2750	material GWB - Impact Resis	tant Paint	finish		remarks	
Wall:	GWB - Impact Resis	tant Paint				
Floor:		Resilie	ent			
Base: 100	Flash Cove					
Wall Protection: Corner Guards:	Sheet:		Remarks:			
	_	igature igature				
	_	igature				
	914 x 2135	-	Core	Fir	nish: Plam	
Door(s): Clear Opening (W x H): ✓ Door Sidelight	314 X 2133	John	Core			
Door Hardware: ✓ Door Protection	n Anti-Ligatu	ire & Door D	Remarks:			
Automatic Oper	ner Tamperpro	oof Hardware	temarks.			
Access Control	✓ Locking					
Door Glazing: Upp						
Hardware Type:: CR-C	01					
Windows: Operable Windows: External Glazing and		_	Uich Coonsi	Remarks:		
External Glazing Ha		=	High Securi			
Exterior Window Tr			High Securi	ity		
Internal Glazing and			High Securi ay Mirror	ity Other		
			ay Will Oi			
Casework / Millwork: Casework S	Security: Regular	Secure		Remarks:		
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Counter/ Work Su Height				
Upper Cupboard Lower Cupboard	_	er Top ess Steel	Lockable			
				\neg		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	5	RT 60: 0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
NC Rating: 35	5-40					
GENERAL ROOM REMARKS: C	oat Hooks: Standard	✓ Anti-Ligature			Mirrors: Standard	Vandal-Proof
Tackboard D	vim:		Hooks: W	/hiteboard I	Dim:	
Remarks: Sh	nall accommodate table	, soft seating for 2-	 -3, shall be combi	ined with 04.	19 Kitchen/Satellite Br	eak Area

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, E	-	ITIAL CARE PLANNING
	AND OUTREACH PRO		
Project Number: 35720	-Draft:	Program Number:	04.0-16
Sign Off:	Date Issued:	RoomName:	
		17-01-25	CLIENT LOUNGE AREA
IBI	Client:	m²:	
		MTICS 16. m²	
RISK LEVEL:	Medium		
	Wicaraiii		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tap	□ Evouseh P	lumbing Remarks
Handwash ✓ Counter Goosene		Eyewash Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	Foot Podel	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor I		
Deep Equipment			
✓ Other: singe sink			
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation	0
Local Adjustment	Local Adjustment	Room Pressure Monitor Patient	Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Fqual	Positive Negative	Other:	
EXITOST:			
Air Temp: 💉 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		✓ Clock	
		ong counter, Special Equipment (addition	nal outlets): fridge,
microw	ave, coffee station		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
T Westername T 100	ighting Ali Livi	Lighting Romarks:	
LIGHTING: Workstation Task Lighting		Lighting Remarks:	
✓ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light	Undercabinet lighting	
✓ Switch & Light Cont Charting Light	rols Vanity Light		

Project Name: VALLEYVIEW	/ PROJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS				SUB DEPARTMENT: 4D-NON-RESIDENTIAL CARE PLANNING		
Project Number:	35720	Draft:	1 2	✓ Final		Program Number:	04.0-16	
Sig	gn Off:	Date Issued:		2017-	01-25	RoomName:	CLIENT LOUNGE AREA	
		Client:		ľ	MTICS	m²: 16. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS: Communications Outle	.t 1		Intercom S	tation		Hands Free Ro	oom Status	
Quantity (1 voice, 1 data			_	com Station			70111 Status	
Tel Outle	t: 0		_	laster Station		Telemetry Teleconferencing		
Coax/ Data TV Outle	t: 1			raster Station		releconterencing		
IMIT Remarks:								
SECURITY SYSTEMS:								
Security Camera	Cli	nical Camera		Card Reader	No.:	Staff Assist	t Duress - Wired	
Security Camera M	lonitor Cli	nical Camera Monitor	✓	Intrusion Dete	ection	Patient Ass	sist	
Security Remarks:	oor Monitoring							
OTHER								
Equipment Remarks:				oerational emarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW PR	OJECT	Α		NNECT, BIF		SUB DEPARTMENT: 4D-NON-RESIDENTIAL CARE PLANNING		
Project Number:		35720	Draft: prepop	1 2	Final		Program Numl	ber:	04.0-17
IBI	Sign Off:		Date Issued: Client:			'-01-25	RoomName: m²:		SHARED OFFICE
						MTICS	26	5. m²	
RISK LEVEL:			Standar	d					
ARCHITECTURAL	REQUIREN	IENTS							
INTERIOR FINISHES:	height		material		finish	ı		remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished				
Wall:		GW	В		Paint				
Floor:					Carpet				
Base:	100	Rub	ber						
Cra Ha	rner Guards: [ash Rails: [and Rails: [air Rail: [Standa Standa Standa	rd Anti-Li	gature gature gature	R.	emarks:			
Door(s): Clear	Opening (W x I	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	✓ Door Sidelig	ht							
	Door Protect Automatic Coor Glazing:	opener rol Jpper glazi	Locking	re & oof Hardware	Door Remarks:				
E E	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame Hardware: v Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity		
Casework / Millwork:	Casewo	rk Security:	Regular	Secur	e		Remarks:		
Min Millwork /Cour (mm) or % [oter Linear Leng of perimeter wa Upper Cupb Lower Cupb	oards	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS: STO	Rating Wall / Floor / Ceiling: NC Rating:	45 30-35		RT 60:	0.7		Remarks:	Refer to Appendix 10 Noise Control	D - Acoustics and
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: 🗹 Standard	Anti-Li	gature No of	Coat 2		Mirrors: Standar	d Vandal-Proof
[·	✓ Tackboard	Dim: 4	@ 610 mm wide	X 915 mm l	1		Vhiteboard [Dim: 4 @ 610mm w	ide X 915mm high
	Remarks:	Shall acco	ommodate 4 4.6	m2 worksta	tions with des	sk and ch	air, filing cabii	net, fax, printer and 4	filing cabinets

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,	4D-NON-RESIDE	ENTIAL CARE PLANNING
		JTREACH PROGRAMS	Drogram Number	
Project Number: 35720	Draft:	2 Final	Program Number:	04.0-17
Sign Off:	prepop 1 Date Issued:	Z FIIIdI	RoomName:	J Z ,
''	Date Issueu:	2017-01-25	noomname:	SHARED OFFICE
IBI	Client		m²:	0.11.11.25 0.11.102
	Client:	MTICS	26. m²	
			201111	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
nvae.				
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				_
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS. Room Temp Control	vith Room Relative	Humidity with Infectio	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustm		ressure Monitor Patie	ent Controlled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: • V	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
*: -		0:1		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		LIOUR	
Receptacle Count: Conven	ience: 6 duplex, Workst	ations: 4 quadplex, Special	Equipment (additional outle	ets): printer, fax
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	_			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	marks:	
Dimmable Lighting	"In Use" Ligh	nt		
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVII	W PROJECT		CONNECT, BIFF	ROST,	SUB DEPARTMENT: 4D-NON-RESIDENTIAL CARE PLANNING		
Project Number:	35720	Draft:	2 Final		Program Number:	04.0-17	
	Sign Off:	Date Issued:	2017-	01-25	RoomName:	SHARED OFFICE	
		Client:	I	MTICS	m²: 26. m²		
RISK LEVEL:		Standard					
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0	v	itercom Station ideo Intercom Station itercom Master Statior		Hands Free	atus	
SECURITY SYSTEMS: Security Camer Security Camer	=	nical Camera nical Camera Monitor	Card Reader		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks	::						
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commer	nt:						

Project Name:		Department:				SUB DEPARTM	MENT:		
•		04.0 M	APLES C	ONNEC	CT, BIFROST,	JOB DEFAITIV	ILIVI.	4E-SHARED A	REAS
VA	LLEYVIEW PROJEC	•			PROGRAMS	;			
Project Number:	3572	Draft:	1		✓ nal	Program Num	ber:	04.0-18-	-01
	Sign Off:	Date Issued:				RoomName:			
					2017-01-25			VIDEOCONFERENCE	ROOM
IB	l	Client:				m²:			
	_				MTICS	2	5. m²		
RISK LEVEL:		Low							
ARCHITECTUR	RAL REQUIREMENTS								
INTERIOR FINISI	HES: height	material			finish		remarl	ks	
Ceiling:	2750	Acoustic Tile		Pre-Fi	nished				
Wall:		GWB - Impact Resist	ant	Paint					
		orra impuer neoise							
Eloor:	L			Carno	+				
Floor:				Carpe	ι				
Base:	100	Rubber							
Wall Protection:	Corner Guards:	Sheet:			Remarks:				
van i rotection.		ndard Anti-Li	gature		nemarks.				
			_						
	Hand Rails: Sta	ndard Anti-Li	_						
	Chair Rail: Sta	ndard Anti-Li	gature						
Door(s):	Clear Opening (W x H):	914 x 2135	Materia	al: Solid	Core	Fir	nish: Plam		
2001 (3).									
	Door Sidelight								
Door Hardware:	Door Protection	Anti-Ligatu			lemarks:				
	Automatic Opener	Tamperpro	of Hardwa	re					
	Access Control	✓ Locking							
	Door Glazing: Upper g	glazing							
	Hardware Type:: OF-01								
	Tidi dware Type Of -01								
Windows:	Operable Windows:	Standard	=	ecure		Remarks:			
	External Glazing and Fra	me: Standard	=	ecure	High Secu	ırity			
	External Glazing Hardwa		_	ecure	High Secu				
	Exterior Window Treatn		_	ecure	High Secu	-			
	Internal Glazing and Fra			ecure	High Secu	·			
	Blackout E	Blinds Roller !	Shutter	1 W	ay Mirror	Other			
Casework / Millwo	ork: Casework Secur	rity: Regular	Sec	cure		Remarks:			
	/Counter Linear Length 1220	0	Counte	r/Work Si	urface 915				
	or % of perimeter wall:	U	Counte	Height					
	Upper Cupboards	✓ Counte	r Top		✓ Lockable				
	✓ Lower Cupboards	Stainle	ss Steel						
ACOUSTICS:	STC Rating Wall / 55 Floor / Ceiling:		RT	60: 0.5		Remarks:		ndix 1D - Acoustics and	b
	NC Rating: 25-30						Noise Control		
	23-30								
GENERAL ROOM	I REMARKS: Coat H	Hooks: 🗸 Standard	Anti	i-Ligature	No of Coat 10)	Mirrors: St	andard 🔲 Vandal-P	roof
					Hooks:		Dim: 2442		
	Tackboard Dim:				✓	Whiteboard I	Dim: 2440mm	wide X 1220mm high	1
	Remarks: Shall a	accommodate min. 1	.0 people	, digital p	projector, scree	n, teleconferer	nce and videoco	onference systems	
				- '					
	·	·			·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFROST,		4E-SHARED AREAS
VALLET VIEW PROJECT		UTREACH PROGRAMS		
Project Number:	Draft:		Program Number:	04.0-18-01
35720	prepop 1	2 Final		04.0-10-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	VIDEOCONFEDENCE DOOM
IBI		2017-01-23		VIDEOCONFERENCE ROOM
IDI	Client:	NATICC	m²:	
		MTICS	25. m²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Additional co	ooling demand and accousti	cs for AV Equipment
_				
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
DITIMPING EIVITIDES		Ţ		
PLUMBING FIXTURES:				1 _, ,,
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con		Other:	
Deep Equipment				
Other:				
Size:	-			
Size.				
ROOM CONTROLS: Room Temp Control v		·	on Isolation Patie	ent Controlled
•	Local Adjustm	ent Room P	Pressure Monitor	
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	uor:	
FIRE PROTECTION. Sprinker Type.	vet Dry [Standpipe Otto	ici.	
Rack Storage (2.4m high)	Types:			
FXHAUST: Pressure: Equal	Positive V N	egative Other:		
EXHAUST: Pressure: Equal	1 OSICIVE	egative other.		
Air Temp: 🗸 Standa	rd Special	Other:		
All Temp.	Б Бресіаі	Other.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			ClI	
Types of Power: Emerge	ency		✓ Clock	
		oxes: 2 quadplex, Special Eq	uipment (additional outlets	s): projector, overhead
screen,	video conference equip	oment)		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
Workstation Task Li	ghting Niahttialt	Lighting Por	marks:	
		Lighting Rer		
✓ Dimmable Lighting	"In Use" Ligh	Specialty i	ighting for video conferenc	ing. All lighting on
✓ Switch & Light Cont	rols Vanity Light	emergeno	y power.	
Charting Light				

Project Name:		Department:					SUB DEPARTMENT:		
	A/ DDOLECT	04.0 M	APLES	CONN	IECT, BIF	ROST,		4	E-SHARED AREAS
VALLEYVIE	W PROJECT	AND OUTREACH PROGRAMS				GRAMS			
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		04.0-18-01
· ·	ign Off:	Date Issued:			2017	7-01-25	RoomName:	VIDEC	CONFERENCE ROOM
IBI		Client:				MTICS	m²: 25. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIRE	EMENTS								
IMIT SYSTEMS:									
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta):		Vio		tation com Station Naster Statio		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:		nical Camera nical Camera Moni	tor		Card Reade Intrusion De			aff Assist tient Assist	□ Duress - Wired ✔ Duress - Wireless
OTHER									
UITEK									
Equipment Remarks:					erational emarks:				
Room Data Sheet Comment:									

Project Name:	Department:		SUB DEPARTMENT:	
		NNECT, BIFROST,	SOB BETTIMENT.	4E-SHARED AREAS
VALLEYVIEW PROJECT	AND OUTR	EACH PROGRAMS		
Project Number: 35720	Draft:		Program Number:	04.0-18-02
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		VIDEOCONFERENCE ROOM
IDI	Client:	NATIOS	m²:	
		MTICS	25. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	remar	(S
Ceiling: 2750 Acc	oustic Tile	Pre-Finished		
Wall: GW	VB - Impact Resistant	Paint		
Floor:		Carpet		
Base: 100 Rui	bber			
		_		
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Stand	ard Anti-Ligature			
Hand Rails: Stand	ard Anti-Ligature			
Chair Rail: Stand	ard Anti-Ligature			
Cl. 0 : (11/ 11)			F: : 1 = 1	
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks:		
Automatic Opener	Tamperproof Hardware	Deer Hernands		
Access Control	✓ Locking			
Door Glazing: Upper glaz	zing			
Hardware Type:: OF-01				
Windows: Operable Windows:	Standard Sec	ure	Remarks:	
External Glazing and Frame	e: Standard 🗸 Sec	ure 🗌 High Secur	rity	
External Glazing Hardware	: Standard 🗸 Sec	ure 🗌 High Secur	rity	
Exterior Window Treatmer	nt: Standard 🗸 Sec	ure 🗌 High Secur	rity	
Internal Glazing and Frame	e: Standard Sec	ure 🗌 High Secur	rity	
☐ Blackout ✔ Blin	ds Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security	: Regular Secur	·e	Remarks:	
Min Millwork /Counter Linear Length 1220 (mm) or % of perimeter wall:	Counter/ \	Work Surface 915 Height (mm):		
Upper Cupboards	✓ Counter Top	✓ Lockable		
✓ Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 55	RT 60:	0.5	Remarks: Refer to Apper	dix 1D - Acoustics and
NC Rating: 25-30			Noise Control	
GENERAL ROOM REMARKS: Coat Hoo	oks: 🗸 Standard 🗌 Anti-Li	gature No of Coat 10	Mirrors: St	andard Vandal-Proof
Tackboard Dim:		Hooks: ✓ v	Whiteboard Dim: 2440mm	wido V 1220mm high
Tackboard Diffi.			vinicooard biiii. 2440mm	wide X 1220mm high
Remarks: Shall acc	commodate min. 10 people, d	igital projector, screen	, teleconference and videoco	inference capability

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BI								
VALLETVIEWTROSECT	AND OUTREACH PRO								
Project Number:	-Draft:	Program Number: 04.0-18-02							
35720	prepop 1 2 Final								
Sign Off:	Date Issued:	RoomName: VIDEOCONFERENCE ROOM							
IRI									
	Client:	MTICS m²: 25. m²							
		25. 111							
RISK LEVEL:	Low								
MECHANICAL REQUIREMENTS									
Type: ACUDAT 62 1 01	Remarks: Ado	ditional cooling demand							
HVAC: Type: ASHRAE 62.1-01	Remarks. Add	ditional cooling demand							
✓ Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0							
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks							
Handwash Counter Goosene	cck Lever/Blades Hopper	Water Fountain							
Lavatory Wall Standard	Standard WC	Emergency Shower							
Janitorial Floor Laborate	ory Foot Pedal Barrier I	Free WC Corrosion Resistant Fittings							
Double	Electronic Controls Floor Dr	ain Other:							
Deep Equipment									
Other:									
Size:	-								
JIEC									
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Room Control Remarks: Via DDC								
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: equal	Positive Negative	Other:							
Air Temp: 📝 Standa	rd Special Other:								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
		✓ Clock							
Types of Power: Emerge	ency	•							
	ience: 8 duplex, Floorboxes: 2 quadplex, video conference equipment)	Special Equipment (additional outlets): projector, overhead							
Power Remarks:									
Dationt Care Area Designation									
Patient Care Area Designation (as per CSA Z32):									
(
LIGHTING: Workstation Task L	ighting Night Light	ighting Remarks:							
✓ Dimmable Lighting									
✓ Switch & Light Conf	. =	Specialty lighting for video conferencing. All lighting on emergency power.							
Charting Light	variity Light	emergency power.							

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS	4E-SHARED AREAS
Project Number: 35720	Draft: Draft: Final	Program Number: 04.0-18-02
Sign Off:	Date Issued: 2017-01-25	RoomName: VIDEOCONFERENCE ROOM
	Client: MTICS	m²: 25. m²
RISK LEVEL:	Low	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: 0	☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station ☑	Hands Free Room Status Telemetry Teleconferencing
Coaxy Data IV Outlet.		
IMIT Remarks:		
SECURITY SYSTEMS:		
	inical Camera Card Reader No.: Linical Camera Monitor Intrusion Detection	Staff Assist Duress - Wireless Patient Assist Duress - Wireless
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VA	LLEYVIEW PR	ROJECT	Department: 04.0 MAPLES CONNECT, BIFROST, AND OUTREACH PROGRAMS						
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	04.0-19
-	Sign Off	:	Date Issued:		2017	7-01-25	RoomName:	KITCHENETTE/ S	SATELLITE BREAK AREA
IB	_		Client:			MTICS	m²:	1.1 m²	
RISK LEVEL:			Mediun						
			iviculuii						
	RAL REQUIREN	<u> IENTS</u>							
INTERIOR FINIS			material		finish	h		remarks	
Ceiling:	2750	Aco	ustic Tile		Washable				
Wall:		GW	3		Paint				
Floor:					Resilient				
					1				
Base:	100	Flas	n Cove						
Wall Protection:	Corner Guards:	✓	Sheet:		F	Remarks:			
	Crash Rails:	Standa	_	igature					
	Hand Rails:	Standa	_	igature					
	Chair Rail:	Standa	rd Anti-L	igature					
Door(s):	Clear Opening (W x	H): 9	014 x 2135	Material:	Solid Core		Fir	nish: Plam	
	✓ Door Sidelig	ght							
Door Hardware:	Door Protection Automatic Company Access Con	Opener	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remarks	: Half glaz	ed door if sid	elite can not be provi	ded
	Door Glazing:	Side glazing							
	Hardware Type::	OF-02							
Windows:	Operable Wind	ows:	Standard	✓ Sec	ure		Remarks:		
	External Glazing		Standard	_		High Secur			
	External Glazing		Standard			High Secur			
	Exterior Windo Internal Glazing			_	=	High Secur High Secur			
	Blackout	√ Blind	Standard S Roller	Shutter [ure r □ 1 Way Mirr	_	Other		
Constant / NATH				_					
Casework / Millwo		ork Security:	✓ Regular	Secui			Remarks:		
	Counter Linear Leng or % of perimeter w			Counter/	Work Surface (Height (mm):	915			
	✓ Upper Cupb ✓ Lower Cupb		Count	er Top ess Steel	✓	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling	45		RT 60	: 0.7		Remarks:	Refer to Appendix 1	D - Acoustics and
	NC Rating							2.22 30.10.31	
GENERAL ROOM	A REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L	igature Noo	f Coat 4 Hooks:		Mirrors: 🗸 Standar	d Vandal-Proof
	Tackboard	Dim:					Vhiteboard I	Dim:	
	Remarks:		illwork to accom e, paper towel d					maker, toaster oven. e.	Provide waste

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		CONNECT, BIFRO		E-SHARED AREAS
VALLETVIEW I NOTECT		ITREACH PROGRA		
Project Number:	Draft:		Program Number:	04.0-19
35720	prepop 1	2 Final		04.0-13
Sign Off:	Date Issued:	2017-01	RoomName:	ATELLITE DDEAV ADEA
IRI		2017 01	,	ATELLITE BREAK AREA
101	Client:	M	ICS m ² :	
		IVI	11.1 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 63 1 01		Remarks: Exhaust		
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A) to System	C):	Specia	Exhaust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbir	ag Damarka
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosen		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborate		Barrier Free V	/C Corrosion Resistant Fittings	
Double	Electronic Contr	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
Poom Tomp Control	with Doom Polative I	Uumidituwith	faction Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment			Fection Isolation Patient Contro	olled
Local Adjustment	Local Adjustme		Patient Contro	blled
			Patient Contro	olled
Local Adjustment Room Control Remarks:	Via DDC	nt R	Patient Contro	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment Via DDC Vet Dry		om Pressure Monitor	olled
Local Adjustment Room Control Remarks:	Via DDC	nt R	om Pressure Monitor	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types:	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types:	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment Via DDC Vet Dry Types: Nep	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment Via DDC Vet Dry Types: Nep	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment Via DDC Vet Dry Types: Nep	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Figure Figure Air Temp: Standa	Local Adjustment Via DDC Vet Dry Types: Nep	nt R	Other:	olled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa	Local Adjustment Via DDC Vet Dry Types: Nep	nt R	Other:	blled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Figure Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Local Adjustment Via DDC Vet Dry Types: Neighbor Neighbo	nt R	Other:	blled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa	Local Adjustment Via DDC Vet Dry Types: Neighbor Neighbo	nt R	Other:	blled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter	nt R Standpipe gative Oth Other:	Other:	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32):	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency sience: 2 duplex, Counter vave, fridge	Standpipe gative Oth Other:	Other: Clock Ing counter, Special Equipment (addition	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Local Adjustment Via DDC Vet Dry Types: Positive Neperard Special ency ency nience: 2 duplex, Counter vave, fridge	Standpipe Gative Oth Other: Ttop: Split duplexes ald	Other: Clock Ing counter, Special Equipment (addition	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Local Adjustment Via DDC Vet	Standpipe Gative Oth Other: Ttop: Split duplexes ald	Other: Clock Ing counter, Special Equipment (addition	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Con	Local Adjustment Via DDC Vet	Standpipe Gative Oth Other: Ttop: Split duplexes ald	Other: Clock Ing counter, Special Equipment (addition	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Local Adjustment Via DDC Vet	Standpipe Gative Oth Other: Ttop: Split duplexes ald	Other: Clock Ing counter, Special Equipment (addition	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conver microw Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Con	Local Adjustment Via DDC Vet	Standpipe Gative Oth Other: Ttop: Split duplexes ald	Other: Clock Ing counter, Special Equipment (addition	

Project Name:	Department: 04.0 MAP	LES CONNECT, BIFROST,	SUB DEPARTMENT:	4E-SHARED AREAS
VALLEYVIEW PROJE	-(1	OUTREACH PROGRAMS		
Project Number: 35	Draft: [1 2 Final	Program Number:	04.0-19
Sign Off:	Date Issued:	2017-01-25	RoomName: KITCHENETTE/	SATELLITE BREAK AREA
IBI	Client:	MTICS	m²: 11.1 m²	
RISK LEVEL:	Medium			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Sta	tus
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Clinical Camera Monitor	✓ Card Reader No.: ☐ Intrusion Detection	Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER				
Equipment Dishwash Remarks:	er CPCI	Operational Remarks:		
Room Data Sheet Comment:				

Project Name: VALLEYVIEW PROJECT	Department: 05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY SUB DEPARTMENT: 5A-GENERAL SUPPORT				
Project Number: 35720	Draft:	Final	Program Number:	05.0-01	
Sign Off:	Date Issued:	2017-01-25	RoomName:	PHOTOCOPIER ROOM	
IBI	Client:	MTICS	m²: 14. m²		
RISK LEVEL:	Standard				
ARCHITECTURAL REQUIREMENTS	Standard				
INTERIOR FINISHES: height	material	finish	-	marks	
ne.g	oustic Tile	Pre-Finished	Te.	illidiks	
Wall: GV	VB	Paint			
Floor		Resilient			
Floor:		Resilient			
Base: 100 Fla	sh Cove				
Wall Protection: Corner Guards: ✓	Sheet:	Remarks:			
Crash Rails: Stand		ivernarks.			
Hand Rails: Stand					
Chair Rail: Stand	ard Anti-Ligature				
Door(s): Clear Opening (W x H):	1200 x 2135 Material:	Solid Core	Finish: Plam		
Door Sidelight					
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks:			
Automatic Opener	Tamperproof Hardware	boot nemarks.			
✓ Access Control	✓ Locking				
Door Glazing: Upper glaz	zing				
Hardware Type:: OF-02					
Windows: Operable Windows:	Standard Sec		Remarks:		
External Glazing and Frame External Glazing Hardware			*		
Exterior Window Treatmer					
Internal Glazing and Frame		ure 🗌 High Secur	rity		
☐ Blackout ✓ Blir	ds Roller Shutter	1 Way Mirror	Other		
Casework / Millwork: Casework Security	: 🕢 Regular 🗌 Secur	re		ınter. Provide built -in shelving	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Counter/ \	Work Surface 915 Height (mm):	above cou	nter	
Upper Cupboards	✓ Counter Top	✓ Lockable			
Lower Cupboards	Stainless Steel				
ACOUSTICS: STC Rating Wall / 45	RT 60:	N/A	Remarks: Refer to Ap	ppendix 1D - Acoustics and	
Floor / Ceiling: NC Rating: 35-40			Noise Cont	rol	
Ne Nating. 55-40					
GENERAL ROOM REMARKS: Coat Hoo	oks: 🗹 Standard 🗌 Anti-Li	gature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof	
Tackboard Dim:		\ \	Vhiteboard Dim:		
Remarks: Shall acc	ommodate photocopier (2), I	ayout table, fax			

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT		GENERAL PROGRAM		5A-GENERAL SUPPORT				
		ORT & STAFF FACILITY	Dun ann an Alexandra					
Project Number: 35720	-Draft:	2 Final	Program Number:	05.0-01				
Sign Off:	Date Issued:	2 11101	RoomName:					
	Date issued.	2017-01-25		PHOTOCOPIER ROOM				
IBI	Client:		m²:					
		MTICS	14. m²					
RISK LEVEL:	Standard							
	Standard							
MECHANICAL REQUIREMENTS		D 1 51 110	· · · · · ·					
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust, AC	for two Photocopiers					
Deta/A/	0).	Special Fuls	ust Air Paguirad.					
Can Air be Returned Rate (A/ to System	C):	Special Exna	ust Air Required: 0					
·								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain					
Lavatory Wall Standard	Standard	wc [Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings					
Double	Electronic Conf	trols Floor Drain	Other:					
Deep Equipment								
Other:	_							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: Equal	Positive No	egative Other:						
Air Temp: 🗸 Standa	ord Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
Types of Power: Normal	& Emergency		Clock					
Receptacle Count: Conven	ience: 4 duplex, Special	Equipment (additional out	lets): 2 photocopiers, fax					
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Lighting		Lighting Re						
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light	t Task light	ing above layout table					

Project Name: VALLEYVIEW PRO.					RAL PROC		SUB DEPARTMENT:	5A-GI	ENERAL SUPPORT
VALLETVIEW PRO.	JECI		SUPPO	ORT &	STAFF FA	CILITY			
Project Number: 3!	5720	Draft: prepop	1	2	✓ Final		Program Number:		05.0-01
Sign Off:		Date Issued:			2017	-01-25	RoomName:	1	PHOTOCOPIER ROOM
IBI		Client:				MTICS	m²: 14. m²		
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREMENTS	S								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vic		tation com Station Master Statio	n	Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		ical Camera ical Camera Moni	tor		Card Reader Intrusion Det			raff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					perational emarks:				
Room Data Sheet Comment:									

Project Name: VA	ALLEYVIEW PROJECT Department: 05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY SUB DEPARTMENT: 5A-GENERAL SUPPORT					05.0 MAPLES GENERAL PROGRAM			
Project Number:		35720	-Draft:		Program Num	ber:	05.0-02		
-	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	MAIL ROOM AND	STATIONERY STORAGE
IB	J		Client:			MTICS	m²:	4. m²	
RISK LEVEL:			Standar	·d					
	A. DEGUUDEA	- LITC	Stanuai	u					
	RAL REQUIREN	IENTS							
INTERIOR FINIS			material		finish			remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished				
Wall:		GW	3		Paint				
Floor:					Resilient				
Base:	100	Flas	n Cove						
Wall Protection:	Corner Guards:	✓	heet:		·	Remarks:			
	Crash Rails:	Standa	d Anti-L	igature					
	Hand Rails:	Standa	d Anti-L	igature					
	Chair Rail:	Standa	d Anti-L	igature					
Door(s):	Clear Opening (W x	H): 9	14 x 2135	Material:	Solid Core		Fir	nish: Plam	
2001(3).	Door Sidelig								
Door Hardware:	✓ Door Protect	tion	Anti-Ligatu	ıre &	Door Remarks				
Door Hardware.	Automatic 0		Tamperpro	oof Hardware	DOOI NEIllaiks				
	✓ Access Cont	rol	✓ Locking						
	Door Glazing:								
	Hardware Type:: ()F-02							
Windows:	Operable Windo	nws.	✓ Standard		ure		Remarks:		
willdows.	External Glazing		✓ Standard ✓ Standard	_		High Secur			
	External Glazing	Hardware:	✓ Standard	_		High Secur	-		
	Exterior Windov	v Treatment	Standard	Sec		High Secur			
	Internal Glazing		Standard		_	High Secur			
	Blackout	✓ Blind	s Roller	Shutter	1 Way Mirr	or	Other		
Casework / Millwo	ork: Casewo	rk Security:	✓ Regular	Secur	е		Remarks:	Built- in mail boxes,	counter and lower
	/Counter Linear Leng or % of perimeter w			Counter/	Work Surface (915		cupboards.	
(min)	✓ Upper Cupb		✓ Count	er Top		Lockable	<u></u> -		
	✓ Lower Cupb	oards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60	: N/A		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
	NC Rating:	35-40						Noise Control	
GENERAL ROOM	I REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L		f Coat 2 Hooks:		Mirrors: Standa	rd Vandal-Proof
	Tackboard	Dim:					Vhiteboard I	Dim:	
	Remarks:	Shall acco	mmodate mail s	sorting table	, mail cart, m	nail slots fo	or 40 people,	cabinets for statione	ry stores.

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	05.0 MAPLES GENE		5A-GENERAL SUPPORT
VALLETVIEWTROSECT		STAFF FACILITY	
Project Number:	Draft:	•	Program Number: 05.0-02
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: MAIL ROOM AND STATIONERY STORAGE
IBI		2017 01 25	
	Client:	MTICS	m²: 14. m²
		WITICS	14. m-
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Pon	narks: Exhaust	
HVAC: Type: ASHRAE 62.1-01	Ken	EXIIdUSL	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			Discribing Describe
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		WC	Emergency Shower
Janitorial Floor Laborato	· 😑 📗	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Humid	ity with 🖂 Infection	n Isolation
Local Adjustment	Local Adjustment		ressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	/et Dry Stand	dpipe Oth	er:
Rack Storage (2.4m high)	Types:		
index storage (2.411 high)	Турсэ.		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special (Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma			Clock
,, and a second			
Receptacle Count: Conver	ience: 4 dunlex		
Conver	ience. Taupiex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	. —		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	In Use" Light		
Switch & Light Conf	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJEC	Department: 05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY	SUB DEPARTMENT: 5A-GENERAL SUPPORT
	Draft:	Program Number:
Project Number: 35720		05.0-02
Sign Off:	Date Issued: 2017-01-25	RoomName: MAIL ROOM AND STATIONERY STORAGE
IBI	Client: MTICS	m²: 14. m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera	Staff Assist Duress - Wired Patient Assist ✓ Duress - Wireless
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data		

Project Name: VALLEYVIEW PROJECT	Department: 05.0 MAPLES GEN SUPPORT	NERAL PROGRAM & STAFF FACILITY			
Project Number: 35720	Draft:	✓ Final	Program Number:	05.0-03	
Sign Off:	Date Issued:	2017-01-25	RoomName:	HOUSEKEEPING CLOSET	
IBI	Client:	MTICS	m²: 3.5 m²		
RISK LEVEL:	Standard				
	Stallualu				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	re	marks	
Ceiling: 2750 GW	/B - Moisture Resistant	Paint			
Wall: GW	/B - Moisture Resistant	Paint			
Floor:		Resilient			
		1			
Base: 100 Fla	sh Cove				
Wall Protection: Corner Guards:	Sheet:	Remarks:			
Crash Rails: Stand	ard Anti-Ligature				
Hand Rails: Stand	ard Anti-Ligature				
Chair Rail: Stand	ard 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 &	Door Remarks:			
Automatic Opener	Tamperproof Hardware	2001 Nemarks			
Access Control	✓ Locking				
Door Glazing:					
Hardware Type:: SR-01					
Windows: Operable Windows:	Standard Sec	ure	Remarks:		
External Glazing and Frame			ity		
External Glazing Hardware	Standard Sec	ure 🗌 High Secur	rity		
Exterior Window Treatmen		ure High Secur			
Internal Glazing and Frame Blackout Blin			Other		
Blackout Blin		1 Way Mirror	Other		
Casework / Millwork: Casework Security	Regular Secur	re		iling adjustable shelving- ep. Shelf height not to exceed	
Min Millwork /Counter Linear Length 2000 (mm) or % of perimeter wall:	Counter/	Work Surface Height (mm):		vide broom and mop hangers	
Upper Cupboards	Counter Top	Lockable			
Lower Cupboards	Stainless Steel				
ACOUSTICS: STC Rating Wall / 45	RT 60	· NA	Remarks: Pofor to Ar	opendix 1D - Acoustics and	
ACOUSTICS: STC Rating Wall / Floor / Ceiling:	K1 60	. IVA	Noise Cont		
NC Rating: NA					
GENERAL ROOM REMARKS: Coat Hoo	oks: Standard Anti-L	igature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof	
Tackboard Dim:			Vhiteboard Dim:		
	shelf with mop and broom ho floor drain	olders and hooks, soap	dispenser, paper towel d	ispenser. Shall include mop	

Project Name: VALLEYVIEW PROJECT		GENERAL PROGRAM	SUB DEPARTMENT:	5A-GENERAL SUPPORT				
Project Number: 35720	Draft: SUPP(ORT & STAFF FACILITY 2 Final	Program Number:	05.0-03				
Sign Off:	Date Issued:	2017-01-25	RoomName:	HOUSEKEEPING CLOSET				
IBI	Client:	MTICS	m²: 3.5 m²					
RISK LEVEL:	Standard	Willes	5.5 111					
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust						
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0					
PLUMBING FIXTURES:								
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size: 24 X 24	✓ Standard	V Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks				
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive N	egative Other:						
Air Temp: 📝 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER: Types of Power: Normal			Clock					
Receptacle Count: Conven	ience: 1 duplex GFI							
Patient Care Area Designation (as per CSA Z32):								
LIGHTING:	"In Use" Ligh		narks:					

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		APLES GENE		SRAM	SUB DEPARTMENT:	5A-GI	ENERAL SUPPORT
			SUPPORT &					
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		05.0-03
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	нс	OUSEKEEPING CLOSET
IBI		Client:		ı	MTICS	m²: 3.5 m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O	data): 0 utlet: 0			tation rcom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camer Security Camer	a 🔲 Cli	nical Camera nical Camera Mon		Card Reader Intrusion Det			aff Assist tient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	nt:							

Project Name: VA l	LLEYVIEW PR	ROJECT			NERAL PRO		SUB DEPARTN	MENT:	5B-STAFF FACILITY
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	05.0-04
-	Sign Off	:	Date Issued:		201	7-01-25	RoomName:		STAFF ROOM
IB	י י		Client:			MTICS	m²:	5. m²	
RISK LEVEL:			Standar	d					
			Standar	<u>u</u>					
ARCHITECTUR	RAL REQUIREN	<u> 1ENTS</u>							
INTERIOR FINISI	HES: height	t	material		finis	h		remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished				
Wall:		GW	3		Paint				
Floor:					Resilient				
Base:	100	Flas	n Cove						
Wall Protection:		_	Sheet:		1	Remarks:			
	Crash Rails: Hand Rails:	Standa Standa	_	gature gature					
	Chair Rail:	Standa		gature					
Door(s):	Clear Opening (W x	H): 9	014 x 2135	Material:	Solid Core	L	Fi	nish: Plam	
	Door Sidelig	ght							
Door Hardware:	Door Prote	ction	Anti-Ligatu		Door Remarks	:			
	Automatic Access Con		Locking	oof Hardware					
	Door Glazing:	Upper glazi	ng						
	Hardware Type::	OF-01							
Windows:	Operable Wind		✓ Standard	_	cure		Remarks:		
	External Glazing External Glazing	-	✓ Standard✓ Standard	Sec		High Secur High Secur	· ·		
	Exterior Windo		Standard	_	cure 🔲 I	High Secur	rity		
	Internal Glazing Blackout	and Frame: Blind	✓ Standard Roller	Shutter [cure I 1 Way Mirr	High Secur or	rity Other		
Casework / Millwo	ork: Casewo	ork Security:	✓ Regular	Secur			Remarks		
Min Millwork ,	/Counter Linear Leng or % of perimeter w			Counter/	Work Surface !	915			
(11111)	✓ Upper Cupb		✓ Counte	er Top		Lockable			
	✓ Lower Cupb	ooards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling			RT 60	: 0.7		Remarks	Refer to Appendix Noise Control	1D - Acoustics and
	NC Rating	35-40							
GENERAL ROOM	I REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L		f Coat 10		Mirrors: Stand	ard Vandal-Proof
	Tackboard	Dim:					Vhiteboard	Dim:	
	Remarks:		mmodate 20; sh ea and tables ar			ink and ac	ccommodate	fridge, dishwasher,	microwave, soft

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	05.0 MAPLES GENERAL PR		3-STAFF FACILITY						
VALLETVIEWTROJECT	SUPPORT & STAFF								
Project Number: 25720	Draft:	Program Number:	05.0-04						
35720	prepop 1 2 Final		03.0-04						
Sign Off:	Date Issued:	RoomName: 17-01-25	STAFF ROOM						
IRI			STATE ROOM						
.' 5 '.	Client:	MTICS m²: 45. m²							
		45.111							
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks: E	khaust							
HVAC: (CSA 2317.2-10, ASRIKAE 6.									
Can Air be Returned Rate (A/	c).	Special Exhaust Air Required: 0							
to System	C).	Special Exhaust All Required.							
•									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Plumbin	g Remarks						
Handwash ✓ Counter ✓ Goosene	.ck lover/Plades	Eyewasii							
Lavatory Wall Standard	Standard Tioppe								
Janitorial Floor Laborato	Foot Bodal	Emergency Shower							
	- Electronic Controls	Free WC Corrosion Resistant Fittings							
✓ Double Deep Fouriement	Floor	Orain Other:							
Deep Equipment									
Other:	-								
Size:									
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal	& Emergency	✓ Clock							
,,	a zme.geme,								
	ience: 4 duplex, Countertop: Split duple ave, coffee machine, dishwasher	xes along counter, Special Equipment (addition	al outlets): fridge,						
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
_	_								
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:							
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light rols Vanity Light	All lighting on emergency power. Undercabing	et lighting						

Project Name: VALLEYVIEW PROJECT		05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY			B DEPARTMENT:	Į.	5B-STAFF FACILITY	
Project Number:	35720	Draft:	2 Final	Pro	gram Number:		05.0-04	
	Sign Off:	Date Issued:	2017-	01-25 Roo	omName:		STAFF ROOM	
IBI		Client:		MTICS m2:	45. m²			
RISK LEVEL:		Standard						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 1		Intercom Station Video Intercom Station Intercom Master Station	Tele	emetry econferencing	Room State	ıs	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monitor	Card Reader Intrusion Det			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks	motion detector							
OTHER								
Equipment Remarks:	Dishwasher CP	CI	Operational Remarks:					
Room Data Sheet Commen	+·							

Project Name: VA l	LLEYVIEW PROJ	Department: 05.0	05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY				SUB DEPARTMENT: 5B-STAFF FACILI'		
Project Number:	35	Draft: pre	oop 1 2] 🗸 Final	Prog	ram Number	:	05.0-05	
IB	Sign Off:	Date Issued:		2017-01	-25	mName:		RETREAT ROOM	
	,	Client:		MT	TICS m²:	15. r	n²		
RISK LEVEL:		Stan	dard						
	RAL REQUIREMEN								
INTERIOR FINISI		mate	erial	finish			remarks		
Ceiling:	2750	Acoustic Tile		Pre-Finished					
\A/=!!.									
Wall:		GWB		Paint					
Floor:				Resilient					
Base:	100	Flash Cove							
Wall Protection:	Corner Guards:	Sheet:		Remar	rks:				
	Crash Rails:	Standard A	nti-Ligature						
	_		nti-Ligature						
	_	Standard A	nti-Ligature						
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Finish	Plam		
	Door Sidelight								
Door Hardware:	Door Protection	Tamn	igature & erproof Hardware	Door Remarks:					
	Automatic Oper Access Control	ler ✓ Lockii							
	Door Glazing: Upp	er glazing							
	Hardware Type:: OF-0)1							
Windows:	Operable Windows:	✓ Stand	dard Secu	ure		Remarks:			
	External Glazing and		=	ure High S	Security				
	External Glazing Har Exterior Window Tre				Security Security				
	Internal Glazing and	_			Security				
	Blackout	✓ Blinds	oller Shutter	1 Way Mirror		Other			
Casework / Millwo	ork: Casework S	ecurity: Regula	r Secure	e		Remarks:			
	/Counter Linear Length			Vork Surface					
(mm)	or % of perimeter wall:	ds \square C	ounter Top	Height (mm): Lock	able				
	Lower Cupboard	=	tainless Steel						
ACOUSTICS:	STC Rating Wall / 45		RT 60:	0.7		Remarks: Re	efer to Appendix 1D	- Acoustics and	
Acoustics.	Floor / Ceiling:						oise Control		
	NC Rating: 30	-35				<u></u>			
GENERAL ROOM	A REMARKS: Co	oat Hooks: 🗹 Stand	dard 🗌 Anti-Lig	gature No of Coat Hooks		М	irrors: Standard	Vandal-Proof	
	Tackboard Di	im:		[Whitel	ooard Dim	:		
	Remarks: Sh	all be provided wit	h acoustic isolatio	on, soft surfaces.					

Project Name:	Department:	CENEDAL DROCDANA	SUB DEPARTMENT:	ED CTAFF FACULTY				
VALLEYVIEW PROJECT		GENERAL PROGRAM ORT & STAFF FACILITY						
Project Number: 35720	Draft:	2 Final	Program Number:	05.0-05				
Sign Off:	Date Issued:	2017-01-25	RoomName:	RETREAT ROOM				
	Client:	MTICS	m²: 15. m²					
RISK LEVEL:	Standard		<u>'</u>					
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 62	.1-01	Remarks:						
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0					
PLUMBING FIXTURES:		I						
sink mounting faucet Handwash Counter Goosened Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks				
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Infection Isolation Room Pressure Monitor Room Control Remarks: Via DDC								
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)		Standpipe Oth	ner:					
EXHAUST: Pressure:		egative Other:						
Air Temp: 📝 Standar	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
Types of Power: Normal			Clock					
Receptacle Count: Conveni	ience: 2 duplex							
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Lighting Dimmable Lighting ✓ Switch & Light Control Charting Light	"In Use" Ligh	Lighting Rer	marks:					

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		Department: 05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY			SUB DEPARTMENT: 5B-STAFF FACILITY		
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		05.0-05
	Sign Off:	Date Issued:		2017-0		RoomName:		RETREAT ROOM
		Client:		Ν	NTICS	m²: 15. m²		
RISK LEVEL:		Standar	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): O utlet: 0		\equiv	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	itor	Card Reader Intrusion Dete			Assist nt Assist	Duress - Wired Duress - Wireless
	motion detector							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name: VALLEY	VIEW PR	OJECT	9		NERAL PRO & STAFF FA					B-STAFF FACILITY
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nur	nber:		05.0-06
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	W	ASHROOM/ CI	HANGE ROOM, MALE
			Client:			MTICS	m²:	.9.7 m²		
RISK LEVEL:			Standard	d						
ARCHITECTURAL R	REQUIREM	IFNTS								
INTERIOR FINISHES:			motorial		finish				no mo o elso	
ı	height 2750	GW	material VB - Moisture Resi	ctant	finish	1			remarks	
Ceiling.	2730	GV	VB - Moisture Nesi	starit	raiiit					
Wall:		GW	VB - Moisture Resi	stant	Paint		HIHF wall pa	anelling to	shower room	walls
Flori					D. a. ili. a. a. i		A . 11 . 11 . 1	h		
Floor:					Resilient		Anti-slip in s	nower ro	om	
Base:	100	Fla	ish Cove							
Wall Protection: Corr	ner Guards:	✓	Sheet:		ı R	Remarks:	Full height F	IIHF pane	l in shower roo	om.
	sh Rails:	Stand		gature						,
Han	d Rails:	Stand	ard Anti-Lig	gature						
Chai	ir Rail:	Stand	ard Anti-Lig	gature						
Clear (Opening (W x I	٦/٠	014 × 2125	Material:	Solid Core			inish: Dlan	•	
Door(s): Clear (_		914 x 2135	iviateriai.	Solid Core			inish: Plan	n 	
	Door Sidelig	nt								
Door Hardware:	Door Protec Automatic C Access Cont oor Glazing:	pener	Anti-Ligatur Tamperpro	re & of Hardware	Door Remarks:	:				
Hard	ware Type:: V	VR-02								
Ex Ex Ex	perable Windo kternal Glazing kternal Glazing kterior Window ternal Glazing Blackout	and Frame Hardware: Treatmer	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwork:	Casewo	rk Security	: 🕢 Regular	Secur	re		Remark	s:		
Min Millwork /Count (mm) or % o	er Linear Leng f perimeter wa			Counter/	Work Surface Height (mm):	365				
✓	Upper Cupber Cupber		✓ Counte Stainles			Lockable				
	Rating Wall / Floor / Ceiling:	45		RT 60:	N/A		Remark	s: Refer to		- Acoustics and
	NC Rating:	40-45								
GENERAL ROOM REN	٦		oks: 🗸 Standard	Anti-Li	gature No of	Hooks:		Mirrors:	✓ Standard	☐ Vandal-Proof
	Tackboard	Dim:				□ \	Whiteboard	Dim:		
	Remarks:	dispense towel dis	washroom accesson er at each sink, 1 t spenser, 1 wasten hower units with o	oilet paper receptacle,	holder and 1 1 recessed so	sanitary pap disper	napkin dispo	sal in eacl	n toilet compa	rtment, 1 paper

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:
		ENERAL PROGRAM	5B-STAFF FACILITY
VALLETVIEWTROSECT		RT & STAFF FACILITY	
Project Number:	Draft:		Program Number: 05.0-06
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IRI		2017 01 25	WASHROOM/ CHANGE ROOM, MALE
	Client:	MTICS	m²: 19.7 m²
		WITICS	19.7 m-
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2 1 01	Remarks: Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Exhaust	
	-1		
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Diumbing Domayle
sink mounting faucet	tap	✓ Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
✓ Lavatory Wall ✓ Standard		✓ WC	Emergency Shower
Janitorial Floor Laborato	_	✔ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Contro	ols Floor Drain	Other:
Deep Equipment		1- shower head,	1-shower control valve,
Other:			shower stall and 1
Size:		shower floor drav	win. 3-WC, 1- BF-WC, 2 -
-			
POOM CONTROLS. Room Temp Control	with Room Relative H	umidity with Infactio	n Isolation
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustmen		Patient Controlled
Room Control Remarks:	,		
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Neg	ative Other:	
Air Temp: 📝 Standa	ard Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			☐ Clock
			Clock
GENERAL POWER: Types of Power: Norma			☐ Clock
GENERAL POWER:			Clock
GENERAL POWER: Types of Power: Norma			Clock
GENERAL POWER: Types of Power: Norma			☐ Clock
GENERAL POWER: Types of Power: Norma			Clock
GENERAL POWER: Types of Power: Norma Receptacle Count: Conver			Clock
GENERAL POWER: Types of Power: Norma			Clock
GENERAL POWER: Types of Power: Norma Receptacle Count: Conver			Clock
GENERAL POWER: Types of Power: Norma Receptacle Count: Conver			Clock
GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation			Clock
GENERAL POWER: Types of Power: Norma Receptacle Count: Conver			Clock
Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32):	nience: 4 duplex	Lighting Ren	
Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	ience: 4 duplex	Lighting Ren	marks:
Types of Power: Types of Power: Norma Receptacle Count: Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	ience: 4 duplex ighting Night Light "In Use" Light		
GENERAL POWER: Types of Power: Receptacle Count: Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting ✓ Switch & Light Cont	ience: 4 duplex ighting Night Light In Use" Light		marks:
Types of Power: Types of Power: Norma Receptacle Count: Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Dimmable Lighting	ience: 4 duplex ighting Night Light "In Use" Light		marks:
GENERAL POWER: Types of Power: Receptacle Count: Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting ✓ Switch & Light Conf	ience: 4 duplex ighting Night Light "In Use" Light		marks:

Project Name:	Project Name: VALLEYVIEW PROJECT		APLES GENE		SRAM	SUB DEPARTMENT:	5	B-STAFF FACILITY
VALLETVIL	.w FROJECI		SUPPORT &	STAFF FA				
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		05.0-06
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	WASHROOM/ C	HANGE ROOM, MALE
IBI		Client:		ı	MTICS	m²: 19.7 m	2	
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O	lata): utlet: 0 utlet: 0		_	tation rcom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	a Cli	nical Camera nical Camera Mon		Card Reader Intrusion Det			staff Assist Patient Assist	□ Duress - Wired ☑ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEY	VIEW PR	OJECT	05.0 MAPLES GENERAL PROGRAM SUPPORT & STAFF FACILITY			SUB DEPARTI		5B	-STAFF FACILITY	
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nun	nber:		05.0-07
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	WASHRO	OM/ CHAN	GE ROOM, FEMALE
			Client:			MTICS	m²:	1.6 m²		
RISK LEVEL:			Standard	4						
	250111251	ENITC	Standard	<u> </u>						
ARCHITECTURAL F	REQUIREIV	IEN IS								
INTERIOR FINISHES:	height	0.1	material		finish	1		rem	narks	
Ceiling:	2750	GW	VB - Moisture Resi	stant	Paint					
Wall:		GW	VB - Moisture Resi	stant	Paint		HIHF wall pa	nelling to sho	wer room v	valls
-										
Floor:					Resilient		Anti-slip in s	nower room		
Base:	100	Fla	ish Cove							
Wall Protection: Cor	ner Guards:	✓	Sheet:		F	Remarks:	Full height H	IHF panel in s	hower roor	n,
Cras	sh Rails:	Stand	ard 🗌 Anti-Lig	gature						
Han	d Rails:	Stand	ard Anti-Lig	gature						
Cha	ir Rail:	Stand	ard 🗌 Anti-Lig	gature						
Door(s): Clear	Opening (W x I	H):	914 x 2135	Material:	Solid Core		F	inish: Plam		
	Door Sidelig									
	Door Protect Automatic Ct Access Cont oor Glazing:	pener rol	Anti-Ligatur Tamperpro	re & of Hardware	Door Remarks:	:				
Hard	lware Type:: V	VR-02								
E) E) E)	perable Windo kternal Glazing kternal Glazing kterior Window kternal Glazing Blackout	and Frame Hardware v Treatmer	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	High Secu High Secu High Secu High Secu or	rity rity			
Casework / Millwork:	Casewo	rk Security	r: 🗹 Regular	Secur	re		Remarks	::		
Min Millwork /Count (mm) or % o	er Linear Leng of perimeter wa			Counter/	Work Surface 8 Height (mm):	365				
<u> </u>	Upper Cupber Cupber		Counte Stainles			Lockable				
	Rating Wall / Floor / Ceiling:	45		RT 60:	N/A		Remarks	Refer to App		Acoustics and
	NC Rating:	40-45								
GENERAL ROOM REM	٦		oks: 🗹 Standard	Anti-Li	gature No of	Hooks:		Mirrors:	Standard	Vandal-Proof
L	_ Tackboard	Dim:				<u></u>	Whiteboard	Dim:		
	Remarks:	dispense towel dis	washroom accesso er at each sink, 1 t spenser, 1 waste i toilets, shower uni	oilet paper receptacle,	holder and 1 1 recessed so	sanitary ap disper	napkin dispo nser in showe	sal in each toil	let compart	ment, 1 paper

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	05.0 MAPLES GEN		5B-STAFF FACILITY		
VALLETVIEWTROJECT		& STAFF FACILITY			
Project Number:	Draft:		Program Number: 05.0-07		
35720	prepop 1 2	Final			
Sign Off:	Date Issued:	2017-01-25	RoomName:		
IRI		2017 01 25	WASHROOM/ CHANGE ROOM, FEMALE		
	Client:	MTICS	m²:		
		WITICS	21.6 m ²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: CCA 7217 2 10 ACLIDAT C	0 1 01 Po	marks: Exhaust			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Rel	marks: Exhaust			
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
			Diverties Describe		
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks		
Handwash ✓ Counter Goosene		Hopper	Water Fountain		
✓ Lavatory Wall ✓ Standard		✓ WC	Emergency Shower		
Janitorial Floor Laborato	_	✓ Barrier Free WC	Corrosion Resistant Fittings		
Double	✓ Electronic Controls	✓ Floor Drain	Other:		
Deep Equipment		1- shower head,	1-shower control valve,		
Other:			shower stall and 1		
Size:		shower floor drav	win. 1-WC, 1- BF-WC, 2-		
-	_				
POOM CONTROLS. Room Temp Control	with Room Relative Humio	dity with Infection	n Isolation		
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	·	ressure Monitor Patient Controlled		
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Star	ndpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	Positive Negative	e Other:			
Air Temp: Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:			Clock		
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: 4 duplex				
Power Remarks: GFI					
Patient Care Area Designation					
(as per CSA Z32):					
	ahting	Limbetia - D	parks:		
LIGHTING: Workstation Task Li		Lighting Ren	IIdINS.		
Dimmable Lighting	In Use" Light	All lighting	on emergency power.		
Switch & Light Cont	rols Vanity Light				
Charting Light					

Project Name:		Department:	ADLEC CENT		CDANA	SUB DEPARTMENT:	-	D CTAFF FACILITY
VALLEYVIE	EW PROJECT		APLES GENI SUPPORT 8				5	B-STAFF FACILITY
Project Number:	35720	-Draft: prepop		Final	(CIEITI	Program Number:		05.0-07
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	VASHROOM/ CH	ANGE ROOM, FEMALE
		Client:			MTICS	m²: 21.6 m	2	
RISK LEVEL:		Standar	rd					
TECHNOLOGY REQUIR	REMENTS							
Coax/ Data TV O	data): utlet: 0 utlet: 0			Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	itor	Card Reader Intrusion De			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	s:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALL	EYVIEW PROJECT			RAL PROGRAM STAFF FACILITY	SUB DEPARTMENT:	5B-STAFF FACILITY
Project Number:	35720	Draft:		Final	Program Number:	05.0-08
IBI	Sign Off:	Date Issued: Client:		2017-01-25 MTICS	m²:	BIKE STORAGE
RISK LEVEL:					2	
	L REQUIREMENTS					
INTERIOR FINISHE		material		finish	remark	s
Ceiling:						
Wall:						
Floor:						
Base:						
(Hand Rails: Stan	Sheet:	gature	Remarks:		
Door(s):	ear Opening (W x H):		Material:		Finish:	
Door Hardware: H Windows:	Door Protection Automatic Opener Access Control Door Glazing: ardware Type:: Operable Windows: External Glazing and Frar External Glazing Hardwar Exterior Window Treatman	Locking Standard me: Standard re: Standard	Secure Secure Secure Secure	e High Secu	ırity	
	Internal Glazing and Fran	ne: Standard	Secure		rrity Other	
	Casework Securi unter Linear Length % of perimeter wall: Upper Cupboards Lower Cupboards	ty: Regular Counte	r Top	ork Surface light (mm): Lockable	Remarks:	
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating: NA		RT 60: N	IA	Remarks:	
GENERAL ROOM R	EMARKS: Coat H	ooks: Standard	Anti-Liga	ture No of Coat Hooks:	Mirrors: Sta	indard
	Tackboard Dim:				Whiteboard Dim:	

Project Name:	Department:	SUB DEPARTMENT:					
VALLEYVIEW PROJECT	05.0 MAPLES GENERAL P	ROGRAM	5B-STAFF FACILITY				
VALLET VIEW PROJECT	SUPPORT & STAF						
Project Number:	Draft:	Program Number:	05.0-08				
35/20	prepop 1 2 Final		05.0-08				
Sign Off:	Date Issued:	RoomName: 017-01-25	DUVE CTODACE				
IBI	21	717-01-25	BIKE STORAGE				
101	Client:	MTICS m ² : 14. m ²					
		MTICS 14. m ²					
RISK LEVEL:							
MECHANICAL REQUIREMENTS							
Type: ACHDAE 62.1.01	Remarks:						
HVAC:	Kemarks.						
	C1.	Consist Entranet Air Demoise de					
Can Air be Returned Rate (A/	L):	Special Exhaust Air Required:					
35 2/535							
PLUMBING FIXTURES:							
sink mounting faucet	tap		Plumbing Remarks				
Handwash Counter Goosene	sk D Lover/Blades		Transmig remarks				
Lavatory Wall Standard	Ctandard III						
Janitorial Floor Laborato	To at Padal	Emergency Shower					
Double	Floatronic Controls Bdil	er Free WC Corrosion Resistant Fittings					
Deep Equipment	Floo	Drain Other:					
Other:							
	-						
Size:							
FIRE PROTECTION: Sprinkler Type: V Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Room Control Remarks: FIRE PROTECTION: Sprinkler Type:						
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal		Clock					
Receptacle Count: Conven	ience: 1 duplex						
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:					
Dimmable Lighting	"In Use" Light						
Switch & Light Cont							
Charting Light							
		L					

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		APLES GENE		RAM	SUB DEPARTMENT:	5	B-STAFF FACILITY
7,1221111			SUPPORT &					
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		05.0-08
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		BIKE STORAGE
IBI		Client:		1	MTICS	m²: 14. m²		
RISK LEVEL:								
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O	lata):utlet:			Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camero Security Camero		nical Camera nical Camera Mon	itor	Card Reader Intrusion Dete	_		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	VIEW PROJE	CT Department: 06.0 MAP	LES CLINIC	CAL SUPPORT		SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT			
Project Number:	357	Draft:		✓ inal	Program Nun	nber:		06.0-01	
	Sign Off:	Date Issued:		2017-01-25	RoomName:		SECLIRE VISI	TOR/ WAITING AREA	
IBI.		Client:		MTICS	m²:	15. m²	SECORE VISI	TOTY WAITING AREA	
RISK LEVEL:		Medium							
	DEGLUDENAENT								
ARCHITECTURAL I				6 . 1					
Ceiling:	height 2750	material GWB - Impact Resistant	Paint	finish			remarks		
		orra impact nesistant	3						
Wall:		GWB - Impact Resistant	Paint						
Floor:			Resilie	ent					
Base:	100	Flash Cove							
Wall Protection: Cor Cra	ner Guards: sh Rails: St nd Rails: St	Sheet: Anti-Ligatur andard Anti-Ligatur andard Anti-Ligatur andard Anti-Ligatur	e	Remarks:					
Door(s): Clear	Opening (W x H): Door Sidelight	914 x 2135 Ma	sterial: Solid	Core	F	inish: Plan	n		
Door Hardware:	Door Protection Automatic Opener Access Control Door Glazing: Side gl	✓ Locking	Door F rdware	Remarks: Half gla	azed door if si	delite can	not be provide	ed	
Har	dware Type:: OF-01								
E E E	Operable Windows: xternal Glazing and Fixternal Glazing Hardv xterior Window Treat nternal Glazing and Fr Blackout	rame: Standard svare: Standard standard standard	Secure Secure Secure Secure Secure Secure	High Secu High Secu High Secu High Secu	urity urity				
Casework / Millwork:	Casework Sec	urity: Regular	Secure		Remarks	5:			
Min Millwork /Coun (mm) or %	ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Co Counter Top Stainless Ster	unter/ Work S Height el		2				
	Rating Wall / 50 Floor / Ceiling: 35-4	0	RT 60: 0.7		Remarks	Refer to Noise Co		- Acoustics and	
GENERAL ROOM RE	MARKS: Coat	: Hooks: Standard	Anti-Ligature	e No of Coat		Mirrors:	Standard	Vandal-Proof	
	Tackboard Dim:			Hooks:	Whiteboard	Dim:		_	
	Remarks: Shall	accommodate 3 semi-priv	ate informal	seating areas fo	or 3 people ea	ach, unde	r counter fridg	e, snack table	

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	06.0 MAPLES CLINICAL S	UPPORT 6-MAPLES CLINICAL SUPPOR
	Draft:	Program Number:
Project Number: 35720	-Draft:	06.0-01
Sign Off:	Date Issued:	RoomName:
· ·		17-01-25 SECURE VISITOR/ WAITING AR
IBI	Client:	m²:
		MTICS 15. m ²
RISK LEVEL:	Medium	
	Wiedidiii	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	lover/Plades	Eyewasii
Lavatory Wall Standard	Ctandard Hoppe	
Janitorial Floor Laborato	Foot Bodol	Emergency Shower
Double	- Electronic Controls	Free WC Corrosion Resistant Fittings
Deep Equipment	Floor I	Orain Other:
Other:		
	-	
Size:		
Decay Town Control	oith Dear Balatina Horaidith oith	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Equal	Positive Negative	Other:
Air Temp: Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:] Clock
Types of Power: Normal		
Described County o		J
Receptacie Count: Conven	ience: 2 duplex, Special Equipment (add	itional outlets): fridge
Power Remarks:		
Patient Care Area Designation		
(as per CSA Z32):		
Workstation Task L	ighting Night Light	Lighting Remarks:
LIGHTING: Workstation lask L		Eighting rections.
	"In Use" Light	
✓ Switch & Light Cont Charting Light	rols Vanity Light	

Project Name: VALLEYVIEW PI	valleyview project		Department: 06.0 MAPLES CLINICAL SUPPORT			SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPO		
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-01
Sign Of	f:	Date Issued:		2017	-01-25	RoomName:	SECURE VIS	ITOR/ WAITING AREA
IBI		Client:			MTICS	m²: 15. m²	2	
RISK LEVEL:		Medium	า					
TECHNOLOGY REQUIREME	NTS							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:				Station vrcom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu:	3
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								,
Equipment Remarks:				perational emarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT	Department: 06.0 MAPLES CI	INICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT
Project Number: 35720 Sign Off:	Date Issued:	Final 2017-01-25	Program Number: 06.0-02 RoomName:
IBI	Client:	MTICS	PROGRAM ADMISSIONS MEETING ROOM m²: 15. m²
RISK LEVEL:	Low		
ARCHITECTURAL REQUIREMENTS			
INTERIOR FINISHES: height	material	finish	remarks
		Pre-Finished	
Wall: GW	B - Impact Resistant	Paint	
Floor:	1	Carpet	
Base: 100 Rub	hor		
	Sheet:	Remarks:	
Crash Rails: Standa		Kemarks.	
Hand Rails: Standa	rd Anti-Ligature		
Chair Rail: Standa	rd Anti-Ligature		
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam
✓ Door Sidelight			
Door Hardware: Door Protection Automatic Opener Access Control	Tamperproof Hardware ✓ Locking	Door Remarks: Half glaze	red door if sidelite can not be provided
Door Glazing: Side glazing	3		
Hardware Type:: OF-01			
Windows: External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Blind	☐ Standard ✓ Secu ☐ Standard ✓ Secu ☐ Standard ✓ Secu	ıre High Secur ıre High Secur ıre High Secur	rity rity
Casework / Millwork: Casework Security:	Regular Secure		Remarks:
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Vork Surface Height (mm):	
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable	
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-35	RT 60:	0.7	Remarks: Refer to Appendix 1D - Acoustics and Noise Control
GENERAL ROOM REMARKS: Coat Hoo	ks: 🗸 Standard 🗌 Anti-Lig	gature No of Coat 2	Mirrors: Standard Vandal-Proof
Tackboard Dim:		Hooks:	Whiteboard Dim: 2440mm wide X 1220mm high
Remarks: Shall acco	ommodate 4 to 5 people at ta	ble with loose chairs. v	whiteboard

Project Name:	Department:	S CLINICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT				
VALLEYVIEW PROJECT	UU.U IVIAPLE	.5 CLINICAL SUPPURT	0-WIAFLES CLINICAL SUPPC				
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-02			
Sign Off:	Date Issued:	2017-01-25	RoomName:	D. 110010110			
IBI	Client:	2017-01-25	PROGRAM A	DMISSIONS MEETING ROOM			
نت	Client.	MTICS	15. m²				
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
HVAC: Type: ASHRAE 62.1-01		Remarks:					
Can Air be Returned Rate (A/C to System	C):	Special Exhau	ust Air Required: 0				
PLUMBING FIXTURES:							
sink mounting faucet Handwash Counter Goosene	tap	Urinal	Eyewash	Plumbing Remarks			
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain				
Janitorial Floor Laborato		WC L	Emergency Shower				
Double	Electronic Cont	rols	Corrosion Resistant Fittings Other:				
Deep Equipment		Tiodi Diairi	Other.				
Other:							
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Local Adjustment Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:							
Rack Storage (2.4m high)	Types:						
EXHAUST: Pressure: Equal	Positive Ne	egative Other:					
Air Temp: 🗸 Standa	rd Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal			Clock				
Receptacle Count: Conven	ience: 2 duplex, Floorbo	xes: 1 quadplex					
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:				
Dimmable Lighting Switch & Light Cont Charting Light	In Use" Light						

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department: 06.0 MAPLES CLINICAL SUPPORT			SUB DEPARTMENT:	6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft:	2 Final		Program Number:		06.0-02
	Sign Off:	Date Issued:	2017-	01-25	RoomName: PRO	OGRAM ADMISSI	ONS MEETING ROOM
		Client:		MTICS	m²: 15. m²		
RISK LEVEL:		Low					
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou IMIT Remarks: SECURITY SYSTEMS: Security Camera	ata): () () () () () () () () ()		ntercom Station /ideo Intercom Station intercom Master Station Card Reader		Hands Free Telemetry Teleconferencing	Room Statu:	Duress - Wired
Security Camera	Monitor Cli	nical Camera Monitor	Intrusion Det			atient Assist	Duress - Wireless
Security Remarks:	Door Monitoring						
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Comment	··						

Project Name: VAL	LEYVIEW PROJ	Department:	5.0 MAPLES C	CLINICAL SUF	PPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT			
Project Number:	35	Draft: [oop 1 2	Y Final		Program Numl	oer:	06.0-0)3-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	TES	TING/ ASSESSME	NT ROOM
IBI		Client:		ſ	MTICS	m²:	2. m²		
RISK LEVEL:		Low							
	AL REQUIREMEN								
INTERIOR FINISH		mate	orial	finish			remarks		
Ceiling:	2750	Acoustic Tile	eriai	Pre-Finished			Temarks)	
_									
Wall:		GWB - Impact R	esistant	Paint					
Floor:				Carpet					
Base:	100	Rubber							
Wall Protection:	Corner Guards:	Sheet:		Re	marks:				
	Crash Rails:	Standard A	nti-Ligature						
			nti-Ligature						
	Chair Rail:	Standard Ai	nti-Ligature						
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	✓ Door Sidelight					<u></u>			
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing: Uppe	ner Tamp	igature & erproof Hardware ng	Door Remarks:	Provide s	second egress	s door. Door size	: 914 mm	
	Hardware Type:: OF-0)1							
Windows:	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	Frame: Standardware: Standardw	dard Secondard Secondard Secondard	cure Hig cure Hig cure Hig	gh Secur gh Secur gh Secur gh Secur	ity ity			
Casework / Millwo	rk: Casework Se	ecurity: 🗌 Regula	r Secu	re		Remarks:			
	Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard		Counter/ ounter Top tainless Steel	Work Surface Height (mm):	ockable.				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 30-		RT 60	0.7		Remarks:	Refer to Append Noise Control	lix 1D - Acoustics	and
GENERAL ROOM	I REMARKS: Co	oat Hooks: 🗹 Stand	 dard □ Anti-I	igature No of 0	Coat 2		Mirrors: Sta	ndard Vanda	al-Proof
. <u></u> 2		im:			oks:	Vhiteboard [Dim:		
	Remarks: Sha	all accommodate 3	A noonla in a	chair and ====			of ogress skall be	provided	
		all accommodate 3	- реоріє, IIICI. (onan anu rectal	iguidí (d	ivie, 2 patris (or egress sildii De	provided	

VALLEYVIEW PROJECT 06.0 MAPLES CLINICAL SUPPORT 6-MAPLES CLINICAL	L SUPPORT								
	0-03-01								
Sign Off: Date Issued: RoomName: TESTING/ ASSESSI	MENT ROOM								
IBI Client: m²:	- INTROCIVI								
MTICS 12. m²									
RISK LEVEL: Low									
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01 Remarks:									
Can Air be Returned Rate (A/C): Special Exhaust Air Required: 0									
to System									
PLUMBING FIXTURES:									
sink mounting faucet tap Urinal Eyewash	(S								
Handwash Counter Gooseneck Lever/Blades Hopper Water Fountain Lavatory Wall Standard Standard W.C. Emergency Shower									
Institution									
Double Barrier Free WC Corrosion Resistant Fittings Double Floor Drain Other:									
Deep Equipment Other.									
Other:									
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Infection Isolation Room Pressure Monitor									
Room Control Remarks: Via DDC									
FIRE PROTECTION: Sprinkler Type: ✓ Wet Dry Standpipe Other:									
Rack Storage (2.4m high) Types:									
EXHAUST: Pressure:									
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 Lighting Remarks:									
Dimmable Lighting "In Use" Light									
☐ Dimmable Lighting ☐ "In Use" Light ✓ Switch & Light Controls ☐ Vanity Light									

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department: 06.0	MAPLE	S CLINICA	L SUPPOF	SUB DEPARTMEN		LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1	2 Fina		Program Numbe	r:	06.0-03-01
	Sign Off:	Date Issued:		2	2017-01-2	RoomName:	TESTING	/ ASSESSMENT ROOM
		Client:			MTIC	CS m²:	m²	
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	lata): Outlet: Outlet:		Vic	tercom Station deo Intercom S tercom Master		Hands Free Telemetry Teleconferencing	☐ Room Statu	ıs
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mor	itor		eader No.: on Detection		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operation Remarks				
Room Data Sheet Commen	t:							

Project Name: VAL I	LEYVIEW PR	OJECT	Department: 06.0 I	MAPLES C	CLINICAL SU	PPORT	SUB DEPARTM		PLES CLII	NICAL SUPPORT
Project Number:		35720	Draft: prepop	1 2	Final		Program Numb	er:		06.0-03-02
IBI	Sign Off:	:	Date Issued:		2017	-01-25	RoomName:		TESTING/ A	SSESSMENT ROOM
101			Client:			MTICS	m²:	!. m²		
RISK LEVEL:			Low							
ARCHITECTURA	AI REOUIREN	IFNTS	LOW							
INTERIOR FINISH			material		finish			rem	arks	
Ceiling:	2750		ustic Tile		Pre-Finished					
Wall:		GW	B - Impact Resist	ant	Paint					
Floor:					Carpet					
Paco:	100	Rub	hor]					
Base: Wall Protection:			Sheet:		D.	emarks:				
wall Protection:	Crash Rails:	Standa		gature	N	emarks.				
	Hand Rails:	Standa	rd Anti-L	gature						
	Chair Rail:	Standa	rd 🗌 Anti-L	gature						
Door(s):	lear Opening (W x	H):	914 x 2135	Material:	Solid Core		Fin	ish: Plam		
	✓ Door Sidelig	ght								
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	Opener trol	Locking	re & oof Hardware	Door Remarks:	Provide s	second egress	door. Door s	size : 914 m	m
	Hardware Type::	OF-01								
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	g and Frame: g Hardware: w Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ture	igh Securi igh Securi igh Securi igh Securi	ity ity			
Casework / Millwor	k: Casewo	ork Security:	Regular	Secur	re		Remarks:			
	ounter Linear Leng r % of perimeter w	all:	Count		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	: 0.7			Refer to App Noise Contro		Acoustics and
GENERAL POOR			ra. 🛕 či 1			Coot		Ndinne	Charle 1	Van del S
GENERAL ROOM			ks: 🗸 Standard	Anti-Li		Coat 2	/hitohaard a		Standard	Vandal-Proof
	Tackboard Remarks:	Dim:	ommodate 3-4 p	eople, incl. o	chair and recta			oim: of egress shal	l be provide	ed

Project Name: VALLEYVIEW PROJECT	Department: 06.0 MAPLE	ES CLINICAL SUPPORT	SUB DEPARTMENT:	6-MAPLES CLINICAL SUPPORT					
	Draft:		Program Number:						
Project Number: 35720	prepop 1	2 Final		06.0-03-02					
Sign Off:	Date Issued:	2017-01-25	RoomName:	TESTING/ ASSESSMENT ROOM					
IBI	Client:	MTICS	m²: 12. m²						
RISK LEVEL:	Low		12.111						
MECHANICAL REQUIREMENTS	2000								
HVAC: Type: ASHRAE 62.1-01		Remarks:							
	0)								
Can Air be Returned Rate (A/ to System	C):	Special Exna	ust Air Required: 0						
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard Janitorial Floor Laborato		wc [Emergency Shower						
Double	Electronic Con	Barrier Free WC trols Floor Drain	Corrosion Resistant Other:	t Fittings					
Deep Equipment		Floor Drain	Other:						
Other:									
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC									
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: Pressure: Equal	Positive Ne	egative Other:							
Air Temp: 🗸 Standa	rd Special	Other:							
[
ELECTRICAL REQUIREMENTS GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 4 duplex								
	·								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	narks:						
Dimmable Lighting	"In Use" Ligh	nt							
Switch & Light Cont	rols Vanity Light								
Charting Light									

		T_				I		
Project Name: VALLEYVIE	W PROJECT	Department: 06.0 I	MAPLES CL	INICAL SUI		SUB DEPARTMENT:	6-MAPLES CI	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-03-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TESTING/	' ASSESSMENT ROOM
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Of Quantity (1 voice, 1 d			Intercom			Hands Free	Room Status	5
	utlet: 0		=	ercom Station Master Station		Telemetry		
Coax/ Data TV O	utlet: 0		mercon	iviaster station	" Ц	Teleconferencing		
IMIT Remarks	:							
SECURITY SYSTEMS:				1			_	
Security Camera Security Camera		nical Camera nical Camera Moni	itor	Card Reader Intrusion Det			taff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	VIEW PROJE	Department: 06.0	MAPLES C	LINICAL SU	PPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT			
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Num	ber:	06.0-04	
	Sign Off:	Date Issued:			7-01-25	RoomName:		MACHDOOM HINISTY	
IBI		Client:				m²:		WASHROOM, UNISEX	
					MTICS	3	.7 m²		
RISK LEVEL:		Standar	'd						
ARCHITECTURAL	<u>REQUIREMENT</u>	r <u>s</u>							
INTERIOR FINISHES:	height	material		finish	ı		remarks		
Ceiling:	2750	GWB		Paint		Water resista	ant		
Wall:		GWB		Paint					
Floor:				Resilient					
Base:	100	Flash Cove							
Wall Protection: Cor Cra	nd Rails: St	tandard Anti-L	igature igature igature	R	emarks:				
Door(s): Clear	Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Protection Automatic Opener Access Control Door Glazing:	✓ Locking	ure & oof Hardware	Door Remarks:					
E E	Operable Windows: External Glazing and F External Glazing Hard External Glazing Hard External Glazing and F Blackout	ware: Standard itment: Standard frame: Standard	Seco	ure	ligh Secui ligh Secui ligh Secui ligh Secui	rity rity			
Casework / Millwork: Min Millwork /Coun (mm) or % (Casework Sector Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Count		Work Surface Height (mm):	Lockable	Remarks	:		
	Rating Wall / 45 Floor / Ceiling: NC Rating: 40-4	45	RT 60:	N/A		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗹 Standard	Anti-Li		Coat 2		Mirrors: 🗹 Standard	☐ Vandal-Proof	
	Tackboard Dim	n:		н	looks: v	Whiteboard	Dim:		
	Remarks: Prov	vide soap dispenser , 1	toilet paper l	nolder, sanitar	y napkin	disposal, pap	er towel dispenser, wa	ste receptacle	

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	06.0 MAPLES	CLINICAL SUPPORT	6-MAPLES (CLINICAL SUPPORT					
	Draft:		Program Number:						
Project Number: 35720	prepop 1	2 Final	riogiam Number.	06.0-04					
Sign Off:	Date Issued:		RoomName:						
	Jace issuedi	2017-01-25	noonii tainei	WASHROOM, UNISEX					
IBI	Client:		m²:						
		MTICS	3.7 m²						
RISK LEVEL:	Standard								
	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust							
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap		Plumh	ing Remarks					
Handwash Counter Goosene		Urinal	Eyewasn	ing itements					
Lavatory Wall Standard		Hopper	Water Fountain						
Janitorial Floor Laborato		∥∐ wc	Emergency Shower						
Double	Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings						
Deep Equipment	V Electronic contro	Floor Drain	Other:						
Other:									
	-								
Size:	_								
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment								
Air Temp: 🕜 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 1 duplex GFI								
Power Remarks: GFI									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rem	narks:						
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light rols Vanity Light	Night light	on emergency power.						

Project Name: VALLEYVIEW	VALLEYVIEW PROJECT		06.0 MAPLES CLINICAL SUPPORT			SUB DEPARTMENT:	6-MAPLES (CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1	✓ 2 Final		Program Number:		06.0-04
'. - .'	gn Off:	Date Issued:		2017	-01-25	RoomName:		WASHROOM, UNISEX
IBI		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle	t: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS:								
Security Camera Security Camera M		nical Camera nical Camera Monit	tor	Card Reader Intrusion Det			taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIE	W PROJECT	Department: 06.0 MAPLES C	LINICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft:	✓ Final	Program Number:	06.0-05
''	Sign Off:	Date Issued:	2017-01-25	RoomName: OFFICE, PROGRAM I	EVALUATION OFFICER
IBI		Client:	MTICS	m²: 11.1 m²	
RISK LEVEL:		Standard			
ARCHITECTURAL REQU	IIRFMFNTS				
INTERIOR FINISHES:		material	finish	romarke	
Ceiling: 2750	height	material coustic Tile	Pre-Finished	remarks	
2730	710	soustie The	Tre Tillistica		
Wall:	GV	WB	Paint		
Floor:			Carpet		
Base: 100	Ru	ubber			
Wall Protection: Corner Gu Crash Rail Hand Rail: Chair Rail:	s: Stand	Sheet: dard Anti-Ligature dard Anti-Ligature	Remarks:		
Door(s): Clear Openin	ng (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
Doc	or Sidelight				
Aut Acc Door Gl	or Protection omatic Opener ess Control azing: Upper gla Type:: OF-01	Anti-Ligature & Tamperproof Hardware ✓ Locking	Door Remarks:		
Externa Externa Exterior Internal	le Windows: I Glazing and Fram I Glazing Hardware Window Treatme Glazing and Frame kout Bli	se: Standard Sec e: Standard Sec nt: Standard Sec e: Standard Sec	ure ure High Secur ure High Secur ure High Secur ure High Secur 1 Way Mirror	rity rity	
Casework / Millwork:	Casework Security	y: Regular Secu	re	Remarks:	
=		Counter/ Counter Top Stainless Steel	Work Surface Height (mm): Lockable		
	Wall / Ceiling: 50 CRating: 30-35	RT 60	0.7	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARI	C oat Ho	ooks: 🗸 Standard 🗌 Anti-L	igature No of Coat 2	Mirrors: Standard	l Vandal-Proof
✓ Tac	kboard Dim: (610 mm wide X 915 mm high	Hooks: ✓ v	Whiteboard Dim: 610mm wide X	915mm high
Rer	narks: Shall acc	commodate desk, chair, filing	cabinet, bookcase, side	e chair	

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:						
	06.0 MAPLES	S CLINICAL SUPPORT	6-MAPLES CLINICAL SUPPORT						
VALLETVIEWTROJECT									
Project Number:	Draft:		Program Number: 06.0-05						
35720	prepop 1	2 Final							
Sign Off:	Date Issued:	2017-01-25	RoomName:						
IRI		2017 01 23	OFFICE, PROGRAM EVALUATION OFFICER						
	Client:	MTICS	m ² :						
		WITICS	11.1 m ²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: ACUBAE 62.1.01		Remarks:							
HVAC: Type: ASHRAE 62.1-01		Remarks.							
Can Air be Returned Rate (A)	C):	Special Exha	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
			e						
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosen	eck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard		Emergency Shower						
Janitorial Floor Laborate	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Contro	ols Floor Drain	Other:						
Deep Equipment									
Other:									
Size:	-								
JIZE.									
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:									
	Vet	Standnine Oth	er:						
	Vet Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:		er:						
	Types:	Standpipe Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Neg		er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Neg	gative Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Neg	gative Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Types: Neg	gative Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure:	Types: Neg	gative Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER:	Types: Neg	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Types: Neg	gative Other:	er:						
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Neg	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Types: Positive Neg Ard Special & Emergency	gative Other:							
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32):	Types: Positive Negard Special & Emergency dience: 2 duplex, Worksta	other: Other:	Clock						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Types: Positive Negard Special & Emergency iience: 2 duplex, Workstar	gative Other:	Clock						
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Types: Positive Neg Neg Ref Ref Neg Neg Neg Neg Neg Neg Neg N	other: Other:	Clock						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Types: Positive Neg Neg Neg Neg Neg Neg Neg Neg	other: Other:	Clock						
Rack Storage (2.4m high) EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Types: Positive Neg Neg Ref Ref Neg Neg Neg Neg Neg Neg Neg N	other: Other:	Clock						
Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Convert	Types: Positive Neg Neg Ref Ref Neg Neg Neg Neg Neg Neg Neg N	other: Other:	Clock						

Project Name: VALLEYV	IEW PROJECT	Department: 06.0 I	MAPLES CLI	NICAL SUI	PPORT	SUB DEPARTMENT		CLINICAL SUPPORT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		06.0-05
	Sign Off:	Date Issued:		2017	01-25	RoomName:	FFICE, PROGRAM	EVALUATION OFFICER
		Client:			MTICS	m²: 11.1 r	m²	
RISK LEVEL:		Standar	·d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel: Coax/ Data TV IMIT Remar	Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	ıs
SECURITY SYSTEMS: Security Came Security Remar	era Monitor Cl	inical Camera inical Camera Moni	itor	Card Reader Intrusion Det			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Keman	K3.							
OTHER								
Equipment Remarks:				operational emarks:				
Room Data Sheet Comme	ent:							

Project Name: VAL	LEYVIE	W PROJEC		rtment: 06.0 ľ	MAPLES C	LINICA	AL SUPPO		JB DEPARTN		6-MAPLES CL	INICAL SUPPOR
Project Number:		3572	Draft 20	: prepop	1 2	Fina		Pr	rogram Num	ber:		06.0-06
	1	Sign Off:	Date	Issued:			2017-01-		oomName:			STORAGE, FILE
IBI	,		Clien	t:			MTI	cs ^m		5. m²		
RISK LEVEL:			, , , , , , , , , , , , , , , , , , ,	Standar	d							
ARCHITECTUR	AL REO	UIREMENTS										
INTERIOR FINISH		height		material			finish				remarks	
Ceiling:	2750		Acoustic			Pre-Fin						
Wall:			GWB			Paint						
Floor:						Resilier	nt					
Base:	100		Flash Cov	/e								
Wall Protection:	Corner G Crash Rai Hand Rai Chair Rai	Is: Sta	Sheet: indard indard indard	Anti-Li	igature igature igature	J	Remark	s:				
Door(s):		ing (W x H):	914 x	2135	Material:	Solid C	Core		Fi	nish: PI	am	
Door Hardware:	Aut	or Protection tomatic Opener tess Control Glazing: Type:: OF-01	•	_	ire & oof Hardware	Door Re	emarks:					
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and Fral Glazing Hardware window Treatial Glazing and France ckout	are:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High Se High Se High Se High Se	ecurity ecurity	! !			
Casework / Millwor	rk:	Casework Secu	rity:	Regular	Secui	·e			Remarks			
Min Millwork /t (mm) c	or % of peri	near Length imeter wall: per Cupboards wer Cupboards		Counte	Counter/ er Top ess Steel	Work Sur Height (r		ble				
ACOUSTICS:		g Wall / / Ceiling: NA			RT 60	: NA			Remarks		to Appendix 1D Control	- Acoustics and
GENERAL ROOM		_	Hooks:	Standard	Anti-l	igature	No of Coat			Mirro	rs: Standard	Vandal-Proof
CENTERIAL ROOM		ckboard Dim:		Januaru	Allu-L	Butule	Hooks:	Whi	iteboard	Dim:	Jianuaru	vallual-F1001
	Re	marks: Shall	be lockab	ile						L		

Project Name:	Department:	CLINICAL CLIDDORT	SUB DEPARTMENT:	CLINICAL CLIDDODT
VALLEYVIEW PROJECT	Ub.U IVIAPLES	CLINICAL SUPPORT	b-IVIAPLES (CLINICAL SUPPORT
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	STORAGE, FILES
IBI	Client:		m²:	STOTAGE, FILES
		MTICS	6. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System		·	,	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	oing Remarks
Handwash Counter Goosene	cck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic contro	Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Hu Local Adjustment		n Isolation Patient Conf	trolled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry S	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: ✓ Equal	Positive Nega	ntive Other:		
Air Temp: ✓ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light	-88 (101)		
Switch & Light Cont				
Charting Light				

Project Name: VALLEYVII	EW PROJECT	Department: 06.0 M	MAPLES CLINICA	L SUPPORT	SUB DEPARTMENT:	6-MAPLES C	CLINICAL SUPPORT
Project Number:	35720	-Draft: prepop	1 2 Fina		Program Number:		06.0-06
	Sign Off:	Date Issued:	2	2017-01-25	RoomName:		STORAGE, FILES
		Client:		MTICS	m²: 6. m²		
RISK LEVEL:		Standar	d				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
	data): utlet: 0		Intercom Station Video Intercom S Intercom Master	tation	Hands Free Telemetry Teleconferencing	Room Statu	ıs
Coax/ Data TV O	utlet: 0						
IMIT Remarks	5:						
SECURITY SYSTEMS:							
Security Camer		nical Camera nical Camera Moni	=	eader No.: on Detection		taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	5:						
OTHER							
Equipment Remarks:			Operatio Remarks				
Room Data Sheet Commer	nt:						

Project Name: VALLE	YVIEW PRO	DJECT	Department: 06.0 N	MAPLES C	LINICAL SU	JPPORT	SUB DEPAR	TMENT:	6-MAPLES CL	INICAL SU	IPPORT
Project Number:	3	35720	Draft: prepop	1 2	✓ Final		Program Nu	ımber:		06.0-0	7-01
[]	Sign Off:		Date Issued:		2017	7-01-25	RoomName	:	OFFI	CE, SOCIAL	WORKER
IBI			Client:			MTICS	m²:	11.1 m²	:		
RISK LEVEL:			Standar	d							
	DEOLUDEME	NTC	Staridar	<u> </u>							
ARCHITECTURAL		1013									
INTERIOR FINISHES	height 2750	٨٥٥	material		finish	1			remarks		
Ceiling:	2/50	ACO	ustic Tile		Pre-Finished						
Wall:		GW	В		Paint						
Floor:					Carpet						
Base:	100	Rub	ber								
Wall Protection: Co	orner Guards: rash Rails: and Rails:		Sheet: 🗹 rd 🗌 Anti-Liį rd 🔲 Anti-Liį	gature] F	Remarks:					
2001 (3).	r Opening (W x H) Door Sidelight		914 x 2135	Material:	Solid Core	L		Finish: P	lam		
	Door Protection Automatic Op Access Control Door Glazing: Sic rdware Type:: OF	ener ol de glazing	✓ Locking	re & of Hardware	Door Remarks	Half glaz	ed door if s	idelite (can not be provide	ed	
	Operable Window External Glazing a External Glazing H Exterior Window Internal Glazing an	nd Frame: lardware: Treatment	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	ity ity				
Casework / Millwork:	Casework	Security:	Regular	Secur	·e		Remarl	ks:			
Min Millwork /Cou (mm) or %	nter Linear Length of perimeter wall Upper Cupboa Lower Cupboa	ards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	30-35		RT 60:	0.7		Remarl		r to Appendix 1D - e Control	- Acoustics a	and
GENERAL ROOM RE	EMARKS:	Coat Hook	ss: 🗸 Standard	Anti-Li	igature No o	f Coat 2 Hooks:		Mirro	ors: Standard	Vanda	l-Proof
	✓ Tackboard	Dim: 61	.0 mm wide X 91	5 mm high			Vhiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: S	Shall acco	nmmodate desk,	chair,filing (cabinet, book	case, side	e chair.				

Project Name:	06.0 MAPLES CLINICAL SUPPORT		SUB DEPARTMENT:	5-MAPLES CLINICAL SUPPORT
VALLEYVIEW PROJECT				
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-07-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE SOCIAL MIODIED
IBI	Client:	2017 01 23	m²:	OFFICE, SOCIAL WORKER
		MTICS	11.1 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/0	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard Janitorial Floor Laborato		wc	Emergency Shower	
Double Laborato	Electronic Contr	rols	Corrosion Resistant F	-ittings
Deep Equipment			Other:	
Other:				
Size:				
ROOM CONTROLS: Room Temp Control volucial Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	Local Adjustme		n Isolation ressure Monitor	Patient Controlled
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	gative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
[
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
,,				
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	In Use" Light			

Project Name: VALLEYV	IEW PROJECT	Department: 06.0 N	MAPLES (CLINICAL SU	PPORT	SUB DEPARTMENT:	6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 :	✓ 2 Final		Program Number:		06.0-07-01
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	OF	FICE, SOCIAL WORKER
		Client:			MTICS	m²: 11.1 m²	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L		taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	VALLEYVIEW PROJECT 06.0 MAPLES O				L SUPPOR	SUB DEPA	RTMENT	r: 6-MAPLES CL	INICAL SUPP	ORT
Project Number:	35	Draft: prepop	1 2	✓ Fina		Program I	Number:		06.0-07-0	02
	Sign Off:	Date Issued:			2017-01-2	RoomNar	ne:	OFF	CE, SOCIAL WO	RKER
IBI		Client:			MTIC	m²:	11.1 r		CE, SOCIAE WO	- INCLIN
DICK I EVEL:		Chanda					11.11	11		
RISK LEVEL:	DEQUEDEN 454	Standa	ra							
ARCHITECTURAL INTERIOR FINISHES:										
Ceiling:	height 2750	material Acoustic Tile		Pre-Fini:	finish			remarks		
	2.33	ricoustic riic			cu					
Wall:		GWB		Paint						
Floor:				Carpet						
Base:	100	Rubber								
Wall Protection: Co Cra Ha	rner Guards: Sash Rails: S	Sheet: Standard Anti-L	igature igature igature		Remarks:					
200.(0).	Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Co	ore		Finish	Plam		
	Door Protection Automatic Opene Access Control Door Glazing: Side £ dware Type:: OF-0:	✓ Locking	ure & oof Hardware	Door Ren	marks: Half gl	azed door i	f sidelite	e can not be provid	ed	
Windows:	Operable Windows: External Glazing and External Glazing Hard Exterior Window Trea Internal Glazing and I	Frame: Standard dware: Standard atment: Standard Standard Standard Frame: Standard	Secondary Second	ure ure ure ure	High Sec High Sec High Sec High Sec High Sec	urity urity				
Casework / Millwork: Min Millwork /Cour (mm) or %	Casework Senter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	s Count	Counter/ Ver Top			Rem	arks:			
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling: 30-	35	RT 60:	0.7		Rem		fer to Appendix 1D ise Control	- Acoustics and	
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗸 Standard	I Anti-Li	gature	No of Coat 2	!	Mi	rrors: Standard	Vandal-Pro	oof
[-	✓ Tackboard Din				Hooks: ✓	Whiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Sha	ill accommodate desk	, chair,filing (cabinet, I	book case, si	de chair.				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	06.0 MAPLES C	LINICAL SUPPORT	6-MAPLES CLINICAL SUPPORT
	Draft:		Program Number:
Project Number: 35720	prepop 1 2	Final	06.0-07-02
Sign Off:	Date Issued:	111101	RoomName:
	Date issued.	2017-01-25	OFFICE, SOCIAL WORKER
IBI	Client:		m²:
		MTICS	11.1 m²
RISK LEVEL:	Standard		
	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Re	emarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewasn
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		∐ wc	Emergency Shower
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment	Electronic controls	Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Fequal	Local Adjustment	Room P	n Isolation Patient Controlled er:
Pressure: Fqual Air Temp: Standa		Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Normal	& Emergency		
Described County O			
Conver	ience: 2 duplex, Workstation	is. 1 quaupiex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			

Project Name: VALLEYV	IEW PROJECT	Department: 06.0 N	MAPLES (CLINICAL SU	PPORT	SUB DEPARTMENT:	6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	-Draft: prepop	1 2	✓ 2 Final		Program Number:		06.0-07-02
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	OF	FICE, SOCIAL WORKER
		Client:			MTICS	m²: 11.1 m²	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0 Outlet: 0		Video	om Station Intercom Station om Master Static		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion De	L		taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	/VIEW PROJE	Department: 06	.0 MAPLES C	CLINICAI	L SUPPORT	SUB DEPAR	TMENT	6-MAPLES CL	INICAL SUP	PORT
Project Number:	35	Draft: 720 prep	op 1 2	✓ Final		Program No	ımber:		06.0-07	-03
	Sign Off:	Date Issued:	·		2017-01-25	RoomName	2:	OFF	CE, SOCIAL W	/ORKER
IBI.		Client:			MTICS	m²:	11.1 n		CL, SOCIAL VV	OTTREET
DICK LEVEL		Chan	doud.				11.1 11	11		
RISK LEVEL:	2501112514511	Stand	uaru							
ARCHITECTURAL I										
Ceiling:	height 2750	Acoustic Tile	rial	Pre-Finis	finish			remarks		
ceimig.	2730	Acoustic Tile		110111113	incu					
Wall:		GWB		Paint						
Floor:				Carpet						
Base:	100	Rubber]						
Wall Protection: Co Cra Ha	ner Guards: Sh Rails: S	Sheet: Standard Ar	iti-Ligature iti-Ligature iti-Ligature		Remarks:					
	Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Co	ore		Finish:	Plam		
	Door Protection Automatic Opene Access Control Door Glazing: Side g	Tampe Locking	igature & erproof Hardware g	Door Rem	narks: Half gla	azed door if	sidelite	e can not be provide	ed	
E E	Operable Windows: Internal Glazing and sternal Glazing Hard Internal Glazing Hard Internal Glazing and Internal Glazing and Internal Glazing	dware: Standatment: Standatment: Standatment: Standatment: Standatment: Standatment	lard Secondard Secondard Secondard Secondard	ure [ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	urity urity				
Casework / Millwork: Min Millwork /Coun (mm) or %	Casework Se ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	s ca		re Work Surfa Height (m		Remar	ks:			
	Rating Wall / 50 Floor / Ceiling: 30-	35	RT 60	0.7		Remar		er to Appendix 1D ise Control	- Acoustics an	d
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗹 Stand	lard	igature	No of Coat 2		Mir	rrors: Standard	Vandal-F	Proof
	✓ Tackboard Din	m: 610 mm wide	X 915 mm high		Hooks: ✓	Whiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Sha	III accommodate d	esk, chair,filing	cabinet, k	oook case, sid	de chair.				

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	06.0 MAPLES CLINICA	L SUPPORT 6	-MAPLES CLINICAL SUPPORT
7/12221112011103201	D	Data was as Niversham	
Project Number: 35720	-Draft:	Program Number:	06.0-07-03
	prepop 1 2 Fina		00.0 07 03
Sign Off:	Date Issued:	RoomName: 2017-01-25	OFFICE, SOCIAL WORKER
IBI			January Seem L. Worker
	Client:	MTICS m²: 11.1 m²	
		1111111	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
nvac.			
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Uri	nal Eyewash	Plumbing Remarks
Handwash Counter Goosene	sk D Lover/Blades	pper Water Fountain	
Lavatory Wall Standard		<u> </u>	
Janitorial Floor Laborato	Took Dodol	rier Free WC Corrosion Resistant Fi	ttings
Double	□ Flootronic Controls □	or Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	Infection Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustment	Room Pressure Monitor	Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
	1,7003.		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
T-:			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 qua	dplex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
_	<u>_</u>		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PRO		Department: 06.0 N	/IAPLE	S CLINIC	CAL SUF	PORT	SUB DEPARTMENT:		LINICAL SUPPORT
Project Number:	35720	Praft:prepop	1		✓ Final		Program Number:		06.0-07-03
Sign Off:	С	Pate Issued:			2017-	01-25	RoomName:	OFI	FICE, SOCIAL WORKER
IBI	C	lient:			1	MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standard							
TECHNOLOGY REQUIREMEN	TS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vid	ercom Stat leo Interco ercom Mas			Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	\equiv	cal Camera cal Camera Monit	or	=	rd Reader rusion Dete			Staff Assist Patient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					rational arks:				
Room Data Sheet Comment:									

Project Name: VALL	EYVIEW P	ROJECT	Department: 06.0 N	MAPLES C	CLINICAL SU	JPPORT	SUB DEPAR	TMENT:	6-MAPLES C	LINICAL S	SUPPORT
Project Number:		35720	Draft: prepop	1 2	Final		Program Nu	ımber:		06.0-	07-04
[-	Sign C	off:	Date Issued:		2017	7-01-25	RoomName	2:	OF	ICE, SOCIA	L WORKER
IBI			Client:			MTICS	m²:	11.1 m	2		
RISK LEVEL:			Standard	d							
	I DEOLUDE	MENTS	Staridar								
ARCHITECTURA	c .										
INTERIOR FINISHE	2750		material		finish Dra Finishad	1			remarks		
Ceiling:	2750	A	coustic Tile		Pre-Finished						
Wall:		G	WB		Paint						
Floor:					Carpet						
Base:	100	Rı	ubber]						
(Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Stand	dard Anti-Lig	gature	J F	Remarks:					
Door(s):	ear Opening (W	x H):	914 x 2135	Material:	Solid Core	L		Finish:	Plam		
	✓ Door Side	light						L			
Door Hardware:	Door Prot Automati Access Co Door Glazing:	c Opener ontrol Side glazi	✓ Locking ing	re & of Hardware	Door Remarks:	: Half glaz	ed door if s	sidelite	can not be provid	led	
Windows:	Operable Wir External Glazi External Glazi Exterior Wind Internal Glazi Blackout	ing and Framing Hardwar low Treatme	e: Standard ent: Standard ne: Standard	Sec	ure	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork	: Case	work Securit	:y: Regular	Secur	re		Remar	ks:			
Min Millwork /Cc (mm) or	unter Linear Le % of perimeter Upper Cu Lower Cu	wall: pboards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:	TC Rating Wall Floor / Ceilir NC Ratir			RT 60	: 0.7		Remar		er to Appendix 10 se Control	- Acoustics	s and
GENERAL ROOM F	REMARKS:	Coat Ho	ooks: 🗸 Standard	Anti-L	igature No of			Miri	rors: Standard	l 🗌 Vano	dal-Proof
	✓ Tackboar	d Dim:	610 mm wide X 91	5 mm high	F	Hooks:	Vhiteboard	Dim:	610mm wide X	915mm hig	gh
	Remarks:	Shall ac	ccommodate desk, (chair,filing (- cabinet, book	case, side	e chair.				

Project Name:	Department: 06.0 MAPLE	ES CLINICAL SUPPORT	SUB DEPARTMENT: 6	5-MAPLES CLINICAL SUPPORT						
VALLEYVIEW PROJECT										
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-07-04						
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE SOCIAL MODIFED						
IBI	Client:	2017 01 23	m²:	OFFICE, SOCIAL WORKER						
		MTICS	11.1 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01		Remarks:								
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks						
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain							
Lavatory Wall Standard Janitorial Floor Laborato		WC Exercise Free WC	Emergency Shower	****inge						
Double	Electronic Cont	Barrier Free WC Floor Drain	Corrosion Resistant F Other:	ittings						
Deep Equipment		TIOOI DIAIII	_ Other.							
Other:										
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:										
Rack Storage (2.4m high)	Types:									
EXHAUST: Pressure:	Positive Ne	egative Other:								
Air Temp: 🗸 Standa	rd Special	Other:								
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex								
Power Remarks:										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:							
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Ligh	t								

Project Name: VALLEYVI	EW PROJECT	Department: 06.0 I	MAPLES CLII	NICAL SUF		SUB DEPARTMENT: 6-MA	PLES C	LINICAL SUPPORT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		06.0-07-04
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	OF	FICE, SOCIAL WORKER
IBI		Client:		1	MTICS	m²: 11.1 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
Coax/ Data TV (data): Outlet: 0 Outlet: 0			station rcom Station Master Station		Hands Free Ro Telemetry Teleconferencing	oom Statu	is
SECURITY SYSTEMS: Security Came Security Remark	era Monitor CI	inical Camera inical Camera Moni	\equiv	Card Reader Intrusion Det	L	Staff Assist Patient Ass		Duress - Wired Duress - Wireless
OTHER						-		·
Equipment Remarks:				perational emarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	VIEW PROJ	ECT	Department: 06.0 N	MAPLES C	LINICA	AL SUPPO		SUB DEPAR	TMENT	6-MAPLES CL	INICAL SU	IPPORT
Project Number:	35	720	Draft: prepop	1 2	✓ Fina			Program Nu	ımber:		06.0-0	7-05
	Sign Off:		Date Issued:			2017-01		RoomName	:	OFF	ICE, SOCIAL	WORKER
IBI			Client:					m²:	11.1 n			
RISK LEVEL:			Standar	d					11.1			
	DEGLUDEMEN	TC	Stanuar	u								
ARCHITECTURAL I		13				6						
Ceiling:	height 2750	Acou	material ustic Tile		Pre-Fini	finish ished				remarks		
	2733	7.000				iorica						
Wall:		GWE	3		Paint							
Floor:					Carpet							
Base:	100	Rubl	per									
Wall Protection: Co Cra Ha	rner Guards: sh Rails: sh Rails:		rd Anti-Li	gature		Rema	rks:					
Door(s): Clear	Opening (W x H): Door Sidelight	9	14 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Protection Automatic Open Access Control Door Glazing: Side	glazing	☐ Anti-Ligatu Tamperpro ✔ Locking	re & of Hardware	Door Re	marks: Hal	If glaze	ed door if s	idelite	e can not be provid	ed	
E E	Operable Windows: xternal Glazing and xternal Glazing Har xterior Window Tre nternal Glazing and Blackout	dware: atment:	✓ Standard	Secondary Secondary Secondary Secondary Secondary Secondary Secondary Shutter	ure ure ure ure	High	Securit Securit Securit Securit	ty ty				
Casework / Millwork:	Casework Se	ecurity:	Regular	Secur	·e			Remar	ks:			
Min Millwork /Coun (mm) or % [ter Linear Length of perimeter wall: Upper Cupboard Lower Cupboard		Counte	Counter/ ' er Top ss Steel	Work Sur Height (r	mm):	kable					
	Rating Wall / Floor / Ceiling: 30	-35		RT 60	0.7			Remar		fer to Appendix 1D ise Control	- Acoustics a	and
GENERAL ROOM RE	MARKS: Co	at Hook	s: 🗸 Standard	Anti-L	igature				Mi	rrors: Standard	Vanda	l-Proof
		_	0 mm wide X 91			Hooks		hiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Sha	all acco	mmodate desk,	chair,filing (cabinet,	book case	e, side	chair.				

Project Name:	Department: 06.0 MAPLE	ES CLINICAL SUPPORT	SUB DEPARTMENT:	5-MAPLES CLINICAL SUPPORT						
VALLEYVIEW PROJECT		22	, and the second							
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-07-05						
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, SOCIAL WORKER						
IBI	Client:		m²:	OTTICE, SOCIAL WORKER						
		MTICS	11.1 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01		Remarks:								
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain							
Lavatory Wall Standard Janitorial Floor Laborato		wc [Emergency Shower							
Double	Electronic Cont	rols Barrier Free WC	Corrosion Resistant F	ittings						
Deep Equipment		Floor Drain	Other:							
Other:										
Size:	-									
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:										
EXHAUST: Pressure:		Other:								
ELECTRICAL REQUIREMENTS										
GENERAL POWER: Types of Power: Normal	Q Emargana.		Clock							
Types of Fower. Normal	& Emergency		_							
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex								
rower remarks.										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING:	In Use" Light	Lighting Ren	narks:							

Project Name: VALLEYVIEW PR		Department: 06.0 N	/IAPLE	S CLIN	ICAL SUI	PPORT	SUB DEPARTMENT:	6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		06.0-07-05
Sign Off:		Date Issued:			2017-	01-25	RoomName:	OFF	FICE, SOCIAL WORKER
IBI		Client:				MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIREMEN	ITS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vio		ation om Station aster Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		nical Camera nical Camera Monit	or		ard Reader atrusion Det			itaff Assist Patient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					erational narks:				
Room Data Sheet Comment:									

Project Name: VALLE	YVIEW PROJE	Department: 06.0	MAPLES C	LINICA	L SUPPOR	T SUB DEPA	RTMENT		INICAL SUPPO	RT
Project Number:	35	720 Draft: prepop	1 2	✓ Final	1	Program	Number:		06.0-07-06	5
	Sign Off:	Date Issued:			2017-01-2	RoomNar	ne:	OFF	CE, SOCIAL WORI	KFR
IBI.		Client:			MTIC	m²:	11.1 r		CE, SOCIAE WOR	
DICK LEVEL		Chanda					11.11	11		
RISK LEVEL:	DEQUEDEN 454	Standa	ra							
ARCHITECTURAL INTERIOR FINISHES:										
Ceiling:	height 2750	material Acoustic Tile		Pre-Finis	finish			remarks		\neg
	2.33	ricoustic riic			cu					
Wall:		GWB		Paint						
Floor:				Carpet						
Base:	100	Rubber								
Wall Protection: Co Cra Ha	rner Guards: Sash Rails: S	Sheet: Standard Anti-L	igature igature igature		Remarks:					
200.(0).	Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Co	ore		Finish	Plam		
	Door Protection Automatic Opene Access Control Door Glazing: Side & dware Type:: OF-0:	✓ Locking	ure & oof Hardware	Door Ren	narks: Half gl	azed door i	f sidelite	e can not be provid	ed	
Windows: G	Operable Windows: External Glazing and External Glazing Hard Exterior Window Trea Internal Glazing and I	Frame: Standard dware: Standard atment: Standard Standard Standard Frame: Standard	Second Se	ure (ure (ure (High Sec High Sec High Sec High Sec High Sec	urity urity				
Casework / Millwork: Min Millwork /Cour (mm) or %	Casework Senter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	s Count	Counter/ \ cer Top ess Steel			Rem	arks:			
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling: 30-	35	RT 60:	0.7		Rem		fer to Appendix 1D ise Control	- Acoustics and	
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗸 Standard	I Anti-Li	gature	No of Coat 2	<u>.</u>	Mi	irrors: Standard	Vandal-Prod	of
[✓ Tackboard Din				Hooks: ✓	Whiteboard	l Dim:	610mm wide X 9	15mm high	
	Remarks: Sha	ill accommodate desk	, chair,filing c	cabinet, I	book case, si	de chair.				

Project Name:	Department: 06.0 MAPLE	S CLINICAL SUPPORT	SUB DEPARTMENT: 6-	-MAPLES CLINICAL SUPPORT						
VALLEYVIEW PROJECT				3.1233.13						
Project Number: 35720	-Draft:	2 Final	Program Number:	06.0-07-06						
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, SOCIAL WORKER						
IBI	Client:	2017-01-25	m²:	OFFICE, SOCIAL WORKER						
		MTICS	11.1 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01		Remarks:								
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain							
Lavatory Wall Standard Janitorial Floor Laborato		wc [Emergency Shower							
Double	Electronic Cont	rols Floor Drain	Corrosion Resistant Fi	ttings						
Deep Equipment		Floor Drain	_ Other.							
Other:										
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:										
Rack Storage (2.4m high)] Standpipe [] Oth	ei.							
	Types:									
EXHAUST: Pressure:		gative Other: Other:								
Air Temp: 📝 Standa	rd Special	other.								
ELECTRICAL REQUIREMENTS										
GENERAL POWER:			_							
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex								
Power Remarks:										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:							
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	"In Use" Light									

Project Name:		Department:				SUB DEPARTMENT:		
	EW PROJECT	0.00	MAPLES CLIN	NICAL SUF	PPORT		6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-07-06
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	OF	FICE, SOCIAL WORKER
IBI		Client:		1	MTICS	5 m ² : 11.1 m ²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		=	Station rcom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS:								
Security Came Security Came		inical Camera inical Camera Moni	\equiv	Card Reader Intrusion Dete			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remark	s:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 06.0 N	MAPLES C	LINICA	AL SUPPC		UB DEPART	MENT	: 6-MAPLES CL	INICAL SU	JPPORT
Project Number:		35720	Draft: prepop	1 2	✓ Fina		Pi	rogram Nui	mber:		06.0-0	8
	Sign Off		Date Issued:			2017-01-		oomName:		FICE, INTAKE COOR	D (SW SLID	EDVISOD)
IBI			Client:		,	MT	m	1 ² :			D. (3W 30F	LIVISON
						IVII	iC3		l1.1 m	n *		
RISK LEVEL:			Standar	d								
ARCHITECTURAL		<u>IENTS</u>										
INTERIOR FINISHES			material			finish				remarks		
Ceiling:	2750	Aco	oustic Tile		Pre-Fini	ished						
Wall:		GW	В		Paint							
Floor:					Carpet							
Base:	100	Rub	ber									
С	orner Guards: rash Rails:	Standa		_		Remar	ks:					
	and Rails: hair Rail:	Standa Standa		_								
200. (0).	ar Opening (W x Door Sidelig		914 x 2135	Material:	Solid C	Core		·	Finish:	Plam		
Door Hardware:	Door Protection Automatic of Access Con	Opener trol	Locking	re & of Hardware	Door Re	marks: Half	glazed	d door if si	idelite	can not be provide	ed	
Ha	Door Glazing:		5									
Windows:	Operable Wind External Glazing External Glazing Exterior Windo Internal Glazing	g and Frame g Hardware: w Treatmen	Standard Standard Standard	Sec Sec Sec Sec Sec	ure ure ure ure	_	ecurity ecurity	/ /	5:			
Casework / Millwork:	Casewo	ork Security:	Regular	Secur	re			Remark	is:			
Min Millwork /Cot (mm) or 9	Inter Linear Leng of perimeter w Upper Cupt Lower Cupt	all: poards	Counte	Counter/ \er Top ss Steel	Work Sur Height (r		able					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling NC Rating	:		RT 60:	0.7			Remark		er to Appendix 1D ise Control	- Acoustics a	and
GENERAL ROOM R	EMARKS:	Coat Hoo	ks: 🗸 Standard	Anti-Li	gature				Mir	rrors: Standard	Vanda	l-Proof
	✓ Tackboard		 10 mm wide X 91	5 mm high		Hooks:	_	iteboard	Dim:	610mm wide X 9	15mm high	
	Remarks:	Shall acco	ommodate desk,	chair,filing o	cabinet,	⊒ book case,	, side c	hair.				

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	06.0 MAPLES CLINICAL S	UPPORT 6-MAPLES CLINICAL SUPI	PORT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number: 06.0-08	
35720	prepop 1 2 Final		
Sign Off:	Date Issued:	.7-01-25 RoomName: OFFICE, INTAKE COORD, (SW SUPER)	/ICOD)
IRI		,	VISON)
	Client:	MTICS m ² : 11.1 m ²	
		MTICS 11.1 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Reffidiks.		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosene	□ порре	r Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor	
Room Control Remarks:	Via DDC	Noom ressure monitor	
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIME TROTECTION.			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST.			
Air Temp: ✓ Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadpl	ex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	takaina 🗆 au i i i i	Liebbies Describe	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			
		•	

Project Name: VALLEYV	IEW PROJECT	Department: 06.0 I	MAPLES CLII	NICAL SUF	PPORT	SUB DEPARTMENT:		CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-08
	Sign Off:	Date Issued:		2017-	01-25	RoomName: OFF	ICE, INTAKE COC	ORD. (SW SUPERVISOR)
IBI		Client:		I	MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0			Station rcom Station Master Statior		Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Came Security Came		inical Camera inical Camera Moni	tor	Card Reader Intrusion Det			Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLEY	VIEW PRO		Department: 06.0 I	MAPLES C	LINICAL SU	PPORT	SUB DEPARTM		-MAPLES CI	LINICAL SUPPOF	₹T
Project Number:	3	5720	Oraft: prepop	1 2	Final		Program Num	ber:		06.0-09-01	
IBI	Sign Off:	ו	Date Issued:		2017	'-01-25	RoomName:	FFICE AI	ND TESTING RO	DOM, PSYCHOLOGI	ST
		C	Client:			MTICS	m²:	5. m²			
RISK LEVEL:			Low								
ARCHITECTURAL F	REQUIREME	VIS									
INTERIOR FINISHES:	height		material		finish				remarks		
Ceiling:	2750	Acou	stic Tile		Pre-Finished						
Wall:		GWB			Paint						
Floor:					Carpet						-
Base:	100	Rubb	er								
	ner Guards:		neet:		R	emarks:					
	sh Rails:	Standard	_	igature							
	id Rails:	Standard	_	igature 							
Cna	ir Rail:	Standard	d Anti-L	igature							
Door(s): Clear	Opening (W x H):	93	14 x 2135	Material:	Solid Core		Fi	nish: Plar	m		
V	Door Sidelight										
Door Hardware:	Door Protection Automatic Ope Access Control oor Glazing: Side	ner	Anti-Ligatu Tamperpro ✓ Locking	ire & oof Hardware	Door Remarks:		ed door if sid oor. Door size			ed. Provide second	
Haro	lware Type:: OF-	01									
Windows: O E: E:	perable Windows kternal Glazing ar kternal Glazing Ha kterior Window T uternal Glazing an	d Frame: ardware: reatment:	Standard Standard Standard Standard Standard Roller	✓ Secu ✓ Secu ✓ Secu ✓ Secu ✓ Secu	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity				
Casework / Millwork:	Casework	Security:	Regular	Secur	e		Remarks:				
Min Millwork /Count (mm) or % c	ter Linear Length of perimeter wall: Upper Cupboa Lower Cupboa				Vork Surface Height (mm):	Lockable					
	Rating Wall / 5			RT 60:	0.7		Remarks:	Refer to		- Acoustics and	
	NC Rating: 3										
GENERAL ROOM REM	7		: Standard			Coat 2	/hita-la-	Mirrors			7
	Tackboard [Dim: 610) mm wide X 91	15 mm high		✓ w	/hiteboard	Dim: 6:	10mm wide X 9	915mm high	╛
	Remarks: S	nall accon	nmodate 3-4 p	eople, incl. c	hair and recta	angular ta	ble and spac	e for 1 w	vork station		

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	06.0 MAPLES CLINICAL SU	JPPORT 6-MAPLES CLINICAL SUPPORT
7/12221112011103201	Do-14:	Description Missississis
Project Number: 35720	Draft:	Program Number: 06.0-09-01
Sign Off:	prepop 1 2 Final Date Issued:	RoomName:
Sign On.		7-01-25 OFFICE AND TESTING ROOM, PSYCHOLOGIST
IBI	Client:	m²:
		MTICS 15. m ²
DICK I EVEL:	Low	
RISK LEVEL:	Low	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0
to system		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	l over/Plades	Eyewasii
Lavatory Wall Standard		Water Fountain Emergency Shower
Janitorial Floor Laborato	Foot Bodel	Free WC Corrosion Resistant Fittings
Double	Electronic Controls Floor Dr	
Deep Equipment	Tion bi	our Guer.
Other:		
Size:	-	
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	Infection Isolation
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
EXTRACT.		
Air Temp: 🗸 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		_
Types of Power: Normal	& Emergency	Clock
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadple	x
Power Remarks:		
Patient Care Area Designation		
(as per CSA Z32):		
LIGHTING: Workstation Task L	ighting Night Light	ighting Remarks
		Lighting Remarks:
	"In Use" Light	
✓ Switch & Light Cont Charting Light	rols Vanity Light	
	l	

Project Name: VALLEYVIE	valleyview project	Department: 06.0	MAPLI	ES CLINICAL	SUPPORT	SUB DEPARTMENT:	6-MAPLES C	CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		06.0-09-01
	Sign Off:	Date Issued:		20	017-01-25	RoomName: OFFICE	E AND TESTING F	ROOM, PSYCHOLOGIST
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks	ata): 0 utlet: 0		Vi	tercom Station ideo Intercom St tercom Master S		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Camera Security Camera	a Monitor Cli	nical Camera nical Camera Mo	nitor		ader No.: [n Detection	= '	staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operatior Remarks:	ial			
Room Data Sheet Commen	t:							

Project Name: VALLEY	/VIEW PROJ		Department: 06.0 N	MAPLES C	LINICAL SU	PPORT	SUB DEPARTM		APLES CLI	NICAL SUPPOR
Project Number:	35	720	Draft: prepop	1 2	✓ Final		Program Num	ber:		06.0-09-02
	Sign Off:	ſ	Date Issued:		2017	'-01-25	RoomName:	FFICE AND TE	STING RO	OM, PSYCHOLOGIS
IBI		C	Client:			MTICS	m²:	5. m²		
RISK LEVEL:			Low							
ARCHITECTURAL I	DECHIDEMEN	TC								
INTERIOR FINISHES:		13			6					
Ceiling:	height 2750	Acou	material stic Tile		finish Pre-Finished			rem	narks	
Cennig.	2730	Acou	suc me		Pre-Fillished					
Wall:		GWB			Paint					
Floor:					Carpet					
Base:	100	Rubb	er							
Wall Protection: Cor	ner Guards:	SI	heet:		R	emarks:				
Cra	sh Rails:	Standar	d 🗌 Anti-Li	gature						
Hai	nd Rails:	Standar	d 🗌 Anti-Li	gature						
Cha	air Rail:	Standar	d 🗌 Anti-Li	gature						
Door(s): Clear	Opening (W x H):	9:	14 x 2135	Material:	Solid Core		Fir	nish: Plam		
√	✓ Door Sidelight									
	Door Protection Automatic Open Access Control Door Glazing: Side	glazing	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:		zed door if sid oor. Door size		be provide	d. Provide second
E E	Operable Windows: xternal Glazing and xternal Glazing Har xterior Window Tre nternal Glazing and Blackout	dware: atment:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casework Se	curity:	Regular	Secur	·e		Remarks:			
Min Millwork /Coun (mm) or % (ter Linear Length of perimeter wall: Upper Cupboard Lower Cupboard		Counte		Work Surface Height (mm):	Lockable				
	Rating Wall / 55 Floor / Ceiling: 30-	35		RT 60:	0.7		Remarks:	Refer to App Noise Contro		Acoustics and
GENERAL ROOM RE			∷ ✓ Standard	Anti-Li	gature No of	Coat 2		Mirrors:	Standard	☐ Vandal-Proof
_	✓ Tackboard Di) mm wide X 91			looks:	Whiteboard I			15mm high
	Remarks: Sha	all accor	nmodate 3-4 pe	eople. incl. c	thair and recta	angular ta	able and space	e for 1 work s	station	
									-	

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	06.0 MAPLES CLINICAL SU	JPPORT 6-MAPLES CLINICAL SUPPORT
7/12221112011103201	Doc-14:	Due service Morecham
Project Number: 35720	Draft:	Program Number: 06.0-09-02
Sign Off:	prepop 1 2 Final Date Issued:	RoomName:
Sign On.		7-01-25 OFFICE AND TESTING ROOM, PSYCHOLOGIST
IBI	Client:	m²:
		MTICS 15. m²
DICK I EVEL:	Low	
RISK LEVEL:	Low	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	l over/Plades	Eyewasii
Lavatory Wall Standard		Water Fountain Emergency Shower
Janitorial Floor Laborato		
Double	Electronic Controls Floor Dr	
Deep Equipment	Tion bi	otici.
Other:		
Size:	-	
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Daticat Controlled
ROOM CONTROLS: Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:
EXTRACT.		
Air Temp: 🗸 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal	& Emergency	Clock
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadple	x
Power Remarks:		
Patient Care Area Designation		
(as per CSA Z32):		
Workstation Task L	ighting Night Light	Lighting Remarks:
LIGHTING: Workstation lask L ✓ Dimmable Lighting		egoong rectionity.
Switch & Light Cont	"In Use" Light	
Charting Light	rols Vanity Light	
	L	

Project Name:		Department:				SUB DEPARTMENT:		
· ·	W PROJECT	06.0 1	MAPLES CL	INICAL SUI		JOS DEL MINIMENT.	6-MAPLES C	CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-09-02
	Sign Off:	Date Issued:		2017	01-25	RoomName: OFFICI	E AND TESTING F	ROOM, PSYCHOLOGIST
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 cross of Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camera Security Camera	lata): utlet: 0 : : Cli	nical Camera nical Camera Moni	Intercom	ercom Station Master Station	No.:		Room Statu	□ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW P	ROJECT	Departm		MAPLES C	LINICAL S	UPPORT	SUB DEPAR	TMENT:		INICAL SUPPORT
Project Number:		35720	Draft:	prepop	1 2	✓ Final		Program Nu	umber:		06.0-10-01
IBI	Sign Of	f:	Date Issu Client:	ied:		201	17-01-25 MTICS	RoomName m²:			FICE, PSYCHOLOGIST
							WITICS		11.1 m	1 ²	
RISK LEVEL:			St	andar	d						
ARCHITECTURAL	REQUIREI	MENTS									
INTERIOR FINISHES:	heigh	it	r	material		fini	sh			remarks	
Ceiling:	2750	A	coustic Tile	!		Pre-Finishe	d				
Wall:		G	WB			Paint					
Floor:						Carpet					
Base:	100	Rı	ubber								
Cra Ha	rner Guards: ash Rails: and Rails: air Rail:	Stand Stand	dard	Anti-Li Anti-Li Anti-Li	gature	ı	Remarks:				
Door(s): Clear	Opening (W	(H):	914 x 213	35	Material:	Solid Core			Finish:	Plam	
	✓ Door Sidel	ight							L		
Har Windows: C E	Door Prote Automatic Access Col Door Glazing: dware Type:: Operable Wind external Glazin	Opener Introl Side glazi OF-01 dows: g and Fram	Ta ✓ Lo ing ✓ St ne: ✓ St	tandard tandard	Sec	ure	High Secu	Remarl		can not be provid	led
E	external Glazir exterior Windo nternal Glazin Blackout Casew	w Treatme	ent: St ne: St inds	tandard tandard tandard Roller !	Sec Sec Shutter Secur	ure ure 1 Way Mir	High Secu High Secu High Secu Tror	rity			
Min Millwork /Cour	iter Linear Ler	oth		,	_	Work Surface					
	of perimeter v Upper Cup Lower Cup	wall: boards		Counte		Height (mm):	Lockable				
ACOUSTICS: STO	Rating Wall				RT 60:	0.7		Remar		er to Appendix 1D	- Acoustics and
	Floor / Ceiling								Nois	se Control	
GENERAL ROOM RE	_	ſ	ooks: 🗸 St			gature No	Hooks:			rors: Standard	
<u> </u>	∠ Tackboard	Dim:	610 mm w	ide X 91	5 mm high		✓ \	Whiteboard	Dim:	610mm wide X	915mm high
	Remarks:	Shall ac	ccommoda	te desk,	chair, filing	cabinet, boo	ok case, 2 s	side chairs.			

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	06.0 MAPLES CL	INICAL SUPPORT	6-MAPLES CLINICAL SUPPORT						
7/12221112011103201	Dft.		Dan manus Muselanu						
Project Number: 35720	-Draft:		Program Number: 06.0-10-01						
	prepop 1 2	Final							
Sign Off:	Date Issued:	2017-01-25	RoomName: OFFICE, PSYCHOLOGIST						
IBI	Client:		m²:						
	Chefft.	MTICS	11.1 m ²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01	Rer	marks:							
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
	ton		Plumbing Remarks						
sink mounting faucet Handwash Counter Goosene	tap	Urinal	Eyewash						
		Hopper	Water Fountain						
Lavatory Wall Standard		∐ wc	Emergency Shower						
Janitorial Floor Laborato	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings						
	Electronic Controls	Floor Drain	Other:						
Deep Equipment Other:									
Other.	-								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pressure: Pequal Positive Negative Other:									
ELECTRICAL REQUIREMENTS									
GENERAL POWER:			Clock						
Types of Power: Normal	& Emergency								
Recentacle Count: Conven	ience: 2 duplex, Workstations	·· 1 guadalay							
Power Remarks:	ence. 2 daptes, Workstations								
Patient Care Area Designation (as per CSA Z32):									
Workstation Task L	ghting Night Light	Lighting Ren	narks:						
LIGHTING: Workstation lask L		Ligiting Neti							
Switch & Light Cont	"In Use" Light								
Charting Light	rols Vanity Light								

Project Name: VALLEYVIEW P	valleyview PROJECT		//APLES (CLINICAL SU	PPORT	SUB DEPARTMENT:	6-MAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	₹ Final		Program Number:	06.0-10-01	
IBI Sign C	off:	Date Issued:		2017	-01-25	RoomName:	0	FFICE, PSYCHOLOGIST
		Client:			MTICS	m²: 11.1 m²	2	
RISK LEVEL:		Standard	d					
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: SECURITY SYSTEMS: Security Camera	Cli	nical Camera	Video	om Station Intercom Station In Master Statio In Master Statio	on	Hands Free Telemetry Teleconferencing	☐ Room Statu	Duress - Wired
Security Camera Moni	tor Cli	nical Camera Monit	or (Intrusion De	tection	P	atient Assist	✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data								

Project Name: VALLE	YVIEW PROJE	Department: 06.0 N	MAPLES C	LINICA	L SUPPOR	T SUB DEPAI	RTMENT	6-MAPLES CL	INICAL SUPP	ORT
Project Number:	357	Draft: prepop	1 2 Final			Program N	umber:		06.0-10-0	02
	Sign Off:	Date Issued:		2	2017-01-2	RoomNam	e:	OF	FICE, PSYCHOLO	OGIST
IBI		Client:			MTIC	m²:	11.1 n			
DICK LEVEL:		Clavelon	-1				11.11			
RISK LEVEL:		Standar	a							
ARCHITECTURAL										
INTERIOR FINISHES: Ceiling:	height 2750	material Acoustic Tile		Pre-Finis	finish			remarks		
Cennig.	2730	Acoustic Tile		F16-111113	sileu					
Wall:		GWB		Paint						
Floor:				Carpet						
Base:	100	Rubber								
Wall Protection: Co Cra Ha	rner Guards: Sind Rails: Sind	Sheet: tandard Anti-Li _i tandard Anti-Li _i tandard Anti-Li _i	gature		Remarks:					
200.(0).	Opening (W x H):	914 x 2135	Material:	Solid Co	ore		Finish:	Plam		
	Door Protection Automatic Opene Access Control Door Glazing: Side g	Locking Locking	re & of Hardware	Door Ren	narks: Half gl	azed door if	sidelite	e can not be provid	ed	
E E	Operable Windows: External Glazing and Fixternal Glazing Hard Exterior Window Trea Internal Glazing and Fixternal Glazing and Fixter	ware: Standard etment: Standard	Seco	ure [ure [ure [High Second High S	urity urity				
Casework / Millwork: Min Millwork /Cour	Casework Sec	curity: Regular	Secur		ace	Rema	rks:			
	of perimeter wall: Upper Cupboards Lower Cupboards	=		Height (m		e				
ACOUSTICS: STO	Rating Wall / 55 Floor / Ceiling: 30-3	35	RT 60:	0.7		Rema		er to Appendix 1D ise Control	- Acoustics and	
GENERAL ROOM RE		at Hooks: 🗸 Standard	Anti-Li	gature	No of Coat 2	2	Mir	rrors: Standard	Vandal-Pr	oof
Į.	✓ Tackboard Dim	n: 610 mm wide X 91	5 mm high		Hooks: ∠	Whiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: Shal	ll accommodate desk,	chair, filing	cabinet,	book case, 2	side chairs.				

Project Name:	Department: 06.0 MAPLE	S CLINICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT			
VALLEYVIEW PROJECT	OO.O WIAI LL		3-1	223 321110/12 3011 01(1		
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-10-02		
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, PSYCHOLOGIST		
IBI	Client:	2017 01 23	m²:	OTTICE, PSTCHOLOGIST		
		MTICS	11.1 m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: ASHRAE 62.1-01		Remarks:				
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0			
to System		Special Exhau	useriii Nequirea.			
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene		Hopper	Water Fountain			
Lavatory Wall Standard	Standard	wc	Emergency Shower			
Janitorial Floor Laborato	· =	Barrier Free WC	Corrosion Resistant Fitt	ings		
Double	Electronic Contr	Floor Drain	Other:			
Deep Equipment Other:						
Size:	-					
3126.						
ROOM CONTROLS: Room Temp Control v	vith Room Relative	Humidity with Infection	n Isolation	Patient Controlled		
Local Adjustment	Local Adjustme	nt Room P	ressure Monitor	ratient Controlled		
Room Control Remarks:	Via DDC					
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:	_				
<u></u>		gative Dthe				
EXHAUST: Pressure:	Positive Ne	gative Other:				
Air Temp: 🗹 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Conven	ience: 2 duplex, Worksta	tions: 1 quadplex				
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:			
Dimmable Lighting	In Use" Light					
Switch & Light Cont	rols Vanity Light					
Charting Light						

Project Name:		Department:	AADLES C	LINICAL SU	IDDODT	SUB DEPARTMENT:		LINICAL SUPPORT
VALLEYVIE	W PROJECT	06.0 1	VIAPLES CI	LINICAL SU	PPORT		6-IVIAPLES C	LINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-10-02
	ign Off:	Date Issued:		2017	7-01-25	RoomName:	0	FFICE, PSYCHOLOGIST
ТВТ		Client:			MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out	ta):		Video Ir	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
Coax/ Data TV Out	let: 0							
IMIT Remarks:								
SECURITY SYSTEMS:			_	_				
Security Camera Security Camera		nical Camera nical Camera Monit	tor [Card Reade			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VA	LLEYVIE	W PROJEC		rtment: 06.0	MAPLES C	LINICAL	SUPPORT	SUB DEPAR	TMENT		INICAL SUPPOR
Project Number:		3572	Draft	: prepop	1 2	✓ Final		Program Nu	umber:		06.0-10-03
ΙB	7 	Sign Off:	Date	Issued: t:		20	17-01-25	m²:			FICE, PSYCHOLOGIS
	_						MTICS		11.1 n	m²	
RISK LEVEL:				Standar	d						
ARCHITECTU	RAL REQ	UIREMENTS	5								
INTERIOR FINIS	HES:	height		material		fir	ish			remarks	
Ceiling:	275	0	Acoustic '	Tile		Pre-Finishe	ed				
Wall:			GWB			Paint					
Floor:						Carpet					
Base:	100		Rubber								
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: indard indard indard	Anti-L	igature igature igature	ı	Remarks:				
Door(s):	_	or Sidelight	914 x	2135	Material:	Solid Core	2		Finish:	Plam	
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Side gla Type:: OF-01	✓ azing	,	ire & oof Hardware	Door Remai	ks: Half gla	zed door if s	sidelite	e can not be provid	ed
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fra al Glazing Hardw or Window Treate al Glazing and Fra ackout	ame: 🗸 are: 🗸	Standard Standard Standard Standard Standard Standard Roller	Sec	ure ure	High Secu High Secu High Secu High Secu irror	rity rity			
Casework / Millwoork		Casework Secu	rity:	Regular	Secur	e Work Surface		Remar	ks:		
	or % of per	imeter wall: per Cupboards wer Cupboards		=	er Top ess Steel	Height (mm					
ACOUSTICS:		g Wall / / Ceiling: 55 IC Rating: 30-35	5		RT 60	0.7		Remar	1	fer to Appendix 1D ise Control	- Acoustics and
GENERAL ROOM	/I REMAR	KKS: Coat	Hooks: 🗸	Standard	Anti-L	igature No	o of Coat 2		Mi	rrors: Standard	☐ Vandal-Proof
	✓ Ta	ckboard Dim:	610 mn	n wide X 91	L5 mm high			Whiteboard	Dim:	610mm wide X 9	15mm high
	Re	marks: Shall	accommo	odate desk,	chair, filing	cabinet, bo	ook case, 2 s	side chairs.			

Project Name:	Department: 06.0 MAPLE	S CLINICAL SUPPORT	SUB DEPARTMENT: 6-1	MAPLES CLINICAL SUPPORT
VALLEYVIEW PROJECT	00.0 141/ 11 EL	22	01	
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	06.0-10-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, PSYCHOLOGIST
IBI	Client:	201, 01 23	m²:	OTTICE, FORCHOLOGIST
		MTICS	11.1 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System	,	·		
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Cont	Barrier Free WC	Corrosion Resistant Fitt	ings
Deep Equipment	Electronic cont	Floor Drain	Other:	$\neg \parallel$
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control of Local Adjustment	with Room Relative Local Adjustme		n Isolation	Patient Controlled
Room Control Remarks:	Via DDC	ent Room P	ressure Monitor	
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	egative Other:		
Air Temp: 🕡 Standa	ırd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex. Worksta	ations: 1 guadplex		
Conven	nerice. 2 duplex, works	ations. I quadpiex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:	
LIGHTING: Workstation Task Li				
Switch & Light Cont	_	-		
Charting Light				

Project Name: VALLEYVIE	W PROJECT	Department: 06.0 MAPLES CLINICAL SUPPORT			SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPO			
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		06.0-10-03
IBI	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	0	FFICE, PSYCHOLOGIST
		Client:		1	MTICS	m²: 11.1 m²	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:	-							
Communications Or Quantity (1 voice, 1 cross of Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camer. Security Camer.	lata): Utlet: 0 :: Climate a	nical Camera nical Camera Moni	Intercon	n Station tercom Station n Master Station Card Reader	No.:		Room Statu	Duress - Wired ✓ Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	† ·							

Project Name: VALL	EYVIEW PR	OJECT	Department: 06.0 N	ЛAPLES C	CLINICAL SU	PPORT	SUB DEPART		-MAPLES CL	INICAL SU	PPORT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nur	nber:		06.0-11	L
	Sign Off		Date Issued:		2017	'-01-25	RoomName:	SHARE	D OFFICE, PSYC	CHOLOGY AS	SISTANT
IBI			Client:			MTICS	m²:	24. m²			
RISK LEVEL:			Standar	d							
ARCHITECTURA	I REOLUREN	IFNTS									
INTERIOR FINISHE	.		matarial		finish				romorks		
Ceiling:	2750 height		material oustic Tile		finish Pre-Finished				remarks		
ceiling.	2730	Acc	Justic Tile		i re-i illisilea						
Wall:		GW	/B		Paint						
Floor:					Carpet						
Base:	100	Ruk	bber								
(Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	ard	gature	J R	emarks:					
Door(s):	ear Opening (W x	H):	914 x 2135	Material:	Solid Core		F	inish: Plai	m		
	✓ Door Sidelig	,ht									
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	Opener trol Side glazin	✓ Locking	re & of Hardware	Door Remarks:						
Windows:	Operable Windo External Glazing External Glazing Exterior Windoo Internal Glazing Blackout	g and Frame g Hardware: w Treatmen	Standard Standard Standard Standard	Sec	ure H	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity				
Casework / Millwork	Casewo	ork Security:	: Regular	Secur	re		Remark	5:			
Min Millwork /Co (mm) or	unter Linear Leng % of perimeter w Upper Cupb Lower Cupb	all:	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating:			RT 60	: 0.7		Remark	Refer to Noise C	o Appendix 1D - Control	- Acoustics a	nd
GENERAL ROOM R	REMARKS:	Coat Hoo	oks: 🗸 Standard	Anti-L	igature No of	Coat 8		Mirrors	: Standard	☐ Vandal-	-Proof
	✓ Tackboard	Dim: 4	@610 mm wide X	(915 mm h			Vhiteboard	Dim: 4	@610mm wide	X 915mm hi	gh
	Remarks:	Shall acc	ommodate 4 worl	kstations, fi	ling cabinet						

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:
VALLET VIEW I NOJECT	06.0 MAPLES	CLINICAL SUPPORT	6-MAPLES CLINICAL SUPPORT
Project Number:	Draft:		Program Number: 06.0-11
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	SHARED OFFICE, PSYCHOLOGY ASSISTANT
	Client:	MTICS	m²: 24. m²
		WITICS	24. m-
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUBAE 62.1.01		Remarks:	
HVAC: Type: ASHRAE 62.1-01		Remarks.	
Can Air be Returned Rate (A)	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosen		Hopper	Water Fountain
Lavatory Wall Standard	Standard Standard	wc [Emergency Shower
Janitorial Floor Laborate	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Contro	ols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment		n Isolation Patient Controlled ressure Monitor
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Nega	ative Other:	
	POSITIVE INEgo	ative Other.	
EXHAUST.	Positive Nega	duve Other.	
		Other:	
Air Temp: 🕡 Standa			
Air Temp: ✓ Stands			
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER:	ord Special		☐ Clock
Air Temp: ✓ Stands	ord Special		☐ Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Special Special	Other:	☐ Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	ord Special	Other:	☐ Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks:	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Special Special	Other:	Clock
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32):	& Emergency ience: 4 duplex, Workstat	Other:	
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	& Emergency ience: 4 duplex, Workstat	Other:	
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	& Emergency sience: 4 duplex, Workstat	Other:	
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Converting the Converting	& Emergency ience: 4 duplex, Workstat	Other:	
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convert Power Remarks: Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	& Emergency sience: 4 duplex, Workstat	Other:	
Air Temp: Stands ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Converting the Converting	& Emergency sience: 4 duplex, Workstat	Other:	

Project Name: VALLEYVIEW PROJ	Department: 06.0 N	MAPLES CLINICAL SUPPORT	SUB DEPARTMENT:	6-MAPLES CI	LINICAL SUPPORT
Project Number: 35	Draft: prepop	1 2 Final	Program Number:		06.0-11
Sign Off:	Date Issued:	2017-01-25	RoomName: SHA	ARED OFFICE, PSY	CHOLOGY ASSISTANT
IBI	Client:	MTICS	24. m ² :		
RISK LEVEL:	Standar	d			
TECHNOLOGY REQUIREMENTS					
IMIT SYSTEMS:					
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Telemetry Teleconferencing	☐ Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Clinical Camera Monit	Card Reader No.:		staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks:					
OTHER					
Equipment Remarks:		Operational Remarks:			
Room Data					

Project Name: VALLE	YVIEW PRO	JECT	Department: 06.0 N	MAPLES C	LINICAL SU	PPORT	SUB DEPART	TMENT:	6-MAPLES CL	NICAL SU	IPPORT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nu	mber:		06.0-1	2-01
	Sign Off:		Date Issued:		2017	'-01-25	RoomName	:	Ol	FICE, PSYCI	HIATRIST
IBI			Client:			MTICS	m²:	11.1 m			
<u> </u>						1411103		11.1 111			
RISK LEVEL:			Standar	d							
<u>ARCHITECTURAL</u>		NTS									
INTERIOR FINISHES			material		finish				remarks		
Ceiling:	2750	Aco	ustic Tile		Pre-Finished						
Wall:		GW	В		Paint						
Floor:					Carpet						
					ou. per						
Base:	100	Rub	ber								
Cr Ha	orner Guards: ash Rails: and Rails:	Standa Standa Standa	rd	gature	R	emarks:					
Daarda). Clea	r Opening (W x H)	_	914 x 2135	Material:	Solid Core	L		Finish: [Dlam		
2001 (3).	✓ Door Sidelight		714 X 2133	waterial.	John Core				-iaiii		
	Door Protecti Automatic Op Access Contro Door Glazing: Sic	ener ol de glazing	✓ Locking	re & of Hardware	Door Remarks:	Half glaz	ed door if s	idelite	can not be provide	ed	
	Operable Window External Glazing a External Glazing F Exterior Window Internal Glazing a	nd Frame: lardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity				
Casework / Millwork:	Casework	Security:	Regular	Secur	re		Remark	ks:			
Min Millwork /Cou (mm) or % [nter Linear Length of perimeter wall Upper Cupboa Lower Cupboa	ards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	30-35		RT 60	0.7		Remark		r to Appendix 1D - e Control	Acoustics a	ind
GENERAL ROOM RE	EMARKS:	Coat Hook	ks: 🗸 Standard	Anti-L	igature No of	Coat 2		Mirr	ors: Standard	Vanda	l-Proof
[✓ Tackboard	Dim: 61	.0 mm wide X 91	5 mm high			Vhiteboard	Dim:	610mm wide X 9	15mm high	
	Remarks: S	Shall acco	ommodate desk,	chair, filing	cabinet, book	case, 2 si	ide chairs.				

Project Name:	Department:	SUB DEPART	
VALLEYVIEW PROJECT	06.0 MAPLES CLINIC	AL SUPPORT	6-MAPLES CLINICAL SUPPORT
VALLET VIEW I ROSECT	D	Dura mana Nu	
Project Number: 35720	-Draft:		06.0-12-01
	prepop 1 2 Fir		
Sign Off:	Date Issued:	2017-01-25 RoomName	OFFICE, PSYCHIATRIST
IBI	Client:	m²:	
	Chefft.	N ATLCC	11.1 m²
DIGIT IS IS			
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Requi	red: 0
to System			
PLUMBING FIXTURES:			
	tan .		Plumbing Remarks
sink mounting faucet Handwash Counter Goosene		rinal Eyewash	Flumbling Remarks
	Standard	opper Water Fou	
Lavatory Wall Standard	Toot Podel	VC Emergenc	
Janitorial Floor Laborato	Electronic Controls	=	Resistant Fittings
	Electronic Controls F	loor Drain Other:	
Deep Equipment			
Other:	-		
Size:			
ROOM CONTROLS: Room Temp Control Remarks: Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment Via DDC Vet Dry Standpipe Types: Negative	Room Pressure Mon Other: Other:	itor Patient Controlled
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma	& Emergency	Cloc	ck
Receptacle Count: Conver	ience: 2 duplex, Workstations: 1 qu	adplex	
Power Remarks:			
Patient Care Area Designation			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIE	W PROJECT	Department: 06.0 I	MAPLES CLI	NICAL SUF	PPORT	SUB DEPARTMENT:	6-MAPLES	CLINICAL SUPPORT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		06.0-12-01
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		OFFICE, PSYCHIATRIST
		Client:		ı	MTICS	m²: 11.1 m	?	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	lata): O utlet: O			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	□ Room Sta	tus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion Dete			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

							TI.				
Project Name: VA	LLEYVIE	W PROJEC	Department: 06.	0 MAPLES 0	CLINICAL SU	PPORT	SUB DEPART	MENT:		INICAL SUPPC	RT
Project Number:		3572	Draft: prepo	pp 1 2	✓ Prinal		Program Nur	nber:		06.0-12-02	2
ΙB	7 	Sign Off:	Date Issued: Client:			-01-25	RoomName: m²:		0	FFICE, PSYCHIATF	lIST
	_					MTICS	1	.1.1 m	l ²		
RISK LEVEL:			Stand	lard							
ARCHITECTU	RAL REQ	UIREMENTS	S								
INTERIOR FINIS	HES:	height	mater	ial	finish				remarks		
Ceiling:	2750	0	Acoustic Tile		Pre-Finished						
Wall:			GWB		Paint						
Floor:		Į.			Carpet						
Base:	100		Rubber			II.					
Wall Protection:	Corner G Crash Rai Hand Rai Chair Rai	ils: Sta	andard An	ti-Ligature ti-Ligature ti-Ligature	R	emarks:					
Door(s):	_	ing (W x H):	914 x 2135	Material:	Solid Core		F	inish:	Plam		
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Side gla Type:: OF-01	Tampe Locking	gature & rproof Hardware 3	Door Remarks:	Half glaz	ed door if si	delite	can not be provide	ed	
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and Fra al Glazing Hardw or Window Treatr al Glazing and Fra ockout	ware: Standament: Standame: Standame:	ard Sec	cure H	igh Secur igh Secur igh Secur igh Secur	rity rity				
Casework / Millwo Min Millwork (mm)	/Counter Lir or % of peri	Casework Secunear Length imeter wall: per Cupboards	Co	Counter/ unter Top ainless Steel	Work Surface Height (mm):	Lockable	Remark	s:			
ACOUSTICS:		g Wall / / Ceiling: 30-35	5	RT 60	0.7		Remark		er to Appendix 1D se Control	- Acoustics and	
GENERAL ROOM	/I REMAR	KS: Coat	Hooks: 🗸 Standa	ard	igature No of H	Coat 2		Mir	rors: Standard	Vandal-Prod	of
	✓ Ta	ckboard Dim:	610 mm wide >	(915 mm high			Vhiteboard	Dim:	610mm wide X 9	15mm high	
	Re	marks: Shall	accommodate de	esk, chair, filing	cabinet, book	case, 2 s	ide chairs.				Ī

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	06.0 MAPLES CLINICA	L SUPPORT 6-N	1APLES CLINICAL SUPPORT
VALLET VIEW I ROSECT	D	Dun many Musel and	
Project Number: 35720	-Draft:	Program Number:	06.0-12-02
	prepop 1 2 Fina		00:0 12 02
Sign Off:	Date Issued:	RoomName:	OFFICE, PSYCHIATRIST
IBI	Client:	m²:	
	Chefft	MTICS 11.1 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
			Plumbing Pamarks
sink mounting faucet	tap Uri	nal Eyewash	Plumbing Remarks
Handwash Counter Goosene	Standard	oper Water Fountain	
Lavatory Wall Standard	Foot Podel		
Janitorial Floor Laborato	Electronic Controls	rier Free WC Corrosion Resistant Fitti	ngs
	Flo	or Drain Other:	_
Deep Equipment Other:			
Other.	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment Via DDC	Infection Isolation Room Pressure Monitor Other: Other:	Patient Controlled
Air Temp: ✔ Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma	& Emergency	Clock	
Receptacle Count: Conver	ience: 2 duplex, Workstations: 1 qua	dplex	
Power Remarks:			
Postinut Court 1 D : :			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light	_		
		-	

Project Name: VALLEYVIEW P	oject Name: VALLEYVIEW PROJECT		06.0 MAPLES CLINICAL SUPPORT			SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPOR		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		06.0-12-02
Sign Of	f:	Date Issued:		2	017-01-25	RoomName:		OFFICE, PSYCHIATRIST
IBI		Client:			MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIREME	NTS							
IMIT SYSTEMS:								
Communications Outlet 1 Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vide	ercom Station eo Intercom St ercom Master S		Hands Free Telemetry Teleconferencing	☐ Room State	us
SECURITY SYSTEMS: Security Camera Security Camera Monit		nical Camera nical Camera Monit	or	_	ader No.: [n Detection		taff Assist latient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operation Remarks:	nal			
Room Data								

Project Name: VAL I	LEYVIEV	N PROJEC	Department: 06.0 N	MAPLES CI	INICAL SU	PPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT				
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nui	mber:		06.0-13	3-01
	S	ign Off:	Date Issued:		2017-01-25		RoomName:		OFFIC	CE, HOTELING	G SPACE
IBI			Client:			MTICS	m²:	14.42	0111	52,110122	
						WITICS		l1.1 m²			
RISK LEVEL:			Standar	d							
ARCHITECTURA	AL REQU	IREMENTS	5								
INTERIOR FINISH		height	material		finish	1			remarks		
Ceiling:	2750	,	Acoustic Tile		Pre-Finished						
Wall:			GWB		Paint						
Floor:				(Carpet						
Davis	400		D. blood								
Base:	100		Rubber								
Wall Protection:	Corner Gua Crash Rails		Sheet:	ant.wo	R	lemarks:					
	Hand Rails:		ndard Anti-Li	_							
	Chair Rail:		ndard Anti-Li	_							
5 ()	lear Openin			Material:	Solid Core	L		Finish: Pla	~		
Door(s):	_		914 x 2135	iviateriai.	Solid Core			IIIISII. PIdi			
		Sidelight									
Door Hardware:		Protection matic Opener	Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks:						
		ss Control	✓ Locking								
	Door Gla	zing: Upper g	glazing								
	Hardware T	ype:: OF-01									
Windows:	Operable	e Windows:	✓ Standard	Secu	ire		Remarks	5:			
	External	Glazing and Fra	ame: 🗹 Standard	Secu		ligh Secur					
		Glazing Hardwa Window Treatn		Secu		ligh Secur					
		Glazing and Fra		Secu Secu		ligh Secur Iigh Secur					
	Black	cout 🗸 E		Shutter	1 Way Mirro		Other				
Casework / Millwor	k: (Casework Secui	rity: Regular	Secure	2		Remark	s:			
Min Millwork /C	ounter Line	ar Length		Counter/ W	/ork Surface						
(mm) o	r % of perim		Counte		Height (mm):└	Loglabla					
	=	er Cupboards er Cupboards	=	ss Steel		Lockable					
ACOUSTICS:	STC Rating Floor /			RT 60:	0.7		Remark		o Appendix 1D	- Acoustics a	nd
		Rating: 30-35						Noise (ontroi		
GENERAL ROOM	REMARK	S: Coat I	Hooks: 🗸 Standard	Anti-Lig	gature No of			Mirrors	: Standard	☐ Vandal-	-Proof
	✓ Tack	board Dim:	610 mm wide X 91	5 mm high		looks: L	Vhiteboard	Dim:			
	Rem	arks: Shall a	accommodate desk,	chair, filing o	abinet, book	case, 2 si	ide chairs.				

Project Name:	Department:	SUB DEPARTMENT:					
VALLEYVIEW PROJECT	06.0 MAPLES CLINICA	SUPPORT 6-	MAPLES CLINICAL SUPPORT				
7/12221112011103201	D	Description Alicenters					
Project Number: 35720	-Draft:	Program Number:	06.0-13-01				
Sign Off:	prepop 1 2 Final Date Issued:	RoomName:	00.0 13 01				
Sign On.		017-01-25	OFFICE, HOTELING SPACE				
IBI	Client:	m²:	, , , , , , , ,				
	Chefft	MTICS 11.1 m ²					
RISK LEVEL:	Standard						
MECHANICAL REQUIREMENTS							
HVAC: Type: ASHRAE 62.1-01	Remarks:						
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0					
to System							
PLUMBING FIXTURES:							
			Diversión - De exemple				
sink mounting faucet	tap Uri	nal Eyewash	Plumbing Remarks				
Handwash Counter Goosene		oper Water Fountain					
Lavatory Wall Standard		Emergency Shower					
Janitorial Floor Laborato		rier Free WC Corrosion Resistant Fit	tings				
Double Doop Favinment	Electronic Controls Flo	or Drain Other:					
Deep Equipment							
Other:	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Air Temp: Standard Special Other:							
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal	9 Emorgonou	Clock					
Types of Fower. Indiffia	& Emergency						
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 qua	inlex					
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:					
Dimmable Lighting	"In Use" Light						
Switch & Light Cont							
Charting Light							
		<u> </u>					

		Department:				T		
Project Name: VALLEYV	VALLEYVIEW PROJECT		MAPLES CLII	NICAL SUI	PPORT	SUB DEPARTMENT:	6-MAPLES C	CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-13-01
	Sign Off:			2017-	-01-25	RoomName:	OFF	FICE, HOTELING SPACE
BI		Client:			MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	ď					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		_	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor CI	inical Camera inical Camera Moni	itor	Card Reader Intrusion Det			staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER	L							
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALLE	VIEW PROJE	CT Department: 06.0 MAPI	ES CLINICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT			
Project Number:	357	Draft:	2 Final	Program Number: 06.0-13-02			
	Sign Off:	Date Issued:	2017-01-25	RoomName:	FICE, HOTELING SPACE		
IBI		Client:	MTICS	m²:	,		
DISK LEVEL		Standard		11.1 111			
RISK LEVEL:	DEGLUDENAENT						
ARCHITECTURAL I			6 1				
Ceiling:	height 2750	material Acoustic Tile	finish Pre-Finished	remarks			
.							
Wall:		GWB	Paint				
Floor:			Carpet				
Base:	100	Rubber		1			
Wall Protection: Co Cra Ha	rner Guards: St sh Rails: St nd Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature	2				
Door(s): Clear	Opening (W x H):	914 x 2135 Ma	terial: Solid Core	Finish: Plam			
	Door Sidelight Door Protection						
E E	Operable Windows: xternal Glazing and Fixernal Glazing Hardw xterior Window Treath nternal Glazing and Fr Blackout	vare: Standard tment: Standard	Secure High Secure High Secure Secure High Secure High Secure High Secure High Secure High Secure 1 Way Mirror	ırity ırity			
Casework / Millwork:	Casework Sec	urity: Regular	Secure	Remarks:			
Min Millwork /Coun (mm) or % [ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Counter Top Stainless Stee	unter/ Work Surface Height (mm): Lockable				
	Rating Wall / 45 Floor / Ceiling: 30-3	5	RT 60: 0.7	Remarks: Refer to Appendix 1 Noise Control	D - Acoustics and		
GENERAL ROOM RE	MARKS: Coat	t Hooks: 🗸 Standard 🔲 /	Anti-Ligature No of Coat 2	Mirrors: Standa	rd Vandal-Proof		
	✓ Tackboard Dim:	610 mm wide X 915 mm	high Hooks:	Whiteboard Dim:			
	Remarks: Shall	accommodate desk, chair,	filing cabinet, book case, 2	side chairs.			

Project Name:	Department: 06.0 MAPLE	S CLINICAL SUPPORT	SUB DEPARTMENT:	5-MAPLES CLINICAL SUPPORT				
VALLEYVIEW PROJECT								
Project Number: 35720	-Draft:	2 Final	Program Number:	06.0-13-02				
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, HOTELING SPACE				
IBI	Client:		m²:	STREE, HOTELING STACE				
		MTICS	11.1 m²					
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0					
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain					
Lavatory Wall Standard		WC [Emergency Shower					
Double	Electronic Cont	rols	Corrosion Resistant F Other:	rittings				
Deep Equipment		TIOOI DIAIII	_ Other.					
Other:								
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
		Standpipe Oth	er:					
Rack Storage (2.4m high)	Types:			1				
EXHAUST: Pressure: Pressure: Equal	Positive Ne	gative Other:						
Air Temp: 🕡 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
ELECTRICAL REQUIREMENTS GENERAL POWER:								
Types of Power: Normal	& Emergency		Clock					
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex						
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light							

VALLEYVIEW PROJECT		Department: 06.0 N	MAPLES CLI	NICAL SUI	PPORT	SUB DEPARTMENT:		CLINICAL SUPPORT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		06.0-13-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OF	FICE, HOTELING SPACE
		Client:			MTICS	m²: 11.1 m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	us
SECURITY SYSTEMS: Security Camer		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remark	s:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commei	nt:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 06.0 MAPLES CLINICAL SUPPORT				SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT		
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	06.0-14
IBI	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName: m²:		OFFICE, PHYSICIAN
						MTICS	1	4. m²	
RISK LEVEL:			Low						
ARCHITECTURAL	REQUIREN	1ENTS							
INTERIOR FINISHES:	height		material		finish	l		remarks	
Ceiling:	2750	Acc	oustic Tile		Pre-Finished				
Wall:		GW	VB - Impact Resist	ant	Paint				
Floor:					Resilient				
Base:	100	Fla	sh Cove			l			
Wall Protection: Co	rner Guards:		Sheet:] D	lemarks:			
	ash Rails:	Stand		gature	I.	ciriarks.			
На	nd Rails:	Stand	_	_					
Ch	air Rail:	Stand	_	_					
o () Clear	Opening (W x	ш).	914 x 2135	Material:	Solid Core	L		nish: Plam	
Door(s):	_		914 X 2135	iviateriai.	Solid Core			Platfi	
L	Door Sidelig	gnt	_						
_	Door Protect Automatic C Access Cont Door Glazing:	Opener	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:	Provide	second egres	s door. Door size : 9	114 mm
Har	dware Type::	OF-02							
E E	Operable Windo External Glazing External Glazing Exterior Windoo Internal Glazing Blackout	g and Frame g Hardware: w Treatmer	Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity		
Casework / Millwork:	Casewo	ork Security	: Regular	✓ Secur	·e		Remarks:	Min 1820 mm long	
Min Millwork /Cour (mm) or %	nter Linear Leng of perimeter w				Work Surface 9 Height (mm):)15		2185 mm high buil Shall include desk cabinet, exam area	_
	✓ Upper Cupb ✓ Lower Cupb		✓ Counte	er Top ss Steel	✓	Lockable		nanor towal disnor	
ACOUSTICS: STO	Rating Wall / Floor / Ceiling:	55		RT 60:	0.7		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and
	NC Rating:	30-35							
GENERAL ROOM RE	_		oks: 🗸 Standard		gature No of	looks:		Mirrors: Stand	
Ŀ	∠ Tackboard	Dim: 6	510 mm wide X 91	5 mm high		✓ v	Vhiteboard	Dim: 610mm wide	X 915mm high
	Remarks:	Shall acc	ommodate desk,	chair, filing	cabinet, exam	area.			

Project Name:	Department:	ES CLINICAL SUPPORT	SUB DEPARTMENT:	MAPLES CLINICAL SUPPORT				
VALLEYVIEW PROJECT	OU.U IVIAPLI	LO CLIMICAL SUFFURI	0-	IVIAI ELS CLINICAL SUFFURT				
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-14				
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, PHYSICIAN				
IBI	Client:	2017 01 23	m²:	Oi FICE, PHISICIAN				
		MTICS	14. m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0					
to system								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
✔ Handwash ✔ Counter Goosene Lavatory Wall ✔ Standard		Hopper	Water Fountain					
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower Corrosion Resistant Fit	ttings				
Double	Electronic Conf		Other:	tungs				
Deep Equipment								
Other:	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Control Remarks: Via DDC								
FIRE PROTECTION: Sprinkler Type:		Standpipe Oth	еі.					
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure:	Positive Ne	egative Other:						
Air Temp: 🗸 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER: Types of Power: Emerge	incv		Clock					
Types of Fower:	шсу		_					
	Receptacle Count: Convenience: 2 duplex, Workstations: 1 quadplex, Special Equipment (additional outlets): blood pressure monitor, Duplex outlets along countertop							
Power Remarks: GFI								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	"In Use" Ligh	Wall mour	nted extendable exam	light				

Project Name:	Department:	SUB DEPARTMENT:					
VALLEYVIEW PROJEC	06.0 MAPLES CLINICAL SUPPORT	6-MAPLES CLINICAL SUPPORT					
Project Number: 3572	O prepop 1 2 Final	Program Number: 06.0-14					
Sign Off:	Date Issued: 2017-01-25	RoomName: OFFICE, PHYSICIAN					
IBI	Client: MTICS	m²: 14. m²					
RISK LEVEL:	Low						
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: SECURITY SYSTEMS:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Status Telemetry Teleconferencing					
Security Camera Monitor	Security Camera Clinical Camera Card Reader No.: Staff Assist Duress - Wired Security Camera Monitor Clinical Camera Monitor Intrusion Detection Patient Assist ✓ Duress - Wireless						
Security Remarks:							
OTHER							
Equipment Remarks:	Operational Remarks:						
Room Data							

Project Name: VAL	LEYVIEW	PROJEC	,	Department: 06.0 MAPLES CLINICAL SUPPORT				SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT		
Project Number:		3572	Draft:	prepop 1	2 Fina		Program N	lumber:		06.0-15
	Sig	n Off:	Date Issue	ed:		2017-01-2	RoomNam		TORAGE, ASSESS.	TOOLS, FORMS, ETC.
IBI			Client:			MTIC	m²:	8. m²		
RISK LEVEL:			Sta	andard						
ARCHITECTUR	AI REOLII	REMENTS								
INTERIOR FINISH	EC.	neight		naterial		finish			remarks	
Ceiling:	2750		Acoustic Tile	accridi	Pre-Fin				Temano	
Wall:		1	GWB		Paint					
Floor:					Resilier	nt				
Base:	100		Flash Cove							
Wall Protection:	Corner Guar Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: [ndard	Anti-Ligature Anti-Ligature Anti-Ligature		Remarks:				
Door(s):	Clear Opening Door S	(W x H): Sidelight	914 x 213	5 Materia	l: Solid C	Core		Finish: P	lam	
Door Hardware:	Auton		Ta	ti-Ligature & mperproof Hardwai cking	Door Re	marks:				
Windows:	External G Exterior W	lazing and Fra lazing Hardwa Indow Treatn lazing and Fra	ame: Sta	andard Seandard Seandard Seandard Seandard	ecure ecure ecure ecure — 1 Wa	High Sec High Sec High Sec High Sec High Sec	curity curity			
Casework / Millwo	rk: Ca	asework Secui	rity: Regi	ular Sec	ure		Rema	rks: Floor	to ceiling shelvin	g- 450mm wide
Min Millwork / (mm) o	or % of perime			Counter Counter Top Stainless Steel	/ Work Sur Height (ı		le			
ACOUSTICS:	STC Rating W Floor / Co			RT 6	60: N/A		Rema		r to Appendix 1D e Control	- Acoustics and
GENERAL ROOM			Hooks: Sta	andard	Ligature	No of Coat		Mirro	ors: Standard	☐ Vandal-Proof
	Tackb	oard Dim:	_			Hooks:	Whiteboard	Dim:		
	Rema	rks: Shall i	include utility	shelving		<u>→</u>				

Project Name:	Department:	S CLINICAL SUPPORT	SUB DEPARTMENT:	LES CLINICAL SUPPORT				
VALLEYVIEW PROJECT	OU.O WAI LES CENTICAL SOTT ON		U-IVIAP	LLS CLINICAL SUFFURT				
Project Number: 35720	Draft:	2 Final	Program Number:	06.0-15				
Sign Off:	Date Issued:	2017-01-25	RoomName:	ASSESS. TOOLS, FORMS, ETC.				
IBI	Client:		m²:	SSESS. TOOLS, TORRING, ETC.				
		MTICS	8. m²					
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0					
PLUMBING FIXTURES:				Disarbine Describe				
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewash	Plumbing Remarks				
Lavatory Wall Standard		Hopper	Water Fountain					
Janitorial Floor Laborato		WC Barrier Free WC	Emergency Shower Corrosion Resistant Fittings					
Double	Electronic Cont		Other:					
Deep Equipment								
Other:	-							
Size:	16.1							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Control Remarks:								
FIRE PROTECTION: Sprinkler Type: • W	Vet Dry	Standpipe Othe	er:					
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure:	Positive Ne	egative Other:						
Air Temp: 🗸 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Normal			Clock					
Receptacle Count: Conven	ience: 1 duplex							
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
Dimmable Lighting	"In Use" Light							
Switch & Light Cont	_							
Charting Light								

Project Name:	Department: 06.0 MAPLES CLINICAL SUPPORT	SUB DEPARTMENT: 6-MAPLES CLINICAL SUPPORT					
VALLEYVIEW PROJE	Draft:	Program Number:					
Project Number: 357		06.0-15					
Sign Off:	Date Issued: 2017-01-25	RoomName: STORAGE, ASSESS. TOOLS, FORMS, ETC.					
IBI	Client: MTICS	8. m ²					
RISK LEVEL:	Standard						
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free					
SECURITY SYSTEMS: Security Camera Clinical Camera Card Reader No.: Staff Assist Duress - Wired Security Camera Monitor Clinical Camera Monitor Intrusion Detection Patient Assist Unress - Wireless Security Remarks:							
OTHER							
Equipment Remarks:	Operational Remarks:						
Room Data							

Project Name: VALLE	YVIEW PROJE	CT Department: 07.0 MAPLES EDUC	CATION PROGRAM	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	357	Draft:	☑ ✓ 2 Final	Program Number:	07.0-01		
	Sign Off:	Date Issued:	2017-01-25	RoomName:	WAITING		
IBI		Client:	MTICS	m²:	WAITING		
			IVITICS	8. m²			
RISK LEVEL:		Medium					
ARCHITECTURAL							
INTERIOR FINISHES:	height	material CW/P Impact Posistant	finish	remarks			
Ceiling:	2750	GWB - Impact Resistant	Paint				
Wall:		GWB - Impact Resistant	Paint				
Floor:			Resilient				
Base:	100	Flash Cove	7				
Wall Protection: Co Cra Ha	rner Guards: sh Rails: St nd Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature	Remarks:				
Door(s): Clear	Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam			
	Door Protection Automatic Opener Access Control Door Glazing: Upper dware Type:: OF-01	✓ Locking	Door Remarks:				
E E	Operable Windows: External Glazing and Fi External Glazing Hardv Exterior Window Treat Internal Glazing and Fr	vare: Standard Section Standard Section Standard Section Secti		rity rity			
Casework / Millwork: Min Millwork /Cour (mm) or %	Casework Secondary Length of perimeter wall: Upper Cupboards Lower Cupboards		Work Surface Height (mm): Lockable	Remarks:			
ACOUSTICS: STO	Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4	RT 60): 1	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and		
GENERAL ROOM RE	MARKS: Coat	t Hooks: Standard Anti-L	igature No of Coat	Mirrors: Standard	d Vandal-Proof		
	Tackboard Dim	:	Hooks: L	Whiteboard Dim:			
		Lide secure display board 1200mi mmodate waiting; Waiting for u		display cabinet 1800mmH x 2000mm	1Wx 450mmD. Shall		

Project Name:	Department:		JB DEPARTMENT:	
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	PROGRAM	7A-PROGRAM A	DMINISTRATION
VALLET VIEW I ROSECT	5	D	A Anna and Milliands and	
Project Number: 35720	-Draft:	Pr	ogram Number:	07.0-01
	prepop 1 2 Final	-		07.0-01
Sign Off:	Date Issued:	017-01-25	oomName:	WAITING
IBI			2	WAITING
	Client:	MTICS	-: 8. m²	
			0.111	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Remarks:			
nvac.				
✓ Can Air be Returned Rate (A/	C):	Special Exhaust	Air Required: 0	
to System		·		
PLUMBING FIXTURES:				
sink mounting faucet	tap Urir	al	Eyewash	g Remarks
Handwash Counter Goosene			Water Fountain	
Lavatory Wall Standard			Emergency Shower	
Janitorial Floor Laborato	Toot Dodal		Corrosion Resistant Fittings	
Double	Flostronis Controls		Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS Room Temp Control	with Room Relative Humidity with	☐ Infection Is	solation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment		Solution Patient Contro	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:		
Rack Storage (2.4m high)	Types:			
_				
EXHAUST: Pressure:	Positive Negative	Other:		
*: -				
Air Temp: ✓ Standa	rd Special Other:			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Norma			Clock	
Receptacle Count: Conver	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
_	_			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remar	ks:	
Dimmable Lighting	In Use" Light	Display cabir	net lighting	
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW	Project Name: VALLEYVIEW PROJECT		Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number: 07.0-		07.0-01	
Sig	n Off:	Date Issued:		2017	-01-25	RoomName:		WAITING	
		Client:			MTICS	m²:	. m²		
RISK LEVEL:		Medium	1						
TECHNOLOGY REQUIRE	MENTS								
IMIT SYSTEMS: Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks: SECURITY SYSTEMS:): C			Station Percom Station Master Statio		Hands Free Telemetry Teleconferenci	☐ Room S	tatus	
Security Camera Security Camera M		nical Camera nical Camera Monit	tor	Card Reader Intrusion De			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks:									
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment:									

Project Name: VALLEY	VIEW PROJEC	Department: 07.0 MAP	LES EDUC	ATION PROGRAM	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION		
Project Number:	3572	Draft: prepop	1 2	Final	Program Numbe	er:	07.0-02
IRI	Sign Off:	Date Issued:		2017-01-25			RECEPTION COUNTER
		Client:		MTICS	m²:	m²	
RISK LEVEL:		Mediun	n				
ARCHITECTURAL R	FOUIRFMENTS						
INTERIOR FINISHES:	height	material		finish		remarks	
Ceiling:		GWB - Impact Resist	tant	Paint			
Wall:		CM/D. Improve Desire		Deint			
vvan.		GWB - Impact Resist	tant	Paint			
Floor:	·			Resilient			
Base:	100	Flash Cove					
Wall Protection: Corn	er Guards:	Sheet:		Remarks:			
			igature · ·				
Hand			igature igature				
			- 1			. [
Door(s): Clear O	pening (W x H):	914 x 2135	Material:	Solid Core	Fini	sh: Plam	
	Door Sidelight	_					
Door Hardware:	Door Protection Automatic Opener Access Control	✓ Locking	ire & oof Hardware	Door Remarks:			
Do	or Glazing: Upper a	glazing					
Hardv	vare Type:: OF-01						
Ext Ext Ext	erable Windows: ernal Glazing and Fracernal Glazing Hardw erior Window Treate ernal Glazing and Fracernal Glazing	rare: Standard ment: Standard ame: Standard	✓ Sec ✓ Sec ✓ Sec	ure High Secu ure High Secu ure High Secu	rity		
Casework / Millwork:	Casework Secu	ırity: 🗌 Regular	Secur	e		Built-in reception des	k with solid surface
Min Millwork /Counte (mm) or % of	perimeter wall:			Nork Surface 710/ 1010 Height (mm):	0	counter	
	Upper Cupboards Lower Cupboards	=	er Top ess Steel	Lockable	L		
	ating Wall / 45 oor / Ceiling:		RT 60:	1		Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating: 35-40)					
GENERAL ROOM REM	IARKS: Coat	Hooks: 🗸 Standard	Anti-Li	gature No of Coat Hooks:		Mirrors: Standard	d Vandal-Proof
✓	Tackboard Dim:	610 mm wide X 91	L5 mm high		Whiteboard Di	m:	
	Remarks: To be	e combined with 7-03	3 Secretary				

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION PR	OGRAM 7A-PROGRAM ADMINISTRATIO
	Draft:	Program Number:
Project Number: 35720	Draft:	07.0-02
Sign Off:	Date Issued:	RoomName:
· ·		17-01-25 RECEPTION COUNTE
IBI	Client:	m²:
		MTICS 2. m ²
RISK LEVEL:	Medium	
	Mediani	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	.ck	Eyewasii
Lavatory Wall Standard	Standard III Hoppe	
Janitorial Floor Laborato	Toot Podel	Emergency Shower
Double	Flostronic Controls Barrie	Free WC Corrosion Resistant Fittings
Deep Equipment	Floor I	Orain Other:
Other:		
	-	
Size:		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	Noon ressure Monitor
noom control hemano.	VIA DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
	_	
Air Temp: 🕡 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Emerge	ncy	Clock
Receptacle Count: Conven	ience: 1 duplex, Workstations: 1 quadp	ex
Power Remarks:		
Tower Remarks.		
Patient Care Area Designation]
(as per CSA Z32):		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:
Dimmable Lighting	In Use" Light	
Switch & Light Cont	rols Vanity Light	
Charting Light		

Project Name: VALLEYN	Project Name: VALLEYVIEW PROJECT		Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number: 07.0-02			
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	RECEPTION COUNTER		
IBI		Client:		-	MTICS	m²: 2. m²			
RISK LEVEL:		Mediun	n						
TECHNOLOGY REQU	JIREMENTS								
IMIT SYSTEMS:	_						_		
Communications Quantity (1 voice,	=		Intercom S			Hands Free Ro	om Status		
	l Outlet: 0			rcom Station		Telemetry			
Coax/ Data TV	/ Outlet: 0		Intercom I	Master Statio	n 📋	Teleconferencing			
IMIT Rema	rks:								
SECURITY SYSTEMS:									
Security Can		inical Camera		Card Reader		Staff Assist	_		
Security Can	nera Monitor CI	inical Camera Moni	itor	Intrusion Det	ection	Patient Ass	ist		
Security Rema	ırks:								
OTHER									
Equipment Remarks:				perational emarks:					
Room Data Sheet Comn	nent:								

Project Name: VALLEYVIEV	W PROJECT	Department: 07.0 MAPLE	ES EDUC	ATION PROGRAM	SUB DEPARTM		AM ADMINISTRATION
Project Number:	35720	Draft: prepop	1 2	Final	Program Numb	oer:	07.0-03
Si	ign Off:	Date Issued:		2017-01-25	RoomName:	\	WORKSTATION, SECRETARY
IRI		Client:		MTICS	m²:	6 m²	
DICK LEVEL		Chandard					
RISK LEVEL:		Standard					
ARCHITECTURAL REQU	IREMENTS						
	height	material		finish	T	remark	S
Ceiling: 2750	Acc	oustic Tile		Pre-Finished			
Wall:	GW	/B		Paint			
Floor:				Carpet			
Base: 100	Ruk	ber					
Wall Protection: Corner Gua	ards: 🗸	Sheet:		Remarks:			
Crash Rails:	: Standa	ard Anti-Liga	ature				
Hand Rails:	: Standa	ard Anti-Liga	ature				
Chair Rail:	Standa	ard Anti-Liga	ature				
Door(s): Clear Opening	g (W x H):	914 x 2135	Material:	Solid Core	Fin	nish: Plam	
Door	r Sidelight						
Auto	r Protection omatic Opener ess Control ozing: Upper glaz	Anti-Ligature Tamperproof Locking		Door Remarks:			
		ш <u>е</u>					
Hardware I	ype:: OF-01				,		
External (External) Exterior \	e Windows: Glazing and Frame Glazing Hardware: Window Treatmen Glazing and Frame: kout Bling	Standard t: Standard Standard Standard	Seco	ure High Secu ure High Secu ure High Secu	urity urity		
Casework / Millwork:	Casework Security:	Regular	Secur	e	Remarks:		
<u> </u>		Counter Stainless	Тор	Work Surface Height (mm): Lockable	2		
ACOUSTICS: STC Rating Floor / 0			RT 60:	0.7	Remarks:	Refer to Append	dix 1D - Acoustics and
	Rating: 30-35						
GENERAL ROOM REMARK	S: Coat Hoo	ks: 🗸 Standard	Anti-Li	gature No of Coat 2 Hooks:		Mirrors: Sta	ndard
✓ Tack	board Dim: 6	10 mm wide X 915	mm high		Whiteboard D	Dim: 610mm w	ide X 915mm high
Rem:	arks: Shall acco	ommodate desk, cl	hair, and fi	ling cabinet			

Project Name:	Department:	1011 00000111	SUB DEPARTMENT:						
VALLEYVIEW PROJECT	07.0 MAPLES EDUCAT	ION PROGRAM	7A-PROGRAM ADMINISTRATION						
	Draft:	✓	Program Number:						
Project Number: 35720	prepop 1 2	Final	07.0-03						
Sign Off:	Date Issued:	2047.04.25	RoomName:						
IBI		2017-01-25	WORKSTATION, SECRETARY						
I D I	Client:	MTICS	m²: 4.6 m²						
		WITTES	4.6 III ⁻						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01	Rema	rks:							
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard	Standard] wc	Emergency Shower						
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Controls	Floor Drain	Other:						
Deep Equipment									
Other:									
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor									
Room Control Remarks:	Via DDC	Noom 1	ressure internet						
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standp	ipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure:	Positive Negative	Other:							
EXHAUST: Pressure: Equal	rositive Negative	Other.							
Air Temp: 🗸 Standa	rd Special Ot	her:							
_	_								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal	& Emergency		Clock						
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1	L quadplex							
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
(45 pc. 65/1252).									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
Dimmable Lighting	In Use" Light								
Switch & Light Cont	rols Vanity Light								
Charting Light									

Project Name: VALLEYVIEW PROJECT		07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-03
	Sign Off:			2017-0	01-25	RoomName:	WORK	STATION, SECRETARY
IBI		Client:		N	NTICS	m²: 4.6 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice Te Coax/ Data T	of 1 data): Outlet: O V Outlet:		Intercom St. Video Intercom M.			Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Car Security Car	mera Monitor CI	inical Camera inical Camera Moni		Card Reader ntrusion Dete			aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								<u>-</u> -
Equipment Remarks:				erational marks:				
Room Data Sheet Comr	ment:							

Project Name: VA	LLEYVIEW PRO	DJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	TA-PROGRAM ADMINISTRATION			
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	0	7.0-04
	Sign Off:		Date Issued:			-01-25	RoomName:		OFFICE	, HEAD TEACHER
IB	'.		Client:			MTICS	m²:	1 m²		
RISK LEVEL:			Low							
	RAL REQUIREM	ENTC	LOW							
INTERIOR FINIS		LIVIS	material		finish			rem	arks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished			Telli	diks	
· ·										
Wall:		GW	B - Impact Resist	ant	Paint					
Floor:					Carpet					
					1					
Base:	100	Rub								
Wall Protection:	Corner Guards:	_	Sheet:		R	emarks:				
	Crash Rails:	_ Standa	_	_						
	Hand Rails: Chair Rail:	Standa □ Standa		_						
	_	_	IU AIIti-Li	_						
Door(s):	Clear Opening (W x H): 9	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sideligh	t								
Door Hardware:	Door Protect Automatic Op Access Contr	oener ol	✓ Locking	re & of Hardware	Door Remarks:	Provide : 7.0-03	second door.	Door size : 91	.4 mm. Acces	s to Secretary
	Hardware Type:: O	F-01								
Windows:	Operable Windox External Glazing a External Glazing b Exterior Window Internal Glazing a	and Frame: Hardware: Treatment	Standard	✓ Sec ☐ Sec ☐ Sec ☐ Sec ☐ Sec ✓ Sec ✓ Shutter	ure	igh Secur igh Secur igh Secur igh Secur	rity rity			
Casework / Millwo	ork: Casewor	k Security:	Regular	Secur	·e		Remarks:			
	/Counter Linear Lengt or % of perimeter wai Upper Cupbo	ards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	50 30-35		RT 60:	0.7		Remarks:	Refer to App Noise Contro	endix 1D - Acı	oustics and
GENERAL ROON	L		ks: 🗹 Standard	Anti-li	igature No of	Coat 2		Mirrors:	Standard	Vandal-Proof
	✓ Tackboard		.0 mm wide X 91			looks:	Vhiteboard I		wide X 915n	
	Remarks:		mmodate desk a		ling cahinot h	ookesee :	and meeting			
			Guite desk (Gridity III	222.1101, 0		and meeting .			

Project Name:	Department:		SUB DEPARTMENT:	CDANA ADNAINICTDATION					
VALLEYVIEW PROJECT	U7.U WIAPLES EL	DUCATION PROGRAM	/A-PRUG	GRAM ADMINISTRATION					
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-04					
Sign Off:	Date Issued:	2017.01.25	RoomName:						
IBI		2017-01-25	1	OFFICE, HEAD TEACHER					
	Client:	MTICS	m²: 11.1 m²						
RISK LEVEL:	Low								
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:							
HVAC:									
Can Air be Returned Rate (A/o	C):	Special Exha	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard	wc [Emergency Shower						
Janitorial Floor Laborato	_	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Cont	rols Floor Drain	Other:						
Deep Equipment									
Other:	=								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC									
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure:	Positive Ne	egative Other:							
Air Temp: 🗸 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS	•	-	-						
GENERAL POWER:									
Types of Power: Normal	& Emergency		Clock						
Receptacle Count: Conven	ience: 2 duplex, Worksta	ations: 1 quadplex							
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:						
LIGHTING: Workstation Task Li Dimmable Lighting	griding Night Light "In Use" Light								
✓ Switch & Light Cont	_	•							
Charting Light	valiity tight								
									

		1					I		
Project Name: VALLEYVIE	VALLEYVIEW PROJECT		Department: 07.0 MAPLES EDUCATION PROGRAM						
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		07.0-04
	Sign Off:	Date Issued:			2017-	-01-25	RoomName:	OF	FFICE, HEAD TEACHER
		Client:				MTICS	m ² : 11.1 m ²		
RISK LEVEL:		Low							
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Vio		ation om Station aster Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor		ard Reader trusion Det			Assist ent Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					erational narks:				
Room Data Sheet Commen	nt:								

Project Name: VALLE	YVIEW PF	OJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	SUB DEPARTM		GRAM ADMINISTRA	TION
Project Number:		35720		1 2	Final		Program Num	ber:	07.0-05	
IBI	Sign Off	:	Date Issued: Client:		2017	-01-25	RoomName: m²:		SCHOOL WORK	ROOM
]						MTICS	12	2. m²		
RISK LEVEL:			Standar	d						
ARCHITECTURAL	REQUIREN	IENTS								
INTERIOR FINISHES:	heigh	t	material		finish			rem	narks	
Ceiling:	2750		oustic Tile		Pre-Finished					
Wall:		GV	WB		Paint					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Wall Protection: Con	rner Guards:	✓	Sheet:		Re	emarks:				
	ish Rails:	Stand		_						
	nd Rails:	Stand		_						
Cha	air Rail:	Stand	lard Anti-Li	gature						
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sideli	ght								
	Door Prote Automatic Access Con Door Glazing:	Opener trol Upper gla	✓ Locking	re & of Hardware	Door Remarks:	Provide : Records		Door size : 9	14 mm. Access to Secure	÷
Han	dware Type::	OF-01								
E E	Operable Wind External Glazing External Glazing Exterior Windo Internal Glazing Blackout	g and Framo g Hardware w Treatmen	Standard Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec Sec Shutter	ure H ure H ure H	igh Secur igh Secur igh Secur igh Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	/: 🖊 Regular	Secur	re		Remarks:			
Min Millwork /Coun (mm) or %	ter Linear Len of perimeter w				Work Surface 9 Height (mm):	10				
	Upper Cupl		Counte	er Top ss Steel		Lockable				
	Rating Wall / Floor / Ceiling	45		RT 60:	0.7		Remarks:	Refer to App	pendix 1D - Acoustics and	J
	NC Rating	30-35								
GENERAL ROOM RE	MARKS:	Coat Ho	oks: Standard	Anti-Li	gature No of H	Coat looks:		Mirrors:	Standard Vandal-Pr	roof
	Tackboard	Dim:				v	Vhiteboard [Dim:		
	Remarks:	Shall acc	commodate photo	copier, sup	plies, storage					

Project Name:	Department:	SUB DEPARTMENT:	CD 44 4 D4 410 HSTD 4TIC41					
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	PROGRAM 7A-PRO	GRAM ADMINISTRATION					
	Draft:	Program Number:						
Project Number: 35720	Draft:] -	07.0-05					
Sign Off:	Date Issued:	RoomName:						
· ·		2017-01-25	SCHOOL WORKROOM					
IBI	Client:	m²:						
		MTICS 12. m²						
RISK LEVEL:	Standard							
	Stanuaru							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01	Remarks:							
_								
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0						
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap		Plumbing Remarks					
Handwash Counter Goosene	sk	inal Eyewash	Transmig remarks					
Lavatory Wall Standard	Ctandard	opper Water Fountain						
Janitorial Floor Laborato	To cat Dodal							
Double	□ Electronic Controls	rrier Free WC Corrosion Resistant Fittings	5					
Deep Equipment	Fig.	oor Drain Other:						
Other:								
	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:								
EXHAUST: Pressure: Equal	Positive Negative	Other: Laminator						
Air Temp: 📝 Standa	rd Special Other:	Photo Copier exhaust						
ELECTRICAL REQUIREMENTS								
ELECTRICAL REQUIREMENTS								
GENERAL POWER:		Clock						
Types of Power: Normal		Clock						
Receptacle Count: Conven	ience: 2 duplex, Special Equipment	additional outlets): photocopier, laminat	or					
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:						
LIGHTING: ✓ Workstation lask Lighting	"In Use" Light							
Switch & Light Cont Charting Light		Undercabinet lighting						

Project Name: VALLEYVI	VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDUCATION PROGRAM				SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-05	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		SCHOOL WORKROOM	
		Client:			MTICS	m²: 12. m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications C Quantity (1 voice, 1 Tel O			Video In	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	us	
Coax/ Data TV O	utlet: 1					· ·			
IMIT Remark	SS:								
SECURITY SYSTEMS: Security Camer		nical Camera nical Camera Moni	tor	Card Reader	L		aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless	
Security Remark	s:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commei	nt:								

Project Name: VALLEY	VIEW PR	OJECT	Department: 07.0 MAPL	ES EDUC	ATION PRO	GRAM	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:		07.0-06
IBI	Sign Off:		Date Issued: Client:			-01-25	RoomName: m²:		STORAG	E, SECURE RECORDS
]						MTICS	1!	5. m²		
RISK LEVEL:			Standard							
ARCHITECTURAL I	REQUIREM	ENTS								
INTERIOR FINISHES:	height		material		finish			ren	narks	
Ceiling:	2750	Acc	oustic Tile		Pre-Finished				14110	
_										
Wall:	L	GW	/B		Paint					
Floor:					Resilient					
Base:	100	Flas	sh Cove							
Wall Protection: Cor	ner Guards:	<u> </u>	Sheet:		J Re	emarks:				
	sh Rails:	Standa		gature						
Har	ıd Rails:	Standa		=						
Cha	ir Rail:	Standa	ard 🗌 Anti-Lig	gature						
Daar(a). Clear	Opening (W x F	4).	914 x 2135	Material:	Solid Core	L	Fir	nish: Plam		
Door(s): Clear	_		914 X 2133	Waterial.	John Core			IIIII		
	Door Sideligl		_							
Door Hardware:	Automatic O	pener	☐ Anti-Ligatur Tamperprod Locking	e & of Hardware	Door Remarks:					
Haro	lware Type:: O	F-02								
E: E:	perable Windo Aternal Glazing Aternal Glazing Aterior Window Aternal Glazing Blackout	and Frame Hardware: Treatmen	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure H ure H ure H	igh Secur igh Secur igh Secur igh Secur	rity rity			
Casework / Millwork:	Casewor	rk Security:	Regular	Secur	·e		Remarks:			
Min Millwork /Coun	-				Work Surface					
(mm) or % c	of perimeter wa Upper Cupbo	oards	Counte	r Top	Height (mm):	Lockable				
	Rating Wall / Floor / Ceiling:	40		RT 60:	N/A		Remarks:	Refer to App		Acoustics and
	NC Rating:	N/A								
GENERAL ROOM REI	7	Coat Hoo	oks: Standard	Anti-Li	gature No of H	ooks:		Mirrors:	Standard	☐ Vandal-Proof
L	Tackboard	Dim:				∟ V	Vhiteboard [Dim:		
	Remarks:	Shall acco	ommodate 15 filir	ng cabinets,	lockable					

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION PRO	OGRAM 7A-PROGRAM ADMINISTRATION
	Draft:	Program Number:
Project Number: 35720	Draft:	07.0-06
Sign Off:	Date Issued:	RoomName:
· ·		7-01-25 STORAGE, SECURE RECORDS
IBI	Client:	m²:
		MTICS 15. m²
RISK LEVEL:	Standard	
	Stalidard	
MECHANICAL REQUIREMENTS		
HVAC: Type: ASHRAE 62.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	.ck	Eyewasii
Lavatory Wall Standard	Standard I I I I I I I I I I I I I I I I I I I	Water Fountain
Janitorial Floor Laborato	Toot Bodol	Emergency Shower
Double	- Electronic Controls	
Deep Equipment	Floor Dr	ain Other:
Other:		
	-	
Size:		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Cocal Adjustment	Infection Isolation Patient Controlled
Room Control Remarks:	Via DDC	NOOTH TESSURE WORKER
noom control hemano.	VIA DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	✓ Other: Pre Action Sysytem required
	_	
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
Air Temp: 🕡 Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal		Clock
Receptacle Count: Conver	ience: 1 duplex	
Power Remarks:		
Tower Remarks.		
Patient Care Area Designation		
(as per CSA Z32):		
LIGHTING: Workstation Task L	ghting Night Light	ighting Remarks:
Dimmable Lighting	In Use" Light	
Switch & Light Cont	rols Vanity Light	
Charting Light		
	<u> </u>	

Project Name: VALLEYVIEW PROJE	СТ	EDUCATION PROGRA	SUB DEPARTMENT: 7A-PRO	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number: 35	Draft:	2 Final	Program Number:	07.0-06			
Sign Off:	Date Issued:	2017-01-	RoomName:	STORAGE, SECURE RECORDS			
IBI	Client:	MTI	CS m ² :				
RISK LEVEL:	Standard			'			
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free R Telemetry Teleconferencing	toom Status			
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera	Card Reader No.					
OTHER							
Equipment Remarks:		Operational Remarks:					
Room Data							

Project Name: VALLEY	/IEW PROJEC	Department: 07.0 MAPI	LES EDUCATIO	N PROGRAM	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION		
Project Number:	3572	Draft: prepop		✓ inal	Program Number:		07.0-07
[-	Sign Off:	Date Issued:		2017-01-25	RoomName:	STAFF ROC	M/MEETING ROOM
IBI		Client:		MTICS	m²: 15. m	n ²	
RISK LEVEL:		Standar	d				
ARCHITECTURAL R	EOUIREMENT.		<u> </u>				
INTERIOR FINISHES:	height	material		finish		remarks	
Ceiling: 2	2750	Acoustic Tile	Pre-F	inished			
Wall:		GWB	Paint				
Floor:			Resili	ent			
Base:	100	Flash Cove					
Crash		Sheet: 🗹 andard 🗌 Anti-Li	=	Remarks:			
Chair		andard	_				
Door(s): Clear O	pening (W x H): Door Sidelight	914 x 2135	Material: Solic	l Core	Finish:	Plam	
	Door Protection Automatic Opener Access Control or Glazing: Upper vare Type:: OF-01	✓ Locking	re & Door I of Hardware	Remarks:			
Ext Ext Ext	erable Windows: ernal Glazing and Fr ernal Glazing Hardw erior Window Treat ernal Glazing and Fr Blackout	vare: ✓ Standard ment: ✓ Standard ame: Standard	Secure Secure Secure Secure Secure Secure	High Secur High Secur High Secur High Secur	ity		
Casework / Millwork:	Casework Secu	ırity: 🗸 Regular	Secure		Remarks:		
	r Linear Length perimeter wall: Upper Cupboards Lower Cupboards	✓ Counte	_	urface 910 : (mm): Lockable			
	ating Wall / 50 oor / Ceiling: 30-3!	5	RT 60: 0.7			fer to Appendix 1D - ise Control	Acoustics and
GENERAL ROOM REM	ARKS: Coat	Hooks: 🗸 Standard	Anti-Ligature	e No of Coat 6 Hooks:	Mil	rrors: Standard	Vandal-Proof
•	Tackboard Dim:	610 mm wide X 91	5 mm high		Vhiteboard Dim:	610mm wide X 9	15mm high
	Remarks: Shall	accommodate table	and seats for 6, co	ounter, sink and r	efrigerator		

Project Name:	Department:	DUCATION PROGRAM	SUB DEPARTMENT:	OGRAM ADMINISTRATION
VALLEYVIEW PROJECT	07.0 MAPLES EL	DOCATION PROGRAM	/A-PNC	DGRAWI ADIVIINISTRATION
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	07.0-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	STAFF ROOM/MEETING ROOM
IBI	Client:	MTICS	m²: 15. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittin Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Local Adjustment	' I I	on Isolation Pressure Monitor	atient Controlled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry Types:	Standpipe Oth	er:	
EXHAUST: Pressure: Equal	Positive N	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
Types of Power: Normal	& Emergency		Clock	
	ience: 4 duplex, Counte ave, coffee machine, di		ounter, Special Equipme	nt (additional outlets): fridge,
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer All lighting	marks: g on emergency power. (Undercabinet lighting

Project Name: VALLEYVIE	W PROJECT	Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	-Draft: prepop	1 2] 🗸 Final		Program Number:		07.0-07
· ·	Sign Off:			2017	-01-25	RoomName:	STAFF RC	OOM/MEETING ROOM
IBI		Client:			MTICS	m²: 15. m²	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	eta): tlet: 0		Video Ir	n Station ntercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:	Dishwasher CP	CI		Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLE	VIEW PROJE	CT Department: 07.0 MAPLI	ES EDUC	ATION PRO	GRAM	SUB DEPART	SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Num	nber:		07.0-08	
[Sign Off:	Date Issued:		2017	'-01-25	RoomName:		WASHRO	DOM, UNISEX ST	ΓAFF
IBI		Client:			MTICS	m²:	3.7 m²			
RISK LEVEL:		Standard								
	DECLUBEMENT									
ARCHITECTURAL I				fiil.				-1		
Ceiling:	height 2750	material Acoustic Tile		finish Pre-Finished			remar	KS		
C										
Wall:		GWB		Paint		Water resista	ant			
Floor:				Resilient						
Base:	100	Flash Cove						-		
Wall Protection: Co Cra Ha	rner Guards: sh Rails: St nd Rails: St	Sheet: andard Anti-Ligation A	ature	 R	emarks:					
Door(s): Clear	Opening (W x H):	914 x 2135	Material:	Solid Core		F	nish: Plam			
	Door Protection Automatic Opener Access Control Door Glazing: dware Type:: WR-02	✓ Locking		Door Remarks:						
E E	Operable Windows: External Glazing and Fixternal Glazing Hardv External Glazing Hardv Exterior Window Trea External Glazing and Fixernal	ware: Standard tment: Standard	Sec Sec Sec Sec Sec Sec nutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity				
Casework / Millwork:	Casework Sec	urity: Regular	Secur	e		Remarks	:			
Min Millwork /Coun (mm) or %	ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Counter Stainless	Тор	Work Surface Height (mm):	Lockable					
	Rating Wall / 45 Floor / Ceiling:	-	RT 60:	N/A		Remarks	Refer to Appe Noise Control	ndix 1D -	Acoustics and	
GENERAL ROOM RE	NC Rating: 40-4	t Hooks: ✓ Standard	Δn+i I i	gature No of	Coat 2		Mirrors: 🗸 S	tandard	Vandal-Pro	of.
	Tackboard Dim		AIIU-LI		looks:	Whiteboard	Dim:	ual U	valludi-r10	
		l ride washroom Accesso ptacle.	ries: 1 soa	p dispenser, 1	toilet pa	aper holder, 1	sanitary napkii	า disposa	I, 1 waste	

Project Name:	Department: 07.0 MAPLES ED	DUCATION PROGRAM	SUB DEPARTMENT: 7A-PROGRA	AM ADMINISTRATION
VALLEYVIEW PROJECT				
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-08
Sign Off:	Date Issued:	2017-01-25	RoomName: W	'ASHROOM, UNISEX STAFF
IBI	Client:	MTICS	m²: 3.7 m²	
DICK LEVEL:	Standard	Wiffes	3.7 111	
RISK LEVEL: MECHANICAL REQUIREMENTS	Standard			
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	2):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	umbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	· I I	on Isolation Patient C Pressure Monitor	Controlled
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive No	egative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 dunley GFI			
Conven	ichice. I duplex Gi			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer t Night light	marks: t on emergency power.	

Project Name: VALLEY	VALLEYVIEW PROJECT		07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7A-PROGRAM ADMINISTRATION			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-08	
	Sign Off:			2017-	01-25	RoomName:	WASHI	ROOM, UNISEX STAFF	
IBI		Client:		1	MTICS	m²: 3.7 m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REC	UIREMENTS								
Communication Quantity (1 voice T Coax/ Data T	e, 1 data): fel Outlet: 0 TV Outlet: 0			tation com Station laster Station		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Ca Security Ca	mera Monitor CI	inical Camera inical Camera Moni	\equiv	Card Reader Intrusion Det	L		taff Assist atient Assist	Duress - Wired Duress - Wireless	
OTHER									
Equipment Remarks:	:			perational emarks:					
Room Data Sheet Com									

Project Name: VALI	EYVIE	W PROJEC	Department: 07.0 MAP	LES EDUC	ATION PRO	OGRAM	SUB DEPARTMENT: 7B-ASSESSMENT PROGRAM			
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	mber:		07.0-09
		Sign Off:	Date Issued:		2017	7-01-25	RoomName:		LOUNGE A	REA/ ASSESSMENTS
IBI			Client:			MTICS	m²:	16. m²		
DICK LEVEL								101 111		
RISK LEVEL:			Mediun	1						
ARCHITECTURA		JIREMENTS	<u>s</u>							
INTERIOR FINISHE		height	material		finish				remarks	
Ceiling:	2750		GWB - Impact Resist	ant	Pre-Finished					
Wall:			GWB - Impact Resist	ant	Paint					
Floor:		Į			Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner Gu Crash Rail: Hand Rails Chair Rail:	s: Sta	andard Anti-Li	gature gature gature	F	Remarks:				
Door(s):	ear Openir	ng (W x H):	914 x 2135	Material:	Solid Core		F	inish: P	lam	
	Doo	r Sidelight								
Door Hardware:	Auto	or Protection comatic Opener ess Control azing: Upper § Type:: OF-01	Locking	ore & oof Hardware	Door Remarks:	:				
Windows:	External External Exterior Internal	e Windows: Glazing and Fra Glazing Hardw Window Treatr Glazing and Fra kout	rare: Standard ment: Standard ame: Standard	Secutive Secutive Secutive Shutter	ure	High Secur High Secur High Secur High Secur or	ity ity			
Casework / Millworl	C:	Casework Secu	ırity: 🗌 Regular	✓ Secur	e		Remark	s:		
Min Millwork /C (mm) oı	% of perin	ear Length 180 meter wall: er Cupboards er Cupboards	✓ Count		Work Surface S Height (mm):	910 Lockable				
ACOUSTICS:		Wall / 55 Ceiling: 30-35	5	RT 60:	0.7		Remark		to Appendix 1D - Control	Acoustics and
GENERAL ROOM	REMAR	(S: Coat	Hooks: Standard	✓ Anti-Li	gature No of	f Coat 4 Hooks:		Mirro	ors: Standard	✓ Vandal-Proof
	Tac	kboard Dim:					Vhiteboard	Dim:	610mm wide X 9	15mm high
	Ren	narks: Shall	accommodate soft s	eating for 2-	3, snack table	e, under-c	counter fridg	ge		_

Project Name:	Department:	SUB DEPARTMENT:								
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION P	ROGRAIVI /B-AS	SESSMENT PROGRAM							
Project Number: 35720	Draft:	Program Number:	07.0-09							
Sign Off:	Date Issued:	RoomName: 17-01-25 LOU								
IBI			INGE AREA/ ASSESSMENTS							
نت ا	Client:	MTICS m²: 16. m²								
RISK LEVEL:	Medium									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01	Remarks:									
HVAC.										
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0								
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap Urina	Eyewash	Plumbing Remarks							
Handwash Counter Goosene	⊟ порр	er Water Fountain								
Lavatory Wall Standard Janitorial Floor Laborato	Foot Podel	Emergency Shower								
Double	Electronic Controls	r Free WC Corrosion Resistant Fittings Drain Other:								
Deep Equipment	Floor	Drain Other.								
Other:	_									
Size:										
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Local Adjustment Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Other: Dry Standpipe Other:									
ELECTRICAL DEGLUDENATATE										
ELECTRICAL REQUIREMENTS GENERAL POWER:										
Types of Power: Normal	& Emergency	Clock								
,										
Receptacle Count: Conven	ience: 4 duplex, Special Equipment (ad	ditional outlets): fridge								
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:								
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	In Use" Light	All lighting on emergency power.								

Project Name: VALLEYV	valleyview project		LES EDUC	ATION PRO	GRAM	SUB DEPARTMENT:	7B-ASSESSMENT PROGRA	
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number:		07.0-09
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	LOUNGE	AREA/ ASSESSMENTS
		Client:			MTICS	m²: 16. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0		Video Ir	n Station tercom Statior n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L		aff Assist Itient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLEYVIEW PROJECT	CT Department: 07.0 MAPLES EDUC	ATION PROGRAM	7B-ASSESSMENT PROGRAM			
Project Number: 357	Draft:	Final	Program Number: RoomName:	07.0-10-01		
İBİ	Client:	2017-01-25	m²:	OFFICE, ASSESSMENTS		
RISK LEVEL:	Low	MTICS	15. m²			
RISK LEVEL.	Low					
ARCHITECTURAL REQUIREMENT	S					
INTERIOR FINISHES: height	material	finish		remarks		
Ceiling: 2750	Acoustic Tile	Pre-Finished				
Wall:	GWB - Impact Resistant	Paint				
Floor:		Carpet				
Base: 100	Rubber					
Wall Protection: Corner Guards:	Sheet:	Remarks:				
	andard Anti-Ligature andard Anti-Ligature					
	andard Anti-Ligature					
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plan	1		
Door Sidelight						
Door Hardware: Door Protection Automatic Opener Access Control	Tamperproof Hardware Locking	Door Remarks: Provide	second egress door. D	oor size : 914 mm		
Door Glazing: Upper Hardware Type:: OF-01	glazing					
Windows: Operable Windows:	☐ Standard ✓ Sec	III	Remarks:			
External Glazing and Fr	rame: Standard Sec	ure High Secur	ity			
External Glazing Hardv Exterior Window Treat		_				
Internal Glazing and Fr	= =					
☐ Blackout ✓	Blinds Roller Shutter	1 Way Mirror	Other			
Casework / Millwork: Casework Secu	urity: Regular Secur	re	Remarks:			
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Counter/	Work Surface Height (mm):				
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable				
ACOUSTICS: STC Rating Wall / 55 Floor / Ceiling:	RT 60:	0.7	Remarks: Refer to Noise C	Appendix 1D - Acoustics and ontrol		
NC Rating: 30-3. GENERAL ROOM REMARKS: Coat		gature No of Coat 2	Mirrors:	Standard Vandal-Proof		
Tackboard Dim:		Hooks:		Omm wide X 915mm high		
				_		
Remarks: Shall	accommodate desk and chair, fil	ing cabinet, book case	and testing areas with	n tables and 2 chairs		

Project Name:	Department:	SUB DEPARTMENT:								
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	PROGRAM	7B-ASSESSMENT PROGRAM							
Project Number: 35720	Draft:		07.0-10-01							
Sign Off:	Date Issued:	RoomName: 2017-01-25	055105 4005001451170							
IBI	Client:	m²:	OFFICE, ASSESSMENTS							
نت	chem.	MTICS 15. m²								
RISK LEVEL:	Low	-								
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01	Remarks:									
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0								
to system										
PLUMBING FIXTURES:										
sink mounting faucet		rinal Eyewash	Plumbing Remarks							
Handwash Counter Goosene Lavatory Wall Standard	Ctondord	opper Water Fountain								
Janitorial Floor Laborato	Foot Bodel									
Double	Flortronic Controls	errier Free WC Corrosion Resistan Door Drain Other:	it rittings							
Deep Equipment										
Other:	-									
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment 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: ✓ Standa	rd Special Other:									
_	_									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Normal	& Emergency	Clock								
Receptacle Count: Conver	ience: 1 duplex, Workstations: 1 qu	adplex								
Power Remarks:										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:								
Dimmable Lighting	In Use" Light									
Switch & Light Cont	rols Vanity Light									
Charting Light										

Project Name: VALLEYVIEW PRO		Department: 07.0 MAPLES EDUCATION PROGRAM					SUB DEPARTMENT: 7B-ASSESSMENT PROGR		
Project Number: 3	5720	Draft: prep	op 1	2	✓ Final		Program Number:		07.0-10-01
Sign Off:		Date Issued:			2017	-01-25	RoomName:	С	OFFICE, ASSESSMENTS
		Client:				MTICS	m²: 15. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIREMENT	S								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:					Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:		nical Camera nical Camera N	M onitor		Card Reader Intrusion De			aff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER									
Equipment Remarks:					Operational Remarks:				
Room Data Sheet Comment:									

Project Name: VAI	LLEYVIEW PR	OJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	7B-ASSESSMENT PROGRAM			
Project Number:	Sign Off:	35720	Draft: prepop Date Issued:	1 2			Program Numl RoomName:	07.0-10-02		
ΪΒΙ	i.		Client:		2017	'-01-25 MTICS	m²:	5. m²	OFFICE, ASSESSMENTS	
RISK LEVEL:	_		Low				1.	J. III		
	RAL REQUIREM	IENITS	LOW							
INTERIOR FINISI		ILIVIS	material		finish			remarks		
Ceiling:	2750	Aco	oustic Tile		Pre-Finished			Temano		
Wall:		GW	/B - Impact Resista	ant	Paint					
Floor:					Carpet					
Base:	100	Rub	ober							
Wall Protection:		_	Sheet:] R	emarks:				
	Crash Rails:	Standa		gature						
	Hand Rails:	Standa	ard 🗌 Anti-Li	gature						
	Chair Rail:	Standa	ard Anti-Li	gature						
Door(s):	Clear Opening (W x I	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sidelig	ht								
Door Hardware:	Door Protect Automatic C Access Cont	opener rol	✓ Locking	re & of Hardware	Door Remarks:	Provide :	second egress	s door. Door size : 9	14 mm	
	Door Glazing: ι		ing							
	Hardware Type:: (OF-01								
Windows:	Operable Windo External Glazing		Standard : Standard	✓ Sec ✓ Sec	_	ligh Secur	Remarks:			
	External Glazing			✓ Sec		ligh Secur				
	Exterior Windov			✓ Sec		ligh Secur				
	Internal Glazing Blackout	and Frame: Blind		✓ Sec Shutter	ure H	ligh Secur or	other			
Casework / Millwo		rk Security:	_	Secur			Remarks:			
	/Counter Linear Leng		Negulai		Work Surface		T.C.T.G.T.KS.			
	or % of perimeter wa	all:			Height (mm):					
	Upper Cupb Lower Cupb		Counte	er Top ss Steel		Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	55 30-35		RT 60:	0.7		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and	
GENERAL ROOM		Coat Hoo			gature No of	looks:		Mirrors: Stand	ard Vandal-Proof	
	✓ Tackboard	Dim: 6:	10 mm wide X 91	5 mm high		✓ v	Vhiteboard (Dim: 610mm wide	X 915mm high	
	Remarks:	Shall acco	ommodate desk a	nnd chair, fil	ing cabinet, b	ook case	and testing a	reas with tables and	d 2 chairs	

Project Name:	Department: 07 0 MAPLES FO	DUCATION PROGRAM	SUB DEPARTMENT: 7B-ASSESSMENT PROGRAM							
VALLEYVIEW PROJECT	57.5 IVIN II EES EE		76							
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-10-02						
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ASSESSMENTS						
IBI	Client:		m²:	OTTICE, ASSESSIVILIVIS						
		MTICS	15. m²							
RISK LEVEL:	Low									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01		Remarks:								
Can Air be Returned Rate (A/C) to System	C):	Special Exha	ust Air Required: 0							
PLUMBING FIXTURES:				¬						
sink mounting faucet Handwash Counter Goosene	tap	Urinal	Eyewash	Plumbing Remarks						
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain							
Janitorial Floor Laborato		WC Barrier Free WC	Emergency Shower Corrosion Resistant Fittings							
Double	Electronic Cont		Other:							
Deep Equipment										
Other:	_									
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:										
Rack Storage (2.4m high)	Types:	Standpipe Otti								
<u>_</u>										
EXHAUST: Pressure:		egative Other:								
Air Temp: 📝 Standa	rd Special	Other:								
ELECTRICAL REQUIREMENTS		L								
GENERAL POWER:										
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 1 duplex, Workst	ations: 1 quadplex								
Power Remarks:										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:							
Dimmable Lighting	"In Use" Ligh		·							
Switch & Light Cont	_									
Charting Light										

		T				T		
Project Name: VALLEYVIE	W PROJECT	Department: 07.0 MAP	LES EDUCA	TION PRO	GRAM	SUB DEPARTMENT:	7B-ASSESS	MENT PROGRAM
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-10-02
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	C	OFFICE, ASSESSMENTS
		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O	lata): utlet: 0		_	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	S
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	itor	Card Reader Intrusion Det			aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VAL	LEYVIEW PR	OJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	7B-ASSESSMENT P			MENT PROGRAM
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		07.0-10-03
	Sign Off:		Date Issued:			'-01-25	RoomName:		OF	FICE, ASSESSMENTS
IBI			Client:			MTICS	m²:	5. m²		
RISK LEVEL:	•		Low							
ARCHITECTUR	AI RFOUIRFM	FNTS								
INTERIOR FINISH			material		finish			re	marks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished					
Wall:		0.11								
vvan.		GW	B - Impact Resista	ant	Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	<u> </u>	Sheet:] R	emarks:				
	Crash Rails:	Standa		gature						
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature						
	Chair Rail:	Standa	rd Anti-Li	gature						
Door(s):	Clear Opening (W x F	I): !	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sideligh	nt								
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing:	pener ·ol	Locking	re & of Hardware	Door Remarks:	Provide :	second egres:	s door. Doo	r size : 914 r	nm
	Hardware Type:: O	F-01								
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing	and Frame: Hardware: Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwo	rk: Casewor	k Security:	Regular	Secur	·e		Remarks:			
	Counter Linear Lengt or % of perimeter wa Upper Cupbo Lower Cupbo	ll: pards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	55 30-35		RT 60:	0.7		Remarks:	Refer to Ap Noise Cont		Acoustics and
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	✓ Anti-Li	igature No of	Coat 2		Mirrors:	Standard	Vandal-Proof
	✓ Tackboard		10 mm wide X 91			looks:	Vhiteboard I	_	ım wide X 9	
	Remarks:	L	ommodate desk a		ling cahinet h	nok case	and testing a			
		3000		3, 111			costing u			

Project Name:	Department: 07 0 MAPLES FD	DUCATION PROGRAM	SUB DEPARTMENT: 7B-ASSESSMENT PROGRAM							
VALLEYVIEW PROJECT	57.5 N. II EES ED		76							
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-10-03						
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ASSESSMENTS						
IBI	Client:	201, 01 23	m²:	OTTICL, ASSESSIVIENTS						
		MTICS	15. m²							
RISK LEVEL:	Low									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01		Remarks:								
✓ Can Air be Returned Rate (A/C	c):	Special Exha	ust Air Required: 0							
to System	,	·								
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks						
Handwash Counter Goosened		Hopper	Water Fountain							
Lavatory Wall Standard	Standard	☐ wc	Emergency Shower							
Janitorial Floor Laborator	ry Foot Pedal Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings	S						
Deep Equipment	Electronic cont	Floor Drain	Other:							
Other:										
Size:										
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Local Adjustment Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Room Pressure Monitor Other: Other:									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:			Clasti.							
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conveni	ence: 1 duplex, Worksta	ations: 1 quadplex								
Power Remarks:										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING:	In Use" Light	Lighting Rer	marks:							

Project Name:		Department:					SUB DEPARTMENT:		
	EW PROJECT	07.0 MAP	LES ED	UCAT	ION PRC	GRAM		7B-ASSESS	MENT PROGRAM
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		07.0-10-03
	Sign Off:	Date Issued:			2017	' -01-25	RoomName:	C	OFFICE, ASSESSMENTS
181		Client:				MTICS	m²: 15. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUI	REMENTS								
IMIT SYSTEMS:									
Communications C Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 0		Vid		tation com Station laster Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
IMIT Remark	S:								
SECURITY SYSTEMS: Security Camer Security Camer	_	nical Camera nical Camera Moni	tor		Card Reader ntrusion De	_		aff Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	s:								
OTHER									
Equipment Remarks:					oerational marks:				
Room Data Sheet Commer	nt:								

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDUC	ATION PROGRAM	SUB DEPARTMENT: 7B-ASSESSMENT PROGRAM			
Project Number: 35720	Draft:	Final	Program Number:	07.0-10-04		
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ASSESSMENTS		
IBI	Client:	MTICS	m²: 15. m²			
RISK LEVEL:	Low					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height	material	finish		remarks		
Ceiling: 2750 Aco	ustic Tile	Pre-Finished				
Wall: GW	B - Impact Resistant	Paint				
Floor		Carnet				
Floor:		Carpet				
Base: 100 Rub	ber					
Wall Protection: Corner Guards:	Sheet:	Remarks:				
Crash Rails: Standa	rd Anti-Ligature					
Hand Rails: Standa	rd Anti-Ligature					
Chair Rail: Standa	rd Anti-Ligature					
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Pla	m		
Door Sidelight						
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks: Provide s	second egress door. I	Door size : 914 mm		
Access Control	✓ Locking					
Door Glazing: Upper glazi	ing					
Hardware Type:: OF-01						
Windows: Operable Windows:	Standard Secu		Remarks:			
External Glazing and Frame: External Glazing Hardware:			-			
Exterior Window Treatment	☐ Standard ✓ Secution ☐ Standard ✓ Secution ☐ Standard					
Internal Glazing and Frame:		_				
☐ Blackout ✓ Blind		1 Way Mirror	Other			
Casework / Millwork: Casework Security:	Regular Secur	۵	Remarks:			
,						
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Vork Surface Height (mm):				
Upper Cupboards	Counter Top	Lockable				
Lower Cupboards	Stainless Steel					
ACOUSTICS: STC Rating Wall / 55	RT 60:	0.7	Remarks: Refer to	o Appendix 1D - Acoustics and		
Floor / Ceiling: NC Rating: 30-35			Noise C	Control		
GENERAL ROOM REMARKS: Coat Hool ✓ Tackboard Dim: 63		Hooks:	Mirrors Whiteboard Dim: 6			
	10 mm wide X 915 mm high			10mm wide X 915mm high		
Remarks: Shall acco	ommodate desk and chair, fil	ing cabinet, book case	and testing areas wit	n tables and 2 chairs		

Project Name:	Department: 07 0 MAPLES ED	UCATION PROGRAM	SUB DEPARTMENT: 7B-ASSESSMENT PROGRAM					
VALLEYVIEW PROJECT			, 6-					
Project Number: 35720	Draft: prepop 1	2 Final	Program Number:	07.0-10-04				
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ASSESSMENTS				
IBI	Client:	2017 01 23	m²:	OTTICL, ASSESSIVIENTS				
		MTICS	15. m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01		Remarks:						
✓ Can Air be Returned Rate (A/C	c):	Special Exhau	ust Air Required: 0					
to System		·						
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosened		Hopper	Water Fountain					
Lavatory Wall Standard	Standard	wc _	Emergency Shower					
Janitorial Floor Laborator	Foot Pedal Electronic Contr	Barrier Free WC	Corrosion Resistant Fittings					
Deep Equipment	Electronic contr	Floor Drain	Other:					
Other:								
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: 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: Conveni	ence: 1 duplex, Worksta	ations: 1 quadplex						
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING:	In Use" Light	Lighting Rem	narks:					

Project Name: VALLEYVII	EW PROJECT	Department: 07.0 MAP	Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7B-ASSESSMENT PROG		MENT PROGRAM
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		07.0-10-04
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	C	FFICE, ASSESSMENTS
181		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications C	uutlat 4		□ Into	rcom Station		Hands Free	Room Statu	_
Quantity (1 voice, 1			Vide	o Intercom Station Rom Master Station		Telemetry	ROOM Status	5
Coax/ Data TV C	utlet: 0			rcom waster static	on	Teleconferencing		
IMIT Remark:	5:							
SECURITY SYSTEMS: Security Camer		nical Camera nical Camera Moni	tor	Card Reader	_		aff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks	5:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDUC	CATION PROGRAM	SUB DEPARTMENT: 7C-CLASSROOM PROGRAM			
Project Number: 35720	Draft: [[[] [] []]	✓ 2 Final	Program Number:	07.0-11		
Sign Off:	Date Issued:	2017-01-25	RoomName: MULTIPU	IRPOSE/ EXPERIENTL LEARN ROOM		
	Client:	MTICS	m²: 45. m²			
RISK LEVEL:	Low					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height	material	finish		remarks		
Ceiling: 3000 Acor	ustic Tile	Pre-Finished				
Wall: GWI	B - Impact Resistant	Paint				
Floor:		Resilient				
Base: 100 Flas	h Cove					
Wall Protection: Corner Guards:	Sheet:	Remarks:				
Crash Rails: Standa	rd Anti-Ligature					
Hand Rails: Standa	rd Anti-Ligature					
Chair Rail: Standa	rd Anti-Ligature					
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plan	1		
Door Sidelight						
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks: Provide	second egress door. D	oor size : 914 mm		
Automatic Opener	Tamperproof Hardware	2				
Access Control	✓ Locking					
Door Glazing: Upper glazi	ng					
Hardware Type:: OF-01						
Windows: Operable Windows:	Standard Sec	cure	Remarks:			
External Glazing and Frame:			rity			
External Glazing Hardware:	Standard See	cure 🗌 High Secur	rity			
Exterior Window Treatment		cure High Secur				
Internal Glazing and Frame: Blackout Blind		cure High Secur	Other			
☐ Blackout ✔ Blind		1 Way Mirror	Other			
Casework / Millwork: Casework Security:	Regular Secu	ire	Remarks:			
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Counter/	Work Surface 915 Height (mm):				
✓ Upper Cupboards	✓ Counter Top	✓ Lockable				
✓ Lower Cupboards	Stainless Steel					
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 55	RT 60	0.7	Remarks: Refer to	Appendix 1D - Acoustics and		
NC Rating: 30-35			No.se e	ond or		
GENERAL ROOM REMARKS: Coat Hook	ss: Standard 🗸 Anti-l	Ligature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof		
✓ Tackboard Dim: 61	0 mm wide X 915 mm high		Vhiteboard Dim: 61	0mm wide X 915mm high		
and fridge		sink, crafts area, group t		ns. Shall accommodate stove 4 each, 4 computer stations,		

Project Name:	Department:	UCATION PROGRAM	SUB DEPARTMENT:	C-CLASSROOM PROGRAM				
VALLEYVIEW PROJECT	U7.U IVIAPLES ED	OCATION PROGRAM	/(-CLASSNOUIVI PROURAIVI				
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-11				
Sign Off:	Date Issued:	2017.01.05	RoomName:					
IBI		2017-01-25		OSE/ EXPERIENTL LEARN ROOM				
	Client:	MTICS	m²: 45. m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
Turner ACLIDAT CO. 1 O1		Remarks:						
HVAC:								
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0					
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash 🗸 Counter 🗸 Goosene	ck Lever/Blades	Hopper	Water Fountain					
Lavatory Wall Standard	Standard		Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	ıs				
✓ Double	Electronic Contr	rols Floor Drain	Other:					
Deep Equipment								
Other:	_							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:			7				
EXHAUST: Pressure:	Positive Ne	gative Other:						
Air Temp: 📝 Standa	rd Special	Other: Domestic Ra	ange Hood					
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			_					
Types of Power: Normal	& Emergency		Clock					
		tations: 4 quadplex, Counto e, chest freezer, dishwashe		g counter, Special Equipment				
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
Workstation Task Li	ghting Night Light	Lighting Rer	marks:					
Workstation Task Li ✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light		inet lighting. All lighting o	n emergency power.				

Project Name: VALLEYVIEW	/ PROJECT	Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT: 7C-CLASSROOM PROGRAM			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		07.0-11
'. - .'	gn Off:	Date Issued:		2017-	01-25	RoomName: MULTIP	URPOSE/ EXPE	RIENTL LEARN ROOM
IBI		Client:		I	MTICS	m²: 45. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	a): et: 0		Vide	rcom Station o Intercom Station rcom Master Station	 n	Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camera N Security Remarks:		nical Camera nical Camera Monito	or	Card Reader	<u> </u>		if Assist ent Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:	Dishwasher CP0	CI		Operational Remarks:				
Room Data								

Project Name: VALLE	YVIEW PROJ	ECT	07.0 MAPLES EDUCATION PROGRAM					SUB DEPARTMENT: 7C-CLASSROOM PROGRAM				
Project Number:	35	720	Draft: prepop	1 2	Fina			Program	Numbe	er:	07.0-	12
	Sign Off:		Date Issued:			2017-0	11-25	RoomNar	ne:		LINICEV W	ASHROOM
IBI			Client:					m²:			UNISEX W	ASHROOM
						IVI	ITICS		3.7	m²		
RISK LEVEL:			Medium									
ARCHITECTURAL		ITS										
INTERIOR FINISHES:			material		I	finish				remarks		
Ceiling:	2750	GW	B - Impact Resista	ant	Paint							
Wall:		GW	B - Impact Resista	ant	Paint		,	Water re	sistant	t		
Floor:					Resilier	nt						
Base:	100	Flas	h Cove									
Wall Protection: Co Cra Ha	rner Guards: ash Rails: nd Rails:		Sheet: 🗹 rd 🗌 Anti-Liį rd 🔲 Anti-Liį	gature		Rem	narks:					
Door(s): Clear	Opening (W x H): Door Sidelight	Ç	914 x 2135	Material:	Solid C	Core			Finis	h: Plam		
	Door Protection Automatic Open Access Control Door Glazing: dware Type:: WR-I		Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Re	emarks: Do	ouble s	swing				
	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	dware: eatment	Standard Standard Standard	Secondary Second	ure ure ure ure	High	n Secur n Secur n Secur n Secur	rity rity				
Casework / Millwork: Min Millwork /Coui (mm) or %	Casework Sonter Linear Length of perimeter wall: Upper Cupboard Lower Cupboard	ls	Regular Counte	Counter/ Securior Top		mm):	ckable	Rem	arks:			
ACOUSTICS: STO	Rating Wall / Floor / Ceiling: 40			RT 60	N/A			Rem		efer to Appendix : loise Control	1D - Acoustics	and
GENERAL ROOM RE	MARKS: Co	at Hool	ks: Standard	✓ Anti-L	igature				N	Mirrors: Standa	ard 🗸 Vano	lal-Proof
[Tackboard Di	m:				Hoo		Vhiteboard	d Dir	m:		
			vashroom accesso e. All washroom					per holde	er, 1 sa	L anitary napkin disp	osal, 1 waste	

Project Name:	Department:	"ION DDOCDANA	SUB DEPARTMENT:						
VALLEYVIEW PROJECT	07.0 MAPLES EDUCAT	ION PROGRAM	7C-CLASSROOM PROGRAI						
	Draft:	✓	Program Number:						
Project Number: 35720	prepop 1 2	Final	07.0-12						
Sign Off:	Date Issued:	2017-01-25	RoomName:						
IBI		2017-01-25	UNISEX WASHROO						
101	Client:	MTICS	m ² : 3.7 m ²						
DICK I EVEL:	Madium		-						
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01	Rema	erks: Exhaust							
Can Air be Returned Rate (A/	C).	Special Eybar	ust Air Required: 0						
Can Air be Returned Rate (A/ to System	C).	Special Extra	ust All Required.						
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard		wc	Emergency Shower						
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings						
Double Double	✓ Electronic Controls	Floor Drain	Other:						
Deep Equipment Other:									
	-								
Size:									
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustment Local Adjustment Room Pressure Monitor								
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standı	oipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: Equal	Positive Negative	Other:							
_	_								
Air Temp: 🗸 Standa	ord Special O	ther:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 1 duplex GFI								
Power Remarks: GFI									
Patient Care Area Designation									
(as per CSA Z32):									
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:						
Dimmable Lighting	"In Use" Light								
Switch & Light Cont		All lighting	g on emergency power.						
Charting Light	▼								
									
		L							

Project Name: VALLEYVI	VALLEYVIEW PROJECT	Department: 07.0 MAP	LES EDUCA	TION PRO	GRAM	SUB DEPARTMENT:	7C-CLASS	ROOM PROGRAM
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		07.0-12
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		UNISEX WASHROOM
_]		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: outlet: o			Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	JS
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reader			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	S:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commei	nt:							

Project Name: VALLEYVIEW PROJE	CT Department: 07.0 MAP	LES EDUCATI	ON PROGR		M SUB DEPARTMENT: 7C-CLASSROOM PROGRAM			
Project Number: 357	Draft: prepop	1 2	✓ Final	Pr	rogram Numb	oer:	07.0-13	
Sign Off:	Date Issued:		2017-01		oomName:	ENGLISH/	SOCIAL STUDIES ROOM	
	Client:		МТ	TICS		5. m²		
RISK LEVEL:	Low							
ARCHITECTURAL REQUIREMENT	3							
INTERIOR FINISHES: height Ceiling: 3000	material	Dua	finish			remarks		
Ceiling: 3000	Acoustic Tile	Pre	-Finished					
Wall:	GWB - Impact Resist	ant Pai	nt					
Floor:		Car	pet					
11001.		Cai	pet					
Page 100	Dubbor							
Base: 100	Rubber							
Wall Protection: Corner Guards:	Sheet:		Remai	ırks:				
		gature						
	_	gature						
Chair Rail: Sta	andard Anti-Li	gature						
Door(s): Clear Opening (W x H):	914 x 2135	Material: So	lid Core		Fin	nish: Plam		
Door Sidelight								
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Upper Hardware Type:: OF-01	Locking	re & Doc oof Hardware	or Remarks: Dou	uble swi	ing. Provide	e second egress doc	r. Door size : 914 mm	
Windows: External Glazing and Fr External Glazing Hardw Exterior Window Treat Internal Glazing and Fr	vare: Standard tment: Standard ame: Standard	✓ Secure ✓ Secure ✓ Secure ✓ Secure ✓ Secure Secure	High S	Security Security Security Security	<i>!</i>			
Casework / Millwork: Casework Secu	urity: Regular	✓ Secure			Remarks:	Full height shelving	unit for books	
Min Millwork /Counter Linear Length 150	00	Counter/ Worl						
(mm) or % of perimeter wall: ✓ Upper Cupboards ✓ Lower Cupboards	✓ Counte		ght (mm):└ ✓ Lock	kable				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 30-3:	5	RT 60: 0.7	7			Refer to Appendix 1 Noise Control	D - Acoustics and	
	: Hooks: Standard	✓ Anti-Ligati	ure No of Coat	t 6		Mirrors: Standa	rd Vandal-Proof	
			Hooks	s:	itahaard 5			
	ide 2 large white boa each, 4 computer sta		20h. Shall incl	lude wo	rkspace for	teacher and 6 stude	ents, 2 group tables	

Project Name:	Department:	SUB DEPARTMENT:	CLACCDOOM DDOCDAM					
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION F	RUGRAIVI /C	C-CLASSROOM PROGRAM					
Project Number: 35720	Draft:	Program Number:	07.0-13					
Sign Off:	Date Issued:	RoomName:						
IBI			IGLISH/ SOCIAL STUDIES ROOM					
نت ا	Client:	MTICS m ² : 35. m ²						
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01	Remarks:							
HVAC.								
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0						
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap Urin	Eyewash	Plumbing Remarks					
Handwash Counter Goosene		per Water Fountain						
Lavatory Wall Standard Janitorial Floor Laborato	To at Padal	Emergency Shower						
Double	Flootronic Controls	er Free WC Corrosion Resistant Fitting Drain Other:	S					
Deep Equipment		Other.						
Other:								
Size:								
ROOM CONTROLS: Room Temp Control with								
ELECTRICAL REQUIREMENTS								
GENERAL POWER: Types of Power: Normal	9. Emargancy	Clock						
Types of Fower.	& Lineigency							
Receptacle Count: Conven	ience: 12 duplex, Workstations: 8 qua	dplex						
Power Remarks: Dedicat	ed circuit for each outlet.							
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:						
Dimmable Lighting	☐ "In Use" Light							
Switch & Light Cont	rols Vanity Light							
Charting Light								

Project Name:		Department:				SUB DEPARTMENT:		
·	W PROJECT	07.0 MAPLES EDUCATION PROGRAM						
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-13
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	ENGLISH/ SO	OCIAL STUDIES ROOM
		Client:			MTICS	m²: 35. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer Security Camer	lata): utlet: 0 : : : : : : : : : : : : : : : : :	nical Camera nical Camera Moni	Video Ir	n Station Itercom Station In Master Statio Card Reader Intrusion Det	n No.:		Room Status	□ Duress - Wired ☑ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VAL I	LEYVIEW	/ PROJEC	Department: 07.0 MAP	LES EDUCA	TION PRO	GRAM	SUB DEPART	MENT:	7C-CLASSR	OOM PROGRAM
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		07.0-14
	Sig	gn Off:	Date Issued:			'-01-25	RoomName	:	OFFICE ENGLI	SH/SOCIAL STUDIES
IBI			Client:				m²:		OFFICE, ENGLI	SH/ SOCIAL STUDIES
	I					MTICS		7.4 m²		
RISK LEVEL:			Standar	d						
ARCHITECTURA	AL REQUI	REMENTS	5							
INTERIOR FINISH	ES:	neight	material		finish	ı			remarks	
Ceiling:	2750		Acoustic Tile	P	re-Finished					
Wall:			GWB	P	aint					
Floor:				C	Carpet					
	100	I.								
Base:	100		Rubber			-				
Wall Protection:	Corner Guar Crash Rails:		Sheet: 🗸 ndard 🗌 Anti-Li	gaturo	R	lemarks:				
	Hand Rails:	_	=	gature gature						
	Chair Rail:	_	_	gature						
Door(s):	lear Opening	(W x H):	914 x 2135	Material:	Solid Core	L		Finish: F	Plam	
Door(s):		Sidelight	314 X 2133		John Core				10111	
Described and		-	Anti Ligatu	wo 9 -						
Door Hardware:		Protection natic Opener	Anti-Ligatu Tamperpro	oof Hardware	oor Remarks:					
	Access	s Control	✓ Locking							
	Door Glaz	ing: Upper g	glazing							
	Hardware Ty	pe:: OF-01								
Windows:	Operable \	Windows:	✓ Standard	Secui	re		Remark	s:		
		ilazing and Fra	_	Secui		ligh Secur				
		Glazing Hardwa Vindow Treatn		Secui	_	ligh Secur Iigh Secur				
	Internal G	lazing and Fra	_	Secui		ligh Secur				
	Blacko	out 🗸 E	Blinds Roller	Shutter	1 Way Mirro	or	Other			
Casework / Millwor	k: Ca	asework Secui	rity: Regular	Secure			Remark	s:		
Min Millwork /C		-		Counter/ W						
(mm) o	r % of perime Upper	cter wall:—— Cupboards	Counte		leight (mm):L	Lockable				
	Lower	Cupboards	Stainle	ss Steel						
ACOUSTICS:	STC Rating W			RT 60:	0.7		Remark	s: Refe	er to Appendix 1D	- Acoustics and
	Floor / Co NC R	eiling: ating: 30-35		L				Nois	e Control	
GENERAL ROOM			Hooks: 🗹 Standard	Anti-Lig	ature No of			Mirr	ors: Standard	☐ Vandal-Proof
	✓ Tackb	oard Dim:	610 mm wide X 91	5 mm high	н	looks: ✓ v	Vhiteboard	Dim:	610mm wide X 9	15mm high
	Rema	rks: Shall a	accommodate desk	and chair, filir	ng cabinet, b	ookcase				

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDU	JCATION PROGRAM	SUB DEPARTMENT: 7	C-CLASSROOM PROGRAM
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	-	07.0-14
Sign Off:	Date Issued:	2017-01-25	RoomName: OF	FICE, ENGLISH/ SOCIAL STUDIES
IBI	Client:	MTICS	m²: 7.4 m²	
RISK LEVEL:	Standard	Willes	7.4 111	
MECHANICAL REQUIREMENTS	Standard			
HVAC: Type: ASHRAE 62.1-01		Remarks:		
✓ Can Air be Returned Rate (A/C to System	2):	Special Exhau	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato Double	ry Foot Pedal Electronic Contro	Barrier Free WC	Corrosion Resistant Fittin	gs
Deep Equipment	Electronic contro	Floor Drain	Other:	٦
Other:				
Size:				
ROOM CONTROLS: Room Temp Control volucial Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustmen		ressure Monitor	atient Controlled
EXHAUST: Pressure:	Positive Neg	ative Other:	User supplied portable	air filtration system.
Air Temp: 🕡 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS		L		
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ence: 1 duplex, Workstat	tions: 1 quadplex		
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Light	Lighting Ren	narks:	

<u> </u>		T				T		
Project Name: VALLEY	/IEW PROJECT	Department: 07.0 MAP	LES EDUCAT	ION PRO	GRAM	SUB DEPARTMENT		ROOM PROGRAM
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-14
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	OFFICE, ENG	LISH/ SOCIAL STUDIES
IBI		Client:		1	MTICS	m²: 7.4 m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQ	UIREMENTS							
IMIT SYSTEMS: Communication Quantity (1 voice			☐ Intercom S			Hands Free	Room Statu	s
	el Outlet: 0			rcom Station Naster Statior		Telemetry		
Coax/ Data T	V Outlet: 0		interconn	naster Station	' Ш	Teleconferencing		
IMIT Rema	arks:							
SECURITY SYSTEMS:								
Security Car		inical Camera inical Camera Moni		Card Reader Intrusion Dete			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Rema	arks:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comr								

Project Name: VAI	LLEYVIE	W PRO	JECT		tment: 7.0 MAP	LES EDUC	ATION	I PROG	SRAM	SUB DEPAR	TMENT:	7C-CLASSR	OOM PROGRAM
Project Number:		3	5720	Draft:	prepop	1 2	Fina			Program Nu	ımber:		07.0-15
- 1	7	Sign Off:		Date I	ssued:			2017-0	01-25	RoomName	:	ı	UNISEX WASHROOM
IBI	_			Client				N	/ITICS	m²:	3.7 m²		
RISK LEVEL:					Medium	1							
ARCHITECTUR	RAI RFO	UIRFMFI	NTS										
INTERIOR FINISH		height	113		material			finish				remarks	
Ceiling:	275		GW	B - Im	oact Resist	ant	Paint					remarks	
Wall:			GW	/B - Im	oact Resist	ant	Paint			Water resis	tant		
Floor:							Resilier	nt					
Base:	100		Flas	sh Cove	<u>;</u>								
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils:	Standa Standa Standa	Sheet: ard	Anti-Li Anti-Li Anti-Li	gature		Ren	marks:				
Door(s):		ning (W x H): oor Sidelight		914 x 2	2135	Material:	Solid C	Core			Finish: F	Plam	
Door Hardware:	Au Door G	or Protection stomatic Ope cess Control Glazing:	ner	✓		re & oof Hardware	Door Re	marks: D	ouble s	swing			
Windows:	Externa Externa Exterio	ble Windows al Glazing an al Glazing Ha or Window Ti al Glazing and ackout	d Frame irdware: reatmen	t:	Standard Standard Standard Standard Standard Roller	Sec	cure cure cure cure dure	High	h Secur h Secur h Secur h Secur	rity rity			
Casework / Millwo	ork:	Casework S	Security:	F	egular	Secu	re			Remar	ks:		
Min Millwork , (mm)	or % of per	near Length imeter wall: per Cupboar wer Cupboar			Counte	Counter/ er Top ess Steel	Work Sur Height (1	mm):	ockable				
ACOUSTICS:	STC Ratin						: N/A			Remar		r to Appendix 1D	- Acoustics and
		IC Rating: 4(0-45								INOIS	e Control	
GENERAL ROOM	/I REMAR	RKS: C	Coat Hoo	ks:	Standard	✓ Anti-L	igature	No of Co			Mirr	ors: Standard	✓ Vandal-Proof
	Па	ckboard D	Dim:							Vhiteboard	Dim:		
	Re					sories: 1 soa accessories				per holder,	1 sanit	ary napkin dispos	al, 1 waste

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES E	DUCATION PROGRAM	SUB DEPARTMENT: 7	C-CLASSROOM PROGRAM
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-15
Sign Off:	Date Issued:	2017-01-25	RoomName:	UNISEX WASHROOM
IBI	Client:	MTICS	3.7 m ² :	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittin Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	ent Room	on Isolation Pressure Monitor ther:	atient Controlled
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Re	emarks: ng on emergency power.	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		LES EDU	CATION PRO		SUB DEPARTMENT:	7C-CLASSI	ROOM PROGRAM
Project Number:	35720	Draft: prepop		✓ 2 Final		Program Number:		07.0-15
·. — ·	Sign Off:	Date Issued:	<u> </u>		-01-25	RoomName:		UNISEX WASHROOM
BI		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS: Communications Ou	utlet 0		Interc	om Station		Hands Free	Room Statu	S
Quantity (1 voice, 1 d	ata):		=	Intercom Station		Telemetry		-
Tel Ou	itlet: 0		Interc	om Master Statio		Teleconferencing		
Coax/ Data TV Ou	ıtlet: 0					· ·		
IMIT Remarks:								
SECURITY SYSTEMS:								
Security Camera	ı Cli	inical Camera		Card Reader	No.:	Sta	ff Assist	Duress - Wired
Security Camera	Monitor Cli	inical Camera Moni	tor	Intrusion Det	ection	Pat	ient Assist	✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen								

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDUC	ATION PROGRAM	SUB DEPARTMENT:	7C-CLASSROOM PROGRAM
Project Number: 35720	Draft:	Y Final	Program Number:	07.0-16
Sign Off:	Date Issued:	2017-01-25	RoomName:	MATH/ SCIENCE ROOM
	Client:	MTICS	m²: 45. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish		remarks
Ceiling: 3000 Aco	ustic Tile	Pre-Finished		
Wall: GWI	B - Impact Resistant	Paint		
Floor:		Resilient	Two colors of flooring located.	. Color change where seating is
			located.	
Base: 100 Flas	h Cove			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H): 1	220 x 2135 Material:	Solid Core	Finish: Plan	1
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks: Double	swing. Provide second	l egress door. Door size : 914 mm
Automatic Opener	Tamperproof Hardware Locking			
Access Control				
Door Glazing: Upper glazi	ng			
Hardware Type:: OF-01				
Windows: Operable Windows:	Standard Sec	ure	Remarks:	
External Glazing and Frame:	Standard Sec	ure 🔲 High Secu	rity	
External Glazing Hardware:	Standard Sec			
Exterior Window Treatment Internal Glazing and Frame:		= -		
Blackout Blind	Standard Second	ure High Secu 1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secur			chemical resistant worktops. 2 Island units, 915mm high x
Min Millwork /Counter Linear Length 4000 (mm) or % of perimeter wall:		Work Surface 915 Height (mm):		de x 900 depth with 3 stations
✓ Upper Cupboards	✓ Counter Top	✓ Lockable	with gas	s, cupsinks
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50	RT 60:	0.7	Remarks: Refer to	Appendix 1D - Acoustics and ontrol
NC Rating: 30-35				
GENERAL ROOM REMARKS: Coat Hook	s: Standard 🗸 Anti-Li	gature No of Coat 8 Hooks:	Mirrors:	Standard Vandal-Proof
Tackboard Dim:			Whiteboard Dim:	
	large white boards 2440w x long perimeter, 2 group tabl			ith 3 stations with gas, cup sinks, I secure storage, pet area

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES ED	UCATION PROGRAM	SUB DEPARTMENT: 7C-	-CLASSROOM PROGRAM
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-16
Sign Off:	Date Issued:	2017-01-25	RoomName:	MATH/ SCIENCE ROOM
	Client:	MTICS	m²: 45. m²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Fume Hood E	xhaust	
Can Air be Returned Rate (A/ to System	C): 10 Air changes, wet Lab 100% Non- recirculated Supply	Special Exhau	ust Air Required: 1	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: 1 - 3 comp deep sink 1 - si	Standard ry Foot Pedal Electronic Contr	TIOOI DIAIII	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other: ers at deep sinks and	Plumbing Remarks 3 natural gas connections.
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standar	Local Adjustmen Via DDC Vet Dry Types: Positive Neg		ressure Monitor	ient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 12 duplex, Workst	ations: 8 quadplex, Special	l Equipment (additional ou	utlets): fumehood
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li ✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light	All lighting	narks: g on emergency power.	

Project Name:		Department:				SUB DEPARTMENT:		
· .	W PROJECT		LES EDUC	ATION PRO	GRAM	SOB DELAKTIVIENT.	7C-CLASSF	ROOM PROGRAM
Project Number:	35720	Draft: prepop	1 2	Final		Program Number:		07.0-16
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	М	ATH/ SCIENCE ROOM
		Client:			MTICS	m²: 45. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS:	data): United: 0	nical Camera	Video I	m Station ntercom Station m Master Statio	n	Hands Free Telemetry Teleconferencing	Room Status	☐ Duress - Wired
Security Camer		nical Camera Moni	itor	Intrusion De	tection	L Pa	tient Assist	Duress - Wireless
OTHER								,
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	ıt:							

Project Name: VALLE	YVIEW PR	OJECT	Department: 07.0 MAPL	ES EDUC	ATION	PROGRAN		EPARTME		7C-CLASSR	OOM PRC	GRAM
Project Number:		35720	— Draft: prepop	1 2	✓ Final		Progra	ım Numbe	er:		07.0-17	7
	Sign Off:		Date Issued:		2	2017-01-2	Room!	Name:			CHEMICAL S	TORAGE
IBI			Client:			MTIC	m²:	2	m²			
RISK LEVEL:			Standard									
	DECLUBEA	ALNITC.	Standard	<u>, </u>								
ARCHITECTURAL INTERIOR FINISHES						6						
Ceiling:	height		material oustic Tile		Pre-Finis	finish				remarks		
	2.30	,										
Wall:		GW	VB - Impact Resista	ant	Paint							
Floor:					Resilient	:						
Base:	100	Fla	sh Cove									
Ci H	orner Guards: rash Rails: and Rails: nair Rail:	Stand	ard Anti-Lig	gature		Remarks:						
Door(s): Clea	r Opening (W x	H):		Material:	Hollow	Metal		Fini	sh: Plam			
	Door Sidelig	ht										
На	Automatic C Access Cont Door Glazing: rdware Type::	Opener rol OF-01	Anti-Ligatur Tamperproo	re & of Hardware	Door Ren	narks:	Re	emarks:				
	External Glazing External Glazing Exterior Windox Internal Glazing Blackout	Hardware: v Treatmer and Frame	Standard Standard Standard Standard Roller S	_	ure [ure [ure [] 1 Way	High Sec High Sec High Sec High Sec Mirror	urity urity urity	Other [
Casework / Millwork:	Casewo	rk Security	: Regular	Secur			Re	emarks:				
Min Millwork /Cou (mm) or %	nter Linear Leng of perimeter w Upper Cupb Lower Cupb	all: oards	Counte	r Top	Work Surfa Height (m		e					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:			RT 60:	N/A		Re			Appendix 1D	- Acoustics a	nd
	NC Rating:							ľ	Noise Co	ntroi		
GENERAL ROOM RI	EMARKS:	Coat Hoo	oks: Standard	Anti-Li	gature	No of Coat			Mirrors: [Standard	Vandal	-Proof
	Tackboard	Dim:				Hooks: ✓	Whitebo	ard Di	im:			
	Remarks:	Maples t lighting	to provide informa	ition on che	emicals a	nd amounts.	. Shall ha	ave thre	shold to	contain spills	s, explosion-p	proof

Project Name:	Department:	011 00000111	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	ON PROGRAM	/C-CLAS	SSROOM PROGRAM
	Draft:	✓	Program Number:	
Project Number: 35720	prepop 1 2	Final		07.0-17
Sign Off:	Date Issued:	2017-01-25	RoomName:	0115141041 6700405
IBI	-10	2017-01-23		CHEMICAL STORAGE
101	Client:	MTICS	m²: 2. m²	
DICK I EVEL:	Chandand			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Remark	ks: Exhaust		
Can Air be Returned Rate (A/	C).	Special Eyba	ust Air Required: 0	
Can Air be Returned Rate (A/	C).	Special Extra	ust Air Required: U	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Plur Eyewash	nbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	☐ Electronic Controls	Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative Humidity Local Adjustment		n Isolation Patient Co ressure Monitor	ntrolled
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpi	oe Oth	er·	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🕡 Standa	rd Special Oth	er: Fume Exhau	rc+	
7. Temp. Stande	Jacoba Otti	Ci. Tuille Exilau	31	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: No rece				
Receptacie Count: NO Pece	eptacies			
Power Remarks: Explosion	on proof			
Patient Care Area Designation				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li		Lighting Rer	marks:	
Dimmable Lighting	In Use" Light	Explosion	proof lighting	
✓ Switch & Light Cont Charting Light	rols Vanity Light			
Charting Light				

		Department:			Т			
Project Name: VALLEYV	VALLEYVIEW PROJECT		LES EDUCA	TION PROGR		JB DEPARTMENT:	7C-CLASS	ROOM PROGRAM
Project Number:	35720	-Draft: prepop	1 2	✓ Final	Pr	rogram Number:		07.0-17
	Sign Off:	Date Issued:		2017-01		oomName:		CHEMICAL STORAGE
IRI		Client:		M ⁻	TICS	²: 2. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IIREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	1 data): Outlet: Outlet: O		\equiv	Station ercom Station Master Station	Те	ands Free elemetry eleconferencing	☐ Room State	us
SECURITY SYSTEMS: Security Cam Security Cam		nical Camera nical Camera Moni	tor	Card Reader N Intrusion Detecti			taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLE	YVIEW PF	ROJECT	Department: 07.0 MAP	LES EDUC	ATION PRO	GRAM	SUB DEPARTM	MENT:	7C-CLASSR	OOM PROGRAM
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	nber:		07.0-18
ĪBĪ	Sign Off	f:	Date Issued: Client:			'-01-2 5	RoomName: m ² :		OFFICE, MA	ATH/ SCIENCE ROOM
]						MTICS	7	'.4 m²		
RISK LEVEL:			Standar	ď						
ARCHITECTURAL	REQUIREN	MENTS								
INTERIOR FINISHES:	heigh		material		finish				remarks	
Ceiling:	2750		coustic Tile		Pre-Finished					
Wall:		G	iWB		Paint					
Floor:					Carpet					
Base:	100	R	ubber							
Wall Protection: Con	rner Guards:	✓	Sheet:		R	temarks:				
Cra	ish Rails:	Stan	dard Anti-L	igature						
Ha	nd Rails:	Stan	dard Anti-L	igature						
Cha	air Rail:	Stan	dard Anti-L	igature						
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fi	inish: Pla	am	
	Door Sideli	ght		1						<u> </u>
Door Hardware: [Door Prote Automatic Access Con Door Glazing:	Opener itrol	✓ Locking	ire & pof Hardware	Door Remarks:					
Han	dware Type::	OF-01								
E E	Operable Wind external Glazin external Glazin exterior Windo external Glazin Blackout	g and Fran g Hardwar w Treatme	re: Standard ent: Standard ne: Standard	Sec	ure H	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casew	ork Securit	ty: 🗌 Regular	Secur	re		Remarks	:		
Min Millwork /Coun (mm) or %	ter Linear Len of perimeter v			Counter/	Work Surface Height (mm):					
L	Upper Cup		=	er Top ess Steel		Lockable				
	Rating Wall / Floor / Ceiling			RT 60	: 0.7		Remarks		to Appendix 1D -	- Acoustics and
	NC Rating	30-35								
GENERAL ROOM RE	_	i	ooks: Standard		igature No of	looks:	A/I-ia-l	Mirro		
	∠ Tackboard	Dim:	610 mm wide X 91	15 mm high		✓ v	Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks:	Shall ac	ccommodate desk	and chair, fil	ling cabinet, b	ookcase				

Project Name:	Department:		SUB DEPARTMENT:							
VALLEYVIEW PROJECT	07.0 MAPLES EDUCAT	ION PROGRAM	7C-CLASSROOM PROGRAM							
Project Number: 35720	Draft:	✓ Final	Program Number: 07.0-18							
Sign Off:	Date Issued:	2047.04.25	RoomName:							
IBI		2017-01-25	OFFICE, MATH/ SCIENCE ROOM							
151	Client:	MTICS	m²: 7.4 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01	Rema	rks:								
HVAC:										
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks							
Handwash Counter Goosene		Hopper	Water Fountain							
Lavatory Wall Standard Janitorial Floor Laborato		wc	Emergency Shower							
Double	Electronic Controls	Barrier Free WC Floor Drain	Corrosion Resistant Fittings Other:							
Deep Equipment		Piddi Diaili	Other.							
Other:	_									
Size:										
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:									
ELECTRICAL REQUIREMENTS										
ELECTRICAL REQUIREMENTS GENERAL POWER:										
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 1 duplex, Workstations:	1 quadplex								
Power Remarks:										
Patient Care Area Designation										
(as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:							
Dimmable Lighting	"In Use" Light									
Switch & Light Cont										
Charting Light										

Project Name: VALLEYVII	EW PROJECT	Department: 07.0 MAP	LES EDUCA	TION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSI	ROOM PROGRAM
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		07.0-18
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OFFICE, M	1ATH/ SCIENCE ROOM
		Client:			MTICS	m²: 7.4 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		\equiv	Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	∐ Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			taff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	5:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VA I	LLEYVIE	W PROJE		epartment: 07.0 MAP	LES EDUC	ATION	I PROGR <i>A</i>	MA	SUB DEPARTM	MENT:	7C-CLASSF	ROOM PROGRAM
Project Number:		357		raft: prepop	1 2	Fina			Program Num	ber:		07.0-19
- 1	7	Sign Off:	C	ate Issued:			2017-01-	25	RoomName:			UNISEX WASHROOM
IB	_		C	lient:			MTI	ICS	m²:	.7 m²		
RISK LEVEL:				Mediun	n							
ARCHITECTUR	RAL REQ	UIREMENT	S									
INTERIOR FINISI		height		material			finish				remarks	
Ceiling:	2750		GWB	- Impact Resis	tant	Paint						
Wall:			CWB	- Impact Resis	tant	Paint			Mater resista	nt.		
			GWB	- impact Resis	ldiil	Pallit			Water resista	int		
Floor:						Resilier	nt					
Base:	100		Flash	Cove								
Wall Protection:	Corner Go Crash Rai Hand Rail Chair Rail	ls: Si	Sh candard candard candard	I Anti-L	igature igature igature		Remark	ks:				
Door(s):	Clear Openi	ing (W x H):	91	4 x 2135	Material:	Solid (Core		Fi	nish: Plam	1	
Door Hardware:	Aut Acc Door G	or Protection tomatic Opene tess Control tolazing: Type:: WR-0		Anti-Ligatu Tamperpro Locking	ure & pof Hardware	Door Re	marks: Doul	ble s	swing			
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and F al Glazing Hard r Window Trea l Glazing and F ckout	ware: tment:	Standard Standard Standard Standard Standard Roller	Sec	ture ture ture ture 1 Wa	High Solution High Solution High Solution High Solution Mirror	ecur ecur	rity rity			
Casework / Millwo	ork:	Casework Sec	urity: [Regular	Secui	re			Remarks:	:		
Min Millwork , (mm)	or % of peri			=	Counter/ er Top ess Steel	Work Sur Height (I		able				
ACOUSTICS:		g Wall / 45 / Ceiling: 40-4	15		RT 60	: N/A			Remarks	Refer to Noise Co		- Acoustics and
GENERAL ROOM	1 REMAR	KS: Coa	t Hooks	Standard	J ✓ Anti-L	igature	No of Coat			Mirrors:	Standard	l ✓ Vandal-Proof
	Tac	ckboard Dim	:				Hooks:		Vhiteboard	Dim:		
	Rei			shroom access All washroom							napkin dispos	al, 1 waste

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES E	DUCATION PROGRAM	SUB DEPARTMENT: 7	C-CLASSROOM PROGRAM
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-19
Sign Off:	Date Issued:	2017-01-25	RoomName:	UNISEX WASHROOM
IBI	Client:	MTICS	3.7 m ² :	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittin Other:	gs
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	ent Room	ion Isolation Pressure Monitor ther:	atient Controlled
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Re	emarks: ng on emergency power.	

Project Name: VALLEY	VIEW PROJECT	Department: 07.0 MAP	LES EDUCAT	ION PROC		SUB DEPARTMENT:	7C-CLASSI	ROOM PROGRAM
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		07.0-19
	Sign Off:	Date Issued:		2017-		RoomName:		UNISEX WASHROOM
IBI		Client:		1	MTICS	m²: 3.7 m²		
RISK LEVEL:		Mediun	า					
TECHNOLOGY REC	QUIREMENTS							
	TV Outlet: 0			tation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	5
SECURITY SYSTEMS: Security C Security C	amera Monitor CI	inical Camera inical Camera Moni		Card Reader Intrusion Dete			ff Assist ient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTUER								
OTHER Equipmer Remarks:				perational emarks:				
Room Dat Sheet Cor								

Project Name: VALLE	YVIEW F	ROJEC	(artment: 07.0 MAP	LES EDUC	ATION I	PROGRAM	SUB DEPA	RTMENT:		OOM PROGRAM
Project Number:		3572	Draf	t: prepop	1 2	Final		Program N	Number:		07.0-20
IBI	Sign C	Off:	Date	Issued:		2	017-01-25	RoomNan m²:	ne:		MUSIC ROOM
· -			Cilei	it.			MTICS		22. m	2	
RISK LEVEL:				Low							
ARCHITECTURAL	DEOI IIDE	NAENIT									
			<u> </u>								
INTERIOR FINISHES:		ght		material		I	finish			remarks	
Ceiling:	3000		Acoustic	Tile		Pre-Finis	hed				
Wall:			GWB - In	npact Resis	tant	Paint					
Floor:						Carpet					
Base:	100		Rubber								
Wall Protection: Co	rner Guards:	✓	Sheet	: 🗸		J	Remarks:				
Cra	ash Rails:	Sta	ndard	Anti-L	igature						
На	nd Rails:	Sta	ndard	Anti-L	igature						
Ch	air Rail:	Sta	ndard	Anti-L	igature						
- () Cloar	Opening (W	v III.	014.	2125	Material:	C-1:-1 C-			Einich	Dia	
Door(s):	_		914 x	2135	iviateriai.	Solid Co	re		Finish:	Piam	
L	Door Side	elight									
	Door Pro Automati Access Co Door Glazing	c Opener	glazing		ure & oof Hardware	Door Rem	arks: Double	swing. Pro	ovide sec	cond egress door. D	oor size : 914 mm
Har	dware Type:	OF-01									
E E	Operable Win External Glaz External Glaz Exterior Wind Internal Glazi	ing and Fra ing Hardw dow Treati ng and Fra	are:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec ✓ Sec	ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	rity			
Casework / Millwork:	Case	work Secu	rity:	Regular	✓ Secur	e		Rema	arks:		
Min Millwork /Cour (mm) or %	nter Linear Le of perimeter		0		Counter/	Work Surfa Height (mı					
	✓ Upper Cu ✓ Lower Cu			Count Stainle	er Top ess Steel		✓ Lockable				
ACOUSTICS: STO	Rating Wall Floor / Ceili				RT 60	0.3-0.4		Rema		er to Appendix 1D - se Control	Acoustics and
	NC Ratio	ng: 25-3 0)								
GENERAL ROOM RE	_		Hooks:	Standard	✓ Anti-L	gature 1	Hooks:]	rors: Standard	Vandal-Proof
L	Tackboai	rd Dim:						Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks				rds 2440w x pen and secu			soundproo	fed wor	kspace for teacher	and 4 students,

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	N PROGRAM	7C-CLASS	ROOM PROGRAM
	Draft:		Program Number:	
Project Number: 35720		✓ inal	rrogram Number.	07.0-20
Sign Off:	Date Issued:	mai .	RoomName:	
	July 1554cd.	2017-01-25		MUSIC ROOM
IBI	Client:		m²:	
		MTICS	22. m²	
RISK LEVEL:	Low			
	LOW			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Remarks	acoustical Tr	eatments Required	
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbi	ing Remarks
Handwash Counter Goosene	.ck	Urinal	Eyewasii	ing nemarks
Lavatory Wall Standard	Ctondard	Hopper	Water Fountain	
Janitorial Floor Laborato	Toot Podel	wc	Emergency Shower	
Double	Flostronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment		Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity w Local Adjustment		n Isolation Patient Contr	olled
Room Control Remarks:	Via DDC			
	VIU DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standpipe	e Oth	er:	
Dock Storage /2 Am high	Tunes			
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negative	Other:		
Air Temp: 🕡 Standa	rd Special Othe	r:		
T = . = = = = = = =				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex, Workstations: 4 c	juadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	. —			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	marks:	
✓ Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW	/ PROJECT	Department: 07.0 MAPL	ES EDI	UCATION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSF	ROOM PROGRAM
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		07.0-20
''	gn Off:	Date Issued:		2017	-01-25	RoomName:		MUSIC ROOM
IBI		Client:			MTICS	m²: 22. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle	o): ot: 0		Vide	ercom Station eo Intercom Station ercom Master Statio	n	Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera N		nical Camera nical Camera Monito	or	Card Reader Intrusion Det	L		f Assist ent Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data								

Project Name: VA l	LLEYVIEW PRO	DJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	SUB DEPARTM	IENT:	7C-CLASSR	OOM PROGRAM
Project Number:		35720	Draft: prepop	1 2	Final		Program Numl	oer:		07.0-21
IB	Sign Off:		Date Issued: Client:		2017	-01-25	RoomName: m²:		RECORDING BO	OOTH, MUSIC ROOM
			Chefft.			MTICS). m²		
RISK LEVEL:			Low							
ARCHITECTIIE	RAL REQUIREM	FNTS								
INTERIOR FINISI		-1413	material		finish				remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished				Temarks	
Wall:		GW	B - Impact Resista	ant	Paint					
Floor:					Carpet					
Base:	100	Rub	ber							
Wall Protection:	Corner Guards:	•	Sheet:] Re	emarks:				
	Crash Rails:	Standa	rd 🗌 Anti-Li	gature						
	Hand Rails:	Standa		_						
	Chair Rail:	Standa		_						
Door(s):	Clear Opening (W x H)		914 x 2135	Material:	Solid Core		Fir	nish: Plan	า	
	Door Sideligh	t								
Door Hardware:	Door Protecti Automatic Op Access Contro	ener	Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Remarks:					
	Door Glazing:									
	Hardware Type:: Of	F-01								
Windows:	Operable Windov External Glazing a		Standard	Sec Sec	_	igh Secur	Remarks:			
	External Glazing F		Standard Standard	Sec		igh Secur				
	Exterior Window			Sec		igh Secur				
	Internal Glazing a	nd Frame: Blind		✓ Sec Shutter	ure Hi 1 Way Mirro	igh Secur r	ity Other			
Casework / Millwo		k Security:	Regular	Secur	_ ′		Remarks:			
	/Counter Linear Length		regular		Work Surface					
(mm)	or % of perimeter wal		✓ Counte	ar Ton	Height (mm):	Lockable				
	Lower Cupbo		_	ss Steel		LOCKADIC				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	55		RT 60:	0.3-0.4		Remarks:	Refer to		- Acoustics and
	NC Rating:	25								
GENERAL ROOM	M REMARKS:	Coat Hool	ks: Standard	Anti-Li	igature No of	Coat ooks:		Mirrors:	Standard	☐ Vandal-Proof
	Tackboard	Dim:				∐ v	Vhiteboard [Dim:		
	Remarks:	Shall be g	lass enclosed and	d be provide	ed with acoust	ic separa	ition			

Project Name:	Department: 07.0 MAPLES ED	UCATION PROGRAM	SUB DEPARTMENT: 7C	-CLASSROOM PROGRAM
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	.0.	07.0-21
Sign Off:	Date Issued:	2017-01-25	RoomName: RECC	ORDING BOOTH, MUSIC ROOM
IBI	Client:	MTICS	m²: 10. m²	
RISK LEVEL:	Low	WITES	10. 111	
MECHANICAL REQUIREMENTS	Low			
HVAC: Type: ASHRAE 62.1-01		Remarks: Acoustical Tro	eatments Required	
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosened	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborator	· =	Barrier Free WC	Corrosion Resistant Fittings	5
Double Deep Equipment	Electronic Cont	Floor Drain	Other:	
Other:				
Size:				
ROOM CONTROLS: Room Temp Control we Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standar	Local Adjustme Via DDC Tet Dry Types: Positive Ne		ressure Monitor	ient Controlled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clark.	
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ience: 8 duplex			
rower remarks.				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lighting Dimmable Lighting ✓ Switch & Light Control Charting Light	In Use" Light	Lighting Ren	narks:	

Project Name: VALLEYVIEW	PROJECT	Department: 07.0 MA	PLES EI	DUCAT	TION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSI	ROOM PROGRAM
Project Number:	35720	Draft: prepor	1	2	✓ Final		Program Number:		07.0-21
Sign /	Off:	Date Issued:			2017	-01-25	RoomName:	RECORDING B	BOOTH, MUSIC ROOM
		Client:				MTICS	m²: 10. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIREM	IENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		_ v		Station rcom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Mc	nitor		Card Reader Intrusion Det			taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER									
Equipment Remarks:					perational emarks:				
Room Data Sheet Comment:									

			-							
Project Name: VALLE	/VIEW PR	OJECT	Department: 07.0 MAPI	LES EDUC	ATION PRO	GRAM	SUB DEPARTI	MENT:	7C-CLASSR	OOM PROGRAM
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nun	nber:		07.0-22
IBI	Sign Off:		Date Issued: Client:			7-01-25	RoomName: m²:		O	FFICE, MUSIC ROOM
						MTICS	7	7.4 m²		
RISK LEVEL:			Standar	d						
ARCHITECTURAL I	REQUIREN	IENTS								
INTERIOR FINISHES:	height		material		finish				remarks	
Ceiling:	2750	Ac	oustic Tile		Pre-Finished					
Wall:		GV	VB		Paint					
Floor:					Carpet					
Base:	100	Ru	bber							
Cra Hai	ner Guards: sh Rails: nd Rails: air Rail:	Stand Stand Stand	ard	gature	J R	emarks:				
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		F	inish: Pla	am	
Γ	Door Sidelig	ht								
Hard	Door Protect Automatic C Access Cont Door Glazing:	Opener rol Jpper glaz DF-01	Locking	of Hardware	Door Remarks:					
E E	Operable Windo external Glazing external Glazing exterior Window enternal Glazing Blackout	and Frame Hardware v Treatmer	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casewo	rk Security	: Regular	Secur	·e		Remarks	i:		
Min Millwork /Coun (mm) or % (ter Linear Leng of perimeter w Upper Cupb Lower Cupb	all: oards	Counte		Work Surface Height (mm):	Lockable				
	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks		to Appendix 1D Control	- Acoustics and
	NC Rating:									
GENERAL ROOM RE	MARKS: Tackboard		oks: Standard 510 mm wide X 91		igature No of	looks:	Whiteboard	Mirro	rs: Standard 610mm wide X 9	
L							u	J	oronnin wide X 2	Tallill High
	Remarks:	Shall acc	commodate desk a	and chair, fil	ling cabinet, b	ookcase				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	07.0 MAPLES EDUCAT	ION PROGRAM	7C-CLASSROOM PROGRAM
	Draft:	✓	Program Number:
Project Number: 35720	prepop 1 2	Final	07.0-22
Sign Off:	Date Issued:	2017.01.25	RoomName:
IBI		2017-01-25	OFFICE, MUSIC ROOM
I D I	Client:	MTICS	m²:
		WITICS	7.4 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Rema	arks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		wc	Emergency Shower
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment		Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment	Room P	n Isolation Patient Controlled ressure Monitor er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🕡 Standa	rd Special O	ther:	
7. Temp. Standa	Tu Special	ther.	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Receptacle Count: Conven	ience: 1 duplex, Workstations:	1 quadplex	
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light	<u> </u>	
✓ Switch & Light Cont			
Charting Light	variity Light		
_			

Project Name: VALLEYVIE	W PROJECT	Department: 07.0 MAP	LES EDUCA	TION PRO	GRAM	SUB DEPARTMENT:	7C-CLASS	ROOM PROGRAM
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		07.0-22
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	(OFFICE, MUSIC ROOM
		Client:			MTICS	m²: 7.4 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0			Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	is
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader			off Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VAI	LLEYVIE	W PROJE		epartment: 07.0 MAP	LES EDUC	ATION	I PROGRAN	SUB DEPAR	RTMENT:	7C-CLASSR	OOM PROGRAM
Project Number:		357		raft:	1 2	Fina		Program N	umber:		07.0-23
- 1	7	Sign Off:	D	ate Issued:			2017-01-2	RoomNam	e:		UNISEX WASHROOM
IBI	, 		C	lent:			MTIC	S m²:	3.7 m²		
RISK LEVEL:				Medium	1						
ARCHITECTUR	RAL REO	UIREMENT	rs								
INTERIOR FINISH		height	_	material			finish			remarks	
Ceiling:	2750		GWB	Impact Resist	ant	Paint					
Wall:			GWB	- Impact Resist	ant	Paint		Water resi	stant		
Floor:						Resilier	nt				
Base:	100		Flash	Cove				- 1			
Wall Protection:	Corner G Crash Rai Hand Rai Chair Rail	ils: Si		eet: 🗹 Anti-Li 🗌 Anti-Li	gature		Remarks:				
Door(s):		ing (W x H): or Sidelight	91	4 x 2135	Material:	Solid C	Core		Finish: P	lam	
Door Hardware:	Aut	or Protection tomatic Opene cess Control ilazing: Type:: WR-0		Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Re	marks: Double	e swing			
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and F al Glazing Hard r Window Trea al Glazing and F ckout	ware: tment:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure	High Sec High Sec High Sec High Sec High Sec	urity urity			
Casework / Millwo	ork:	Casework Sec	urity: [Regular	Secur	re		Rema	rks:		
Min Millwork , (mm)	or % of peri			Counte	Counter/ er Top ess Steel	Work Sur Height (1		e			
ACOUSTICS:		g Wall / 45 / Ceiling: C Rating: 40-4	15		RT 60	: N/A		Rema		to Appendix 1D Control	- Acoustics and
GENERAL ROOM			t Hooks:	Standard	✓ Anti-L	igature	No of Coat 2	!	Mirro	ors: Standard	✓ Vandal-Proof
	Tao	ckboard Dim	:				Hooks:	Whiteboard	Dim:		
	Re			shroom access All washroom						ry napkin dispos	al, 1 waste

Project Name:	Department:		SUB DEPARTMENT:	265444
VALLEYVIEW PROJECT	07.0 MAPLES EDUC	ATION PROGRAM	7C-CLASSROOM PRO	JGRAM
	Draft:		Program Number:	
Project Number: 35720	prepop 1 2		07.0-2	3
Sign Off:	Date Issued:		RoomName:	
ini		2017-01-25	UNISEX WAS	SHROOM
IBI	Client:		m²:	
		MTICS	3.7 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62 1 01	Re	emarks: Exhaust		
HVAC:				
Can Air be Returned Rate (A/	C):	Special Exhau	ıst Air Required: 0	
to System				
DITIMPING FIVELIBES.				
PLUMBING FIXTURES:		1		
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		wc _	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control Remarks: Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment Vet □ Dry □ Sta Types: □ Positive ✔ Negative	ndpipe Oth	n Isolation Patient Controlled ressure Monitor	
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Types of Fower. Normal				
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light vanity Light	All lighting	on emergency power.	

Project Name: VALLEYV	IEW PROJECT	Department: 07.0 MAP	LES EDUCA	ATION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSROOM PROGRA	
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		07.0-23
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		UNISEX WASHROOM
		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: O			n Station tercom Station n Master Static		Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Cam Security Remai	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion De	L		ff Assist cient Assist	Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLEYVIE	W PROJECT	Department: 07.0 MAPLES	S EDUC	ATION PRO	GRAM	SUB DEPARTM		LASSROOM P	ROGRAM
Project Number:	35720	Draft: [prepop	1 2	✓ Final		Program Numl	oer:	07.0-	-24
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		WOOD SHOP/ M	1ETAL SHOP
IBI		Client:			MTICS	m²:). m²		
RISK LEVEL:		Low							
ARCHITECTURAL REQU	IUREMENTS								
INTERIOR FINISHES:	height	material		finish			romark	·	
Ceiling: 3000	_	coustic Tile		Pre-Finished			remark	.5	
0									
Wall:	G\	WB - Impact Resistant	t	Paint					
Floor:				Ероху					
Base: 100	Fla	ash Cove							
Wall Protection: Corner G	uards:	Sheet:		R	emarks:				
Crash Rai	ls: Stand	dard 🗌 Anti-Ligat	ture						
Hand Rail	ls: Stand	dard 🗌 Anti-Ligat	ture						
Chair Rail	: Stand	dard 🗌 Anti-Ligat	ture						
Door(s): Clear Openi	ing (W x H):	1830 x 2135	Material:	Solid Core		Fir	nish: Plam		
Do	or Sidelight								
Aut	or Protection tomatic Opener tess Control tlazing: Upper gla Type:: OF-01	☐ Anti-Ligature & Tamperproof I ✓ Locking		Door Remarks:	Double s	swing			
Externa Externa Exterio Interna	ole Windows: al Glazing and Fram al Glazing Hardware r Window Treatme I Glazing and Fram ckout Bli	e: Standard	Secu Secu Secu Secu Secu	ıre	igh Secur igh Secur igh Secur igh Secur	rity			
Casework / Millwork:	Casework Security	y: Regular [✓ Secure	е		Remarks:			
	-	Counter To	· ор	Vork Surface Height (mm):	Lockable				
	g Wall / 55 / Ceiling: 40-45		RT 60:	1		Remarks:	Refer to Appen Noise Control	dix 1D - Acoustic	is and
GENERAL ROOM REMAR	KS: Coat Ho	ooks: Standard	🖊 Anti-Li				Mirrors: Sta	andard 🗌 Van	dal-Proof
Tao	ckboard Dim:			н	looks: L	Vhiteboard [Dim:		
Rei	finishes	or collection of wood , high head space, sha ink, storage; shall incl or	all accomi	modate up to	o 6 powe	r tool stations	, hand tool ben	ches, assembly a	and drying

Project Name:	Department:	SUB DEPARTMENT:	CLASS DO CALADO CO ANA
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION F	ROGRAM 7C-	CLASSROOM PROGRAM
	Draft:	Program Number:	
Project Number: 35720	prepop 1 2 Final		07.0-24
Sign Off:	Date Issued:	RoomName:	
IRI	20	017-01-25	WOOD SHOP/ METAL SHOP
I D I	Client:	MTICS m²: 80. m²	
		MITICS 80. m²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:	Exhaust - 2 Dust Collectors, 1-metal, 1-v	wood
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 1	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urin	al V Eyewash	Plumbing Remarks
Handwash Counter Goosene			Provide 1 compressed air
✓ Lavatory ✓ Wall ✓ Standard		Emergency Shower	drop per 25 ft. C/W shut off valve, press. Reg. &
Janitorial Floor Laborato	ory Foot Pedal Barri	er Free WC Corrosion Resistant Fittings	Quick connect.
Double		Drain Other:	
Deep Equipment	Semi Circ Hand wash Basin		
Other:	-		
Size:			
□ Barry Truck Control	oish — Danna Dalasina Ukumi disennish		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patie	ent Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
_			
Air Temp: Standa	rd Special Other:		
FLECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Norma			
Receptacle Count: Conver	ience: 20 dunlex Workstations: 1 qua	dplex, Countertop: split duplexes along	counters Special Equipment
		nd tool benches, dust extraction system	
208V/1	P tools, (2) 208V/3P tools.		
Power Remarks: Emerge	ancy nower shutoff huttons located the	oughout for workshop machinery/equip	ment 220V nower
_		opcords for centrally located equipmen	17
switche	2S.		
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light	Task lighting above work benches	
Switch & Light Conf		. 23K IIBITETI B BOAC MOLK DELICITES	
Charting Light			

Project Name: VALLEYVIE	W PROJECT	Department: 07.0 MAP	LES ED	UCATION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSF	ROOM PROGRAM
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		07.0-24
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	WOOD	SHOP/ METAL SHOP
		Client:		I	MTICS	m²: 80. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Vic	ercom Station leo Intercom Station ercom Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	☐ Card Reader ✔ Intrusion Det			off Assist tient Assist	Duress - Wired ✓ Duress - Wireless
OTHER				Operational				
Equipment Remarks:				Remarks:				
Room Data Sheet Commen	ıt:							

Project Name: VALLE	VALLEYVIEW PROJECT 07.0 MAPLES EDUCATION				I PROGR <i>A</i>		SUB DEPART	ΓΜENT	7C-CLASSR	OOM PRO	GRAM	
Project Number:		35720	Draft: prepop	1 2	Fina			Program Nu	mber:		07.0-25	,
	Sign Off:		Date Issued:			2017-01-		RoomName	:		UNISEX WASI	HPOOM
IBI			Client:					m²:			OIVISEX WASI	INOOW
						MT	ics		3.7 m	1 ²		
RISK LEVEL:			Medium									
ARCHITECTURAL		<u>ENTS</u>										
INTERIOR FINISHES	gc		material			finish				remarks		
Ceiling:	2750	GW	/B - Impact Resista	ant	Paint							
Wall:		GW	/B - Impact Resista	ant	Paint		٧	Water resis	tant			
Floor:					Resilien	nt						
Base:	100	Flas	sh Cove]							
Wall Protection: Co			Sheet: 🗹 ard Anti-Lig	gature		Remarl	ks:					
Door(s): Clea	r Opening (W x H		914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Protect Automatic O Access Contr Door Glazing:	pener ol	Anti-Ligatur Tamperproo		Door Re	marks: Dou	ble sv	wing				
	Operable Windov External Glazing External Glazing Exterior Window Internal Glazing a	and Frame Hardware: Treatmen	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High S High S High S High S Mirror	ecuri ecuri	ity ity				
Casework / Millwork: Min Millwork /Cou (mm) or %		ll: pards	Regular Counte				able	Remark	cs:			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	N/A			Remark		er to Appendix 1D ise Control	- Acoustics ar	nd
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	igature				Mir	rrors: Standard	✓ Vandal-	Proof
	Tackboard	Dim:				Hooks:		/hiteboard	Dim:			
	Remarks:		washroom accesso le. All washroom a							L itary napkin disposi	al, 1 waste	

Project Name:	Department:	NI DDOCDANA	SUB DEPARTMENT:
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION	IN PROGRAM	7C-CLASSROOM PROGRAM
Project Number: 35720	-Draft:	✓ Final	Program Number: 07.0-25
Sign Off:	Date Issued:	2017 01 25	RoomName:
IBI	att.	2017-01-25	UNISEX WASHROOM
	Client:	MTICS	m²: 3.7 m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remark	s: Exhaust	
HVAC:			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard Janitorial Floor Laborato		WC	Emergency Shower
Double	Electronic Controls	Barrier Free WC Floor Drain	Corrosion Resistant Fittings Other:
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et	e Other:	n Isolation Patient Controlled ressure Monitor
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	narks:
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	In Use" Light	All lighting	g on emergency power.
		L	

Project Name: VALLEYVIEW	PROJECT	Department: 07.0 MAPI	LES EDI	JCATION P	ROGRAM	SUB DEPARTMENT:	ROOM PROGRAM	
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		07.0-25
Sign	Off:	Date Issued:		20	17-01-25	RoomName:		UNISEX WASHROOM
IBI		Client:			MTICS	m²: 3.7 m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vide	rcom Station eo Intercom Sta rcom Master St		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Monit	tor	_	der No.: Detection		off Assist tient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operationa Remarks:	al			
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT	Department: 07.0 MAPLES EDUCA		7C-CLASSROOM PROGRAM			
Project Number: 35720 Sign Off:	-Draft:	Final	Program Number: RoomName:	07.0-26		
IBI	Client:	2017-01-25 MTICS	m ² : 18. m ²	MAT., EQUIP, TEACH & SUPPLY STOR		
RISK LEVEL:	Low					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height	material	finish		remarks		
Ceiling: 2750 Aco	ustic Tile	Pre-Finished				
Wall: GW	B - Impact Resistant	Paint				
Floor:		Resilient				
Base: 100 Flas	h Cove					
	Sheet: rd Anti-Ligature rd Anti-Ligature	Remarks:				
Door(s): Clear Opening (W x H): 1 Door Sidelight	830 x 2135 Material:	Solid Core	Finish: Pla	m		
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Upper glazi Hardware Type:: OF-01	Tamperproof Hardware Locking	Door Remarks:				
Windows: External Glazing and Frame: External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Blinc	Standard Secu	ure High Securi ure High Securi ure High Securi	ity			
Casework / Millwork: Casework Security:	Regular Secure	e	Remarks:			
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards		Vork Surface Height (mm): Lockable				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: N/A	RT 60:	N/A	Remarks: Refer to Noise C	o Appendix 1D - Acoustics and Control		
GENERAL ROOM REMARKS: Coat Hool	ks: Standard Anti-Li	gature No of Coat	Mirrors	: Standard Vandal-Proof		
Tackboard Dim:		Hooks: W	/hiteboard Dim:			
Remarks: Shall be p	provided as open area	·				

Project Name:	Department:	NICATION DDOGDANA	SUB DEPARTMENT: 7C-CLASSROOM PROGRAM			
VALLEYVIEW PROJECT	U7.U WIAPLES EL	OUCATION PROGRAM	/(.	-CLASSKOOIVI PKOGKAIVI 		
Project Number: 35720	Draft:	2 Final	Program Number:	07.0-26		
Sign Off:	Date Issued:		RoomName:			
· ·		2017-01-25	LG MAT.,	EQUIP, TEACH & SUPPLY STOR		
IBI	Client:	MTICS	m²: 18. m²			
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS						
Type: ACLIDAT 62.1.01		Remarks:				
HVAC:						
Can Air be Returned Rate (A/o	C):	Special Exhau	ust Air Required: 0			
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks		
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain			
Lavatory Wall Standard	Standard	wc [Emergency Shower			
Janitorial Floor Laborato	· =	Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Cont	rols Floor Drain	Other:			
Deep Equipment						
Other:	=					
Size:						
ROOM CONTROLS. Room Temp Control v	vith Room Relative	Humidity with	n Isolation			
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustme		ressure Monitor Pati	ient Controlled		
Room Control Remarks:	Via DDC					
	🗆	l a				
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive Ne	gative Other:				
Air Temp: 🗸 Standa	rd Special	Other:		_		
ELECTRICAL REQUIREMENTS						
GENERAL POWER:			Clock			
Types of Power: Normal						
Receptacle Count: Conven	ience: 4 duplex					
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task Li		Lighting Ren	narks:			
Dimmable Lighting	In Use" Light	t				
✓ Switch & Light Cont Charting Light	rols Vanity Light					

1		Department:						
Project Name: VALLEYVIE	VALLEYVIEW PROJECT		LES EDUCA	TION PRO	GRAM	SUB DEPARTMENT:	7C-CLASSROOM PROGRAM	
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		07.0-26
	Sign Off:	Date Issued:		2017-	01-25	RoomName: LG	MAT., EQUIP, T	EACH & SUPPLY STOR
		Client:		ı	MTICS	m²: 18. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS: Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or	lata): utlet: 0		=	Station ercom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Statu	S
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader	_		aff Assist	☐ Duress - Wired ☐ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEY	/VIEW PR	OJECT	Department: 07.0 MAPL	ES EDUC	ATION PRO	GRAM	SUB DEPARTM		C-CLASSR(OOM PROGRAM
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	oer:		07.0-27
IBI	Sign Off:		Date Issued: Client:			'-01-25	RoomName: m ² :	- 2	ноц	JSEKEEPING CLOSET
						MTICS	3.	5 m²		
RISK LEVEL:			Standar							
ARCHITECTURAL I	REQUIREN	1ENTS								
INTERIOR FINISHES:	height		material		finish			re	marks	
Ceiling:	2750	G۱	WB - Moisture Resi	stant	Paint					
Wall:		G۱	WB - Moisture Resi	stant	Paint					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Cra Har	rner Guards: sh Rails: [nd Rails: [sir Rail:	Stand Stand Stand	dard	gature	R	emarks:				
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
· · · · · · · · · · · · · · · · ·	Door Sidelig									
Haro	Automatic C Access Cont Door Glazing:	Opener trol 6R-01	Locking	of Hardware	Door Remarks:					
E E	Operable Windo external Glazing external Glazing exterior Window enternal Glazing	g and Fram g Hardware w Treatme and Frame	e: Standard	Sec Sec Sec Sec Sec Sec	ure	igh Secur igh Secur igh Secur igh Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	y: 🕢 Regular	Secur	re		Remarks:			ble shelving-
Min Millwork /Coun (mm) or % c	ter Linear Leng of perimeter w Upper Cupb Lower Cupb	all:	Counte	r Top	Work Surface Height (mm):	Lockable			•	ight not to exceed and mop hangers
	Rating Wall / Floor / Ceiling:	40		RT 60:	NA		Remarks:	Refer to Ap	-	Acoustics and
	NC Rating:	NA								
GENERAL ROOM REI	MARKS: Tackboard	Coat Ho	ooks: Standard	Anti-Li	gature No of H	looks:	Vhiteboard [Mirrors:	Standard	☐ Vandal-Proof
	Remarks:		shelf with mop and	d broom ho	olders and hoo	oks, soap	dispenser, pa	per towel d	ispenser. Sh	all include mop

Project Name:	Department:		SUB DEPARTMENT:							
VALLEYVIEW PROJECT	07.0 MAPLES EDU	JCATION PROGRAM	7C-CLASSROOM PROGRAM							
	Draft:		Program Number:							
Project Number: 35720	prepop 1	2 Final	07.0-27							
Sign Off:	Date Issued:		RoomName:							
ini		2017-01-25	HOUSEKEEPING CLOSET							
IBI	Client:		m²:							
		MTICS	3.5 m²							
RISK LEVEL:	Standard									
MECHANICAL REQUIREMENTS										
Type: ACHDAE 62.1.01		Remarks: Exhaust								
HVAC:		Zanadoc								
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System		·								
PLUMBING FIXTURES:										
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks							
Handwash Counter Goosene		Hopper	Water Fountain							
Lavatory Wall Standard	<u>-</u>	□ wc	Emergency Shower							
✓ Janitorial ✓ Floor Laborato	. =	Barrier Free WC	Corrosion Resistant Fittings							
Double	Electronic Contro	Floor Drain	Other:							
Deep Equipment	24 X 24 floor mounted janitors sink									
Other:	-									
Size: 24 X 24										
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:										
Air Temp: 📝 Standa	rd Special	Other:								
ELECTRICAL REQUIREMENTS										
GENERAL POWER: Types of Power: Normal			Clock							
Types of Fower. Mormal			_							
Receptacle Count: Conven	ience: 1 duplex GFI									
Power Remarks: GFI										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rem	narks:							
Dimmable Lighting	"In Use" Light									
Switch & Light Cont	rols Vanity Light									
Charting Light										

Project Name: VALLEYVIEW PROJECT		Department: 07.0 MAPLES EDUCATION PROGRAM			SUB DEPARTMENT:	7C-CLASSROOM PROGRAM		
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		07.0-27
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	НС	OUSEKEEPING CLOSET
		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
Coax/ Data TV O	data): 0 outlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	nical Camera nical Camera Moni		Card Reader Intrusion De	L		off Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	S:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name:	LLEYVIEW PROJ	ECT Depart		ES EDUC	ATION PR	OGRAM	7C-CLASSROOM PROGRAM			
Project Number:		720 Draft:	prepop	1 2	Final		Program Num	ber:	07.0-28	
ÍВ	Sign Off:	Date Is Client:	ssued:		201	17-01-25	RoomName:		FIRST AID ROOM	
		Cheff.				MTICS).3 m²		
RISK LEVEL:			.ow							
	RAL REQUIREMEN									
INTERIOR FINIS			material		fini	sh		remarks		
Ceiling:	2750	Acoustic T	ile		Pre-Finishe	d				
Wall:		GWB - Imp	oact Resista	nt	Paint					
Floor:					Resilient					
11001.					resilient					
Base:	100	Flash Cove	!							
Wall Protection:	Corner Guards:	Sheet: Standard	✓ Antilia	ata		Remarks:				
		Standard [Anti-Lig Anti-Lig							
	Chair Rail:	Standard [Anti-Lig	ature						
Door(s):	Clear Opening (W x H):	914 x 2	135	Material:	Solid Core		Fir	nish: Plam		
	Door Sidelight									
Door Hardware:	Door Protection ☐ Automatic Open ✓ Access Control		Anti-Ligature Tamperproo Locking		Door Remark	ks:				
	Door Glazing:									
	Hardware Type:: OF-0	2								
Windows:	Operable Windows: External Glazing and	Frame:	Standard Standard	✓ Sec ✓ Sec	_	High Secur	Remarks:			
	External Glazing Har	_	Standard	✓ Sec		High Secur				
	Exterior Window Tre Internal Glazing and		Standard Standard	✓ Sec	_	High Secur High Secur				
		Blinds	Roller SI		1 Way Mir	_	Other			
Casework / Millwo	ork: Casework Se	ecurity: 🗸 R	egular	Secur	re		Remarks:			
	/Counter Linear Length or % of perimeter wall:	400		Counter/	Work Surface Height (mm):	915				
	✓ Upper Cupboard ✓ Lower Cupboard		Counter Stainles		v	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: 55 NC Rating: 30-	-35		RT 60	: 0.7		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and	
GENERAL ROOM		at Hooks:	Standard	Anti-I	igature No	of Coat 2		Mirrors: Standar	rd Vandal-Proof	
	Tackboard Di					Hooks:	Vhiteboard [Dim:		
	Remarks: Sha	all include co	unter. sink	cabinet: sl	hall accomm	odate cot				
	Jane	,	, 2							

Project Name:	Department:	SUB DEPARTMENT:								
VALLEYVIEW PROJECT	07.0 MAPLES EDUCATION PF	OGRAM 7C-CLA	SSROOM PROGRAM							
	Draft:	Program Number:								
Project Number: 35720	-Draft:	Frogram Number.	07.0-28							
Sign Off:	Date Issued:	RoomName:								
		17-01-25	FIRST AID ROOM							
IBI	Client:	m²:								
		MTICS 10.3 m ²								
RISK LEVEL:	Low									
	LOVV									
MECHANICAL REQUIREMENTS										
HVAC: Type: ASHRAE 62.1-01	Remarks:									
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0								
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap	Plu	ımbing Remarks							
Handwash Counter Goosene	ock Lover/Plades	Eyewasii	mong nemana							
Lavatory Wall Standard	t Ctandard									
Janitorial Floor Laborato		Emergency Shower								
Double	Danie Bairle	Free WC Corrosion Resistant Fittings								
Deep Equipment	Floor [Orain Other:								
Other:										
	-									
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:										
Rack Storage (2.4m high)	Types:									
EXHAUST: Pressure:	Positive Negative	Other:								
	_									
Air Temp: 🕡 Standa	ord Special Other:									
SUSCEPLICAL DECLUDENCENTS	L									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Emerge	ency	Clock								
Receptacle Count: Conven	ience: 2 duplex									
Power Remarks:										
Patient Care Area Designation]								
(as per CSA Z32):										
_	_									
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:								
Dimmable Lighting	In Use" Light	Wall mounted extendable exam light. All	lighting on emergency							
Switch & Light Cont	rols Vanity Light	power.								
Charting Light										

<u></u>								
Project Name: VALLEYVIEW PROJECT		Department: 07.0 MAPL	ES ED	UCATION PRO	GRAM	SUB DEPARTMENT: 7C-CLASSROOM PROGR		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number: 07.0		07.0-28
	gn Off:	Date Issued:		2017	-01-25	RoomName:		FIRST AID ROOM
IBI		Client:			MTICS	m²: 10.3 m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	a):1		Vide	ercom Station eo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera N Security Remarks:		nical Camera nical Camera Monito	or	Card Reader	L		f Assist ent Assist	Duress - Wired Duress - Wireless
OTUER								
OTHER Equipment Remarks:				Operational Remarks:				
Room Data								

								,			
Project Name: VALLE	VIEW PR	ROJECT	Departn	nent:	08.0 SH	ARED PRO	GRAMS	SUB DEPARTI	MENT:		8A-GENERAL
Project Number:		35720		prepop	1 2	✓ Final		Program Nun	nber:		08.0-01
IRI	Sign Off	:	Date Iss	ued:		201	7-01-25	RoomName:		OFFICE, PROGR	AMS COORDINATOR
			Client:				MTICS	m²:	1.1 m²		
RISK LEVEL:			St	tandar	d						
ARCHITECTURAL	REQUIREN	1ENTS									
INTERIOR FINISHES:	height	t		material		finis	sh			remarks	
Ceiling:	2750		oustic Tile	e		Pre-Finished	t				
Wall:		G۷	NΒ			Paint					
Floor:						Carpet					
Base:	100	Ru	ıbber								
Wall Protection: Co	rner Guards:	✓	Sheet:	✓		•	Remarks:				
Cra	sh Rails:	Stand	dard	Anti-Li	igature						
На	nd Rails:	Stand	dard	Anti-Li	igature						
Cha	air Rail:	Stand	dard	Anti-Li	igature						
Door(s): Clear	Opening (W x	H):	914 x 21	135	Material:	Solid Core		F	inish: PI	am	
	Door Sidelig	ght									
Door Hardware: [Door Protect Automatic (Access Control Door Glazing:	Opener trol		Anti-Ligatu Famperpro Locking	ire & oof Hardware	Door Remark	s:				
Har	dware Type:: (OF-01									
E E	Dperable Windo External Glazing External Glazing Exterior Windo Internal Glazing Blackout	g and Fram g Hardware w Treatmei	e:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secui High Secui High Secui High Secui ror	rity rity	:		
Casework / Millwork:	Casewo	ork Security	y: 🗌 Re	gular	Secur	e		Remarks	5:		
Min Millwork /Cour (mm) or %	ter Linear Leng of perimeter w				Counter/	Work Surface Height (mm):					
	Upper Cupb	ooards		Counte	er Top ess Steel		Lockable				
ACOUSTICS: STO	Rating Wall / Floor / Ceiling	45			RT 60	0.7		Remarks		to Appendix 1D	- Acoustics and
	NC Rating:								Noise	Control	
GENERAL ROOM RE	MARKS:	Coat Ho	oks: 🗸 S	Standard	Anti-L	gature No	of Coat 2 Hooks:		Mirro	rs: Standard	Vandal-Proof
	Tackboard	Dim:	610 mm v	vide X 91	15 mm high		✓ ∨	Whiteboard	Dim:	610mm wide X 9	15mm high
	Remarks:	Shall acc	commoda	ate desk a	and chair, fi	ing cabinet,	bookcase	and meeting	space 1	for 2-3	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED PRO	OGRAMS 8A-GENER	AL
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number: 08.0-01	
35720	prepop 1 2 Final		
Sign Off:	Date Issued:	RoomName: 17-01-25 OFFICE, PROGRAMS COORDINAT	TOD.
IBI		,	UK
101	Client:	MTICS m²: 11.1 m²	
		MTICS 11.1 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
		Divertine Descents	
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrie	r Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor I	Orain Other:	
Deep Equipment			
Other:			
Size:	-		
- Boom Town Control	with Doom Polative Humidity with	Infantion Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Controlled Patient Controlled	
Room Control Remarks:	Via DDC		
	VIU DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal	& Emergency	Grown	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadp	ex	
			_
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
UGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
		agrang remarks.	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHA	RED PROG		SUB DEPARTMENT:		8A-GENERAL
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		08.0-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OFFICE, PROG	RAMS COORDINATOR
181		Client:			MTICS	m²: 11.1 m²		
RISK LEVEL:		Standar	d			,		
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel I Coax/ Data TV I IMIT Remark	Outlet: 0		_	Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Came		nical Camera nical Camera Moni	tor	Card Reader			aff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remark	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name:		Department:	08.0 SH	ARED PROG	SUB DEPARTMEN	NT:	8A-GENERAL	
VAI	LEYVIEW PROJEC	T Draft:				Program Numbe	,p.	
Project Number:	3572		1 2	Final		Program Numbe	1.	08.0-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	ABORIGINA	L PROGRAMS ROOM
IBI		Client:			MTICS	m²:	2	
RISK LEVEL:	1	Low			WITICS	20.	m-	
	AL REQUIREMENTS	Low						
INTERIOR FINISH		material		finish			remarks	
Ceiling:		GWB - Impact Resista	ant	Pre-Finished				
Wall:		GWB - Impact Resista	ant	Paint				
		TWD - IIIIpact Nesisu	ant	Tanic				
Floor:				Resilient				
Daga	100 F	Tach Cours						
Base: Wall Protection:	Corner Guards:	Sheet:			amarka. [
wall Protection:		ndard ☐ Anti-Li	gature	K	emarks:			
	Hand Rails: Star	ndard	_					
	Chair Rail: Star	ndard 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Finis	h: Plam	
	Door Sidelight							
Door Hardware:	Door Protection	Anti-Ligatu		Door Remarks:				
	Automatic Opener Access Control	Tamperpro ✓ Locking	of Hardware					
	Door Glazing: Upper g	lazing						
	Hardware Type:: OF-01							
Windows:	Operable Windows:	Standard	✓ Sec	ure		Remarks:		
	External Glazing and Fra		✓ Sec		igh Secur	rity		
	External Glazing Hardwa		✓ Sec	_	igh Secur			
	Exterior Window Treatm Internal Glazing and Fran		✓ Sec	=	igh Secur igh Secur			
	☐ Blackout ✓ B		_	1 Way Mirro	•	Other		
Casework / Millwo	rk: Casework Secur	ity: Regular	✓ Secur	re		Remarks:		
	Counter Linear Length 1800)	Counter/	Work Surface 9	15			
(mm)	or % of perimeter wall: ✓ Upper Cupboards	✓ Counte	er Top	Height (mm):└	Lockable			
	✓ Lower Cupboards	Stainle	ss Steel					
ACOUSTICS:	STC Rating Wall / 50		RT 60:	0.7		Remarks: R	efer to Appendix 1D	- Acoustics and
	Floor / Ceiling: NC Rating: 30-35					N	loise Control	
GENERAL ROOM		looks: Ctandard	Anti Li	gature No of	Coat		Mirrors: Standard	/ Vandal Broof
SEIVENAL ROOM	Tackboard Dim:	Standard 610 mm wide X 91			looks:	Vhiteboard Dir		
	_			. 12201 01 71			otomin wide X s	ATOHIIII HIKH
	Remarks: Provid	e 2 large white boar	as. 2440w	x 1220h.Shall i	inciude si	ınk, open area		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED PRO	GRAMS 8A-GEN	IERAL
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number: 08.0-02	
35720	prepop 1 2 Final		
Sign Off:	Date Issued:	RoomName: 7-01-25 ABORIGINAL PROGRAMS	DOOM
IBI			KOOIVI
101	Client:	MTICS m²: 20. m²	
		MTICS 20. m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
		Dhumbing Damadu	
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash ✓ Counter ☐ Goosene	□ поррег	Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	,	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
✓ Other: single comp. sink	_		
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity with	Infection Isolation	
Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Controlled	
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Nuck Storage (2.411 high)	Types.		
EXHAUST: Pressure: equal	Positive Negative	Other:	
_	_		
Air Temp: Standa	ord Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 4 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	inhting Day Laure	Lighting Domayles	
LIGHTING: Workstation Task L		Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

VALLEYVIEW PROJECT		Department: 08.0 SHARED PROGRAMS			SUB DEPARTMENT: 8A-GENER			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		08.0-02
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	ABORIGINA	AL PROGRAMS ROOM
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS: Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks)	lata): 0 utlet: 0		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks	a Monitor Cli	nical Camera nical Camera Moni	itor 🗌	Card Reader Intrusion Det			taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

D			- In				SUD DEDARES	AGNIT	
Project Name: VALI	LEYVIE	W PROJEC	Department:	08.0 SH	ARED PRC	GRAMS	SUB DEPARTM	MENT:	8A-GENERAL
Project Number:		3572	Draft: prepop	1 2] 🗸 Final		Program Num	ber:	08.0-03
IBI	I	Sign Off:	Date Issued:		201	.7-01-25	RoomName:		STORAGE
	ı		Client:			MTICS	m²:	1. m²	
RISK LEVEL:			Standar	d					
ARCHITECTURA	AI RFO	UIRFMFNTS	<u> </u>						
INTERIOR FINISHI		height	material		finis	ch		remarks	
Ceiling:	275		Acoustic Tile		Pre-Finishe			Telliaiks	
8.									
Wall:			GWB		Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature		Remarks:			
Door(s):	lear Open	ing (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
D001(3).	_	or Sidelight							
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Type:: OF-01	☐ Anti-Ligatu Tamperpro ✔ Locking	ire & oof Hardware	Door Remark	es:			
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fracting and Fracting Hardwork or Window Treating and Fracting and	are: Standard ment: Standard ame: Standard	Secu Secu Secu	ure ure ure	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwor	k:	Casework Secu	rity: Regular	Secur	e		Remarks:	Floor to ceiling shelving	g, 450mm depth
Min Millwork /C	ounter Lir	near Length 50%	6	Counter/ V	Vork Surface				
(mm) o	Up	imeter wall: per Cupboards wer Cupboards	Counte		Height (mm):	Lockable			
ACOUSTICS:		/ Ceiling:		RT 60:	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	N	C Rating: N/A							
GENERAL ROOM			Hooks: Standard	Anti-Li	gature No	Hooks:		Mirrors: Standard	☐ Vandal-Proof
	∐ Та	ckboard Dim:				∐ v	Vhiteboard	Dim:	
	Re	marks:							

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SI	HARED PROGRAMS		8A-GENERAL
VALLETVIEWTROSECT			2 1	
Project Number: 35720	Draft:	2 Final	Program Number:	08.0-03
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	00.0 00
Sign On.	Date issued.	2017-01-25	Nooninaine.	STORAGE
IBI	Client:		m²:	
		MTICS	4. m²	
DISK LEVEL	Standard			
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	7	Plumbir	ng Remarks
Handwash Counter Goosene		Urinal _	Eyewasii	
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC L	Emergency Shower	
Double	Electronic Control	Barrier Free WC	Corrosion Resistant Fittings Other:	
Deep Equipment		THOOLDIAM [
Other:				
Size:	-			
ROOM CONTROLS. Room Temp Control	with Room Relative Hu	midity with	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	·	ressure Monitor Patient Contro	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	/et Dry S	tandpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Nega	tive Other:		
EXHAUST: Pressure: ✓ Equal	1 Oslive Nega	uve outer.		
Air Temp: ✓ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
	·			
Power Remarks:				
rowel Kellaks.				
Patient Care Area Designation				
(as per CSA Z32):				
	. —			
LIGHTING: Workstation Task L		Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHARED PROGRAMS	SUB DEPARTMENT:	8A-GENERAL
Project Number:	35720	-Draft: prepop	1 2 Final	Program Number:	08.0-03
	ign Off:	Date Issued:	2017-01-25	RoomName:	STORAGE
		Client:	MTICS	6 m²: 4. m²	
RISK LEVEL:		Standar	·d		
TECHNOLOGY REQUIRE	EMENTS				
Communications Out Quantity (1 voice, 1 dat Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room St Telemetry Teleconferencing	tatus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	Card Reader No.:	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
OTHER					
Equipment Remarks:			Operational Remarks:		
Room Data Sheet Comment:					

Project Name:	LLEYVIEW PRO		Department: 08.0 SHARED PROGRAMS				SUB DEPARTM	SUB DEPARTMENT: 8A-GI		
Project Number:	3.	5720	Draft: prepop	1 2	✓ Final		Program Num	ber:	08.0-04	
IB	Sign Off:	I	Date Issued:		2017	7-01-25	RoomName:	OFFICE, ABORIGIN	IAL SUPPORT WORKER	
	ו י	(Client:			MTICS	m²: 9.	.2 m²		
RISK LEVEL:			Standar	d						
ARCHITECTUR	RAL REQUIREME	NTS								
INTERIOR FINISI	HES: height		material		finish	h		remarks		
Ceiling:	2750	Acou	stic Tile		Pre-Finished					
Wall:		GWB			Paint					
Floor:					Carpet					
Paco:	100	Rubb	or							
Base: Wall Protection:	Corner Guards:		heet:		F	Remarks:				
	Crash Rails: Hand Rails: Chair Rail:	Standard Standard Standard	d Anti-Li	gature gature gature						
Door(s):	Clear Opening (W x H):		14 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sidelight							,		
Door Hardware:	Door Protectio Automatic Ope Access Control	ner	✓ Locking	re & oof Hardware	Door Remarks	:				
	Door Glazing: Upp		g							
Windows:	Operable Windows External Glazing an External Glazing Ha Exterior Window To Internal Glazing an	d Frame: ardware: reatment:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwo			Regular	Secur			Remarks:			
Min Millwork ,	/Counter Linear Length or % of perimeter wall: Upper Cupboai	rds	Counte	Counter/	Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:			RT 60	0.7		Remarks:	Refer to Appendix 1I Noise Control	O - Acoustics and	
GENERAL ROOM			∷ 🗸 Standard	Δnti-li	igature Noo	f Coat		Mirrors: Standar	d Vandal-Proof	
JENERAL ROOM) mm wide x 91			Hooks:	Whiteboard [Dim: 610mm wide X		
			nmodate desk		ling cabinet. h				g	
				,	<u> </u>					

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS	8A-GENERAL					
VALLETVIEWTROJECT								
Project Number:	Draft:		Program Number: 08.0-04					
35720	prepop 1	2 Final						
Sign Off:	Date Issued:	2017-01-25	RoomName:					
IBI		2017 01 23	, , , , , , , , , , , , , , , , , , , ,					
101	Client:	MTICS	m²:					
		WITICS	9.2 m²					
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
Type: ACUDAT 62.1.01		Remarks:						
HVAC: Type: ASHRAE 62.1-01		Remarks.						
Can Air be Returned Rate (A/	C):	Special Exha	aust Air Required: 0					
to System								
PLUMBING FIXTURES:		1						
			21 1: 2					
sink mounting faucet	tap	Urinal [Eyewash Plumbing Remarks					
Handwash Counter Goosene		Hopper [Water Fountain					
Lavatory Wall Standard	d Standard	wc [Emergency Shower					
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings					
Double	Electronic Cont	trols Floor Drain	Other:					
Deep Equipment								
Other:								
Size:	-							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks:								
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Ot	her:					
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: ✓ Equal	Positive Ne	egative Other:						
Air Temp: 🗸 Standa	ard Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
	0. 5		Clock					
Types of Power: Normal	& Emergency							
Descrited County								
Receptacle Count: Conver	nence: 1 duplex, Workst	ations: 1 quadplex						
Power Remarks:								
Patient Care Area Designation	-							
(as per CSA Z32):								
V F /								
LIGHTING: Workstation Task L	ighting Night Light	Lighting Re	marks:					
Dimmable Lighting	"In Use" Ligh							
✓ Switch & Light Cont	. =							
Charting Light	rols Vanity Light							

Project Name: VALLEYVII	VALLEYVIEW PROJECT		08.0 SH <i>A</i>	ARED PROC		SUB DEPARTMENT:	8A-GENERAL
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	08.0-04
	Sign Off:	Date Issued:		2017	-01-25	RoomName: OFFICE, ABOR	RIGINAL SUPPORT WORKER
		Client:			MTICS	m²: 9.2 m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQUI	REMENTS						
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet: 0		Video In	n Station tercom Station n Master Statio		Hands Free Room Telemetry Teleconferencing	Status
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ☐ Duress - Wireless
Security Remarks	:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VAI	LLEYVIEW P	ROJECT	Department:	08.0 SH	ARED PRO	GRAMS	SUB DEPARTMENT: 8B-ART FACILIT		
Project Number:		35720	Draft: prepop	1 2	Final		Program Num	ber:	08.0-05
IBI	Sign O	ff:	Date Issued:		2017	7-01-25	RoomName:		ART ROOM
	_		Client:			MTICS	m²:	0. m²	
RISK LEVEL:			Low						
	AL DECLUDE	NATNITC							
ARCHITECTUR		IVIEN IS							
INTERIOR FINISH		ht	material		finish	1		remarks	
Ceiling:	3000	Aco	ustic Tile		Pre-Finished				
Wall:		GW	B - Impact Resis	tant	Paint				
Floor:					Resilient				
Base:	100	Flas	h Cove						
Wall Protection:	Corner Guards: Crash Rails:		Sheet:	:	R	Remarks:			
	Hand Rails:	Standa Standa	_	igature					
	Chair Rail:	Standa	_	igature igature					
		_		1				[
Door(s):	Clear Opening (W Door Side		220 x 2135	Material:	Solid Core		FI	nish: Plam	
				0					
Door Hardware:	✓ Door Prot Automatic			oof Hardware	Door Remarks:	Double s size : 914		e swing. Provide secor	nd egress door. Door
	Access Co	_	✓ Locking						
	Door Glazing:	Upper glazi	ng						
	Hardware Type::	OF-01							
Windows:	Operable Win	dows:	Standard	✓ Sec	ure		Remarks:		
	External Glazi	-		_	_	ligh Secur	· ·		
	External Glazi	•	Standard Standard	_		ligh Secur ligh Secur			
	Internal Glazir		Standard	_		ligh Secur			
	Blackout	✓ Blind		Shutter [1 Way Mirro	_	Other		
Casework / Millwo	ork: Casev	vork Security:	Regular	✓ Secur	re		Remarks		
	/Counter Linear Le or % of perimeter			Counter/	Work Surface 9	915			
	✓ Upper Cup			er Top		Lockable			
	✓ Lower Cup	oboards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall Floor / Ceilin			RT 60	: 1		Remarks	Refer to Appendix 1I Noise Control	O - Acoustics and
	NC Ratin	g: 35-40							
GENERAL ROOM	1 REMARKS:	Coat Hoo	ks: Standard	Anti-L		f Coat 6 Hooks:		Mirrors: Standar	d 🗸 Vandal-Proof
	✓ Tackboard	d Dim: 2(@ 1220w x 915h	l			Vhiteboard	Dim: 2 @2440 wide	x 1220 high
	Remarks:		ommodate work e supply storago	-	acher and 6 si	imultaneo	ous activities,	sinks, kiln, pottery wh	neel, painting, open
		L							

Project Name:	Department:		SUB DEPARTMENT:	OD ADT CACULTY				
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS		8B-ART FACILITY				
Project Number: 35720	Draft:	2 Final	Program Number:	08.0-05				
Sign Off:	Date Issued:		RoomName:					
IBI		2017-01-25		ART ROOM				
	Client:	MTICS	m²: 60. m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
Type: ACLIDAT C2 1 01		Remarks: Exhaust						
HVAC:								
✓ Can Air be Returned Rate (A/o	C):	Special Exhau	ust Air Required: 1					
to System								
PLUMBING FIXTURES:		-						
sink mounting faucet	tap	Urinal	Eyewash	umbing Remarks				
☐ Handwash ☐ Counter ✔ Goosene	ck Lever/Blades	Hopper	Water Fountain					
Lavatory Wall Standard	Standard		Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings					
Double	Electronic Con	trols Floor Drain	Other:					
✓ Deep Equipment	48 x 18							
Other: Solids interceptor	-							
Size: 48 x 18								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Infection Isolation Room Pressure Monitor Room Control Remarks: Via DDC								
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	er:					
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: Equal		egative Other:						
Air Temp: 🕡 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
Types of Power: Normal			✓ Clock					
Receptacle Count: Conven	ience: 12 duplex, Work	station: 1 quadplex, Special	Equipment (additional outlets): kiln, pottery wheel				
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li Dimmable Lighting	In Use" Ligi		narks:					
✓ Switch & Light Cont ☐ Charting Light	rols Uanity Light							

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		08.0 SH	ARED PROG	GRAMS	SUB DEPARTMENT:		8B-ART FACILITY
Project Number:	35720	-Draft: prepop	1 2] 🗸 Final		Program Number:		08.0-05
·'	Sign Off:	Date Issued:		2017	-01-25	RoomName:		ART ROOM
BI		Client:			MTICS	m²: 60. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 utlet: 0		Video Ir	n Station Itercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS:			_	_	_			_
Security Camera Security Camera		nical Camera nical Camera Moni	tor •	Card Reader Intrusion Det			Assist ent Assist	Duress - Wired Duress - Wireless
Security Remarks:	Door Monitoring	;						
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLEY\	/IEW PROJEC	Department:	08.0 SH	ARED PROC	GRAMS	SUB DEPARTM	1ENT:	8B-ART FACILITY
Project Number:	3572	Draft: prepop	1 2	Y Final		Program Num	ber:	08.0-06
IBI	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		GLAZING ROOM
<u>.</u>]		Client:			MTICS	m²:	8. m²	
RISK LEVEL:		Low						
ARCHITECTURAL RI)						
INTERIOR FINISHES:	height	material		finish	1		remarks	
Ceiling: 2	750	GWB		Paint				
Wall:		GWB - Impact Resist	ant	Paint				
Floor:				Resilient				
Base: 1	00	Flash Cove						
Wall Protection: Corne	er Guards:	Sheet:		R	temarks:			
Crash	Rails: Sta	ndard 🗌 Anti-Li	gature					
Hand	Rails: Sta	ndard 🗌 Anti-Li	gature					
Chair	Rail: Sta	ndard Anti-Li	gature					
Door(s): Clear O	pening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sidelight	311 X 2133		Jona Core				
Door Hardware:	Door Protection Automatic Opener	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:				
	Access Control							
Do	or Glazing: Side gla	izing						
Hardw	are Type:: OF-01							
Windows: Ope	erable Windows:	Standard	✓ Sec	ure		Remarks:		
Ext	ernal Glazing and Fra	ame: Standard	✓ Sec	ure 🗌 H	ligh Secur	ity		
	ernal Glazing Hardw		✓ Sec		ligh Secur			
	erior Window Treatr ernal Glazing and Fra		Sec	_	ligh Secur Iigh Secur	-		
	_		Shutter [1 Way Mirro		Other		
	_							
Casework / Millwork:	Casework Secu	, 💽	Secur	_		Kemarks:	Shelving floor to ceiling 450mm depth	ng- maximize.
Min Millwork /Counte (mm) or % of	r Linear Length 400 perimeter wall:	0		Nork Surface Height (mm):			•	
	Upper Cupboards	Counte			Lockable			
	Lower Cupboards	Stainle	ss Steel					
	ating Wall / 45		RT 60:	N/A		Remarks:	Refer to Appendix 1D	- Acoustics and
Fl	oor / Ceiling: N/A						Noise Control	
GENERAL ROOM REM	ARKS: Coat	Hooks: Standard	Anti-Li	gature No of			Mirrors: Standard	I ☐ Vandal-Proof
	Tackboard Dim:			Н	looks: \ \	/hiteboard I	Dim:	
	Remarks: Shall	accommodate indus	trial shelving	<u> </u>				
		2 2 7 7 2 2 2 2 2 2 2						

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS		8B-ART FACILITY
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	08.0-06
35720	prepop 1	2 Final		08.0-00
Sign Off:	Date Issued:	2017-01-25	RoomName:	GLAZING ROOM
IBI		2017 01 23		GLAZING ROOM
101	Client:	MTICS	m²:	
		WITICS	8. m²	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62.1.01		Remarks: Additional co	aling domand	
HVAC: Type: ASHRAE 62.1-01		Additional Co	ooling demand	
	-1			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumki	ng Domostic
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustme	·	Pressure Monitor Patient Contr	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Normal				
Receptacle Count: Conven	ience: 2 duplex			
Power Remarks:				
rowel Remarks.				
Dationt Core Arra D				
Patient Care Area Designation (as per CSA Z32):				
(as per CSA 232).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	"In Use" Light			
	. =	Door with	sidelight	
✓ Switch & Light Cont Charting Light	rols Vanity Light			

Project Name: VALLEYVIEW PROJ	Department:	08.0 SHARED PROGRAMS	SUB DEPARTMENT:	8B-ART FACILITY
Project Number: 35	Draft: prepop	1 2 Final	Program Number:	08.0-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	GLAZING ROOM
IBI	Client:	MTICS	m²: 8. m²	
RISK LEVEL:	Low			
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room State Telemetry Teleconferencing	us
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Clinical Camera Mon	Card Reader No.:	Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER				
Equipment Remarks:		Operational Remarks:		
Room Data Sheet Comment:				

Project Name:			Department:				SUB DEPARTN	ΛΕΝΤ:	
	EYVIE	W PROJE		08.0 SHA	RED PROG				8B-ART FACILITY
Project Number:		357	Draft: prepop	1 2	✓ Final		Program Num	ber:	08.0-07
		Sign Off:	Date Issued:		2017	-01-25	RoomName:		OFFICE, ART ROOM
IBI			Client:			MTICS	m²:	.4 m²	
RISK LEVEL:			Standar	·d					
ARCHITECTURA	L REQ	UIREMENT.	'S						
INTERIOR FINISHE		height	material		finish			remarks	
Ceiling:	275	-	Acoustic Tile	P	re-Finished				
Wall:			GWB	Р	aint				
Floor:				С	Carpet				
Base:	100		Rubber						
	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	R	emarks:			
Door(s):	ear Open	ing (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
(-/	☐ Do	or Sidelight		J L					
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Upper	✓ Locking	ure & D pof Hardware	Ooor Remarks:				
Windows:	Externa Externa Exterio	al Glazing Hardw or Window Treat al Glazing and Fr	tment: Standard	Secui Secui Secui	re	igh Securi igh Securi igh Securi igh Securi r	ty ty		
Casework / Millworl	C:	Casework Secu	urity: Regular	Secure			Remarks	:	
Min Millwork /C				Counter/ W					
(mm) oı	Up	imeter wall: per Cupboards wer Cupboards	=	J н er Top ess Steel	leight (mm):	Lockable			
ACOUSTICS:		/ Ceiling:		RT 60:	0.7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
	N	IC Rating: 30-3	5						
GENERAL ROOM			t Hooks: 🗹 Standard		ature No of	ooks:		Mirrors: Standard	Ⅰ □ Vandal-Proof
	✓ Ta	ckboard Dim:	610 mm wide X 92	15 mm high		✓ w	hiteboard	Dim: 610mm wide X	915mm high
	Re	marks: Shall	accommodate comp	outer and prin	ter				

Project Name:	Department: 08.0) SHARED PROGRAMS	SUB DEPARTMENT:	8B-ART FACILITY					
VALLEYVIEW PROJECT	D		December Niverbook						
Project Number: 35720	Draft:	2 Final	Program Number:	08.0-07					
Sign Off:	Date Issued:	2017-01-25	RoomName:	OFFICE, ART ROOM					
IBI	Client:	NATICS	m²:	,					
		MTICS	7.4 m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS Type: ASHRAE 62.1-01		Remarks:							
HVAC: Type. ASTRAE 62.1-01									
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0						
PLUMBING FIXTURES:		1							
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks					
Local Adjustment Room Control Remarks:	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:								
ELECTRICAL REQUIREMENTS									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 1 duplex, Workst	tations: 1 quadplex							
Patient Care Area Designation (as per CSA Z32):									
LIGHTING:	"In Use" Ligh		emarks:						

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHAI	RED PROGRAMS	SUB DEPARTMENT:		8B-ART FACILITY
Project Number:	35720	-Draft: prepop	1 2	✓ Final	Program Number:		08.0-07
	Sign Off:	Date Issued:		2017-01-25	RoomName:		OFFICE, ART ROOM
		Client:		MTICS	6 m ² : 7.4 m ²		
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel· Coax/ Data TV IMIT Remar	Outlet: 0			Station ercom Station Master Station	Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader No.: Intrusion Detection		off Assist tient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Lemarks:			
Room Data Sheet Commo	ent:						

Project Name: VAL	LEYVIEW	PROJEC	Departr	nent:	08.0 SH	ARED	PROGRAM		IB DEPARTN	ΛΕΝΤ:		8B-ART FAC	CILITY
Project Number:		3572	Draft:	prepop	1 2	Fina		Pro	ogram Num	ber:		08.0-08	
	Sign	Off:	Date Iss	ued:			2017-01-2		omName:			UNISEX WASH	ROOM
IBI	,		Client:				MTIC	S m²		.7 m²			
RISK LEVEL:			N	lediun	n								
ARCHITECTUR	AL REQUIR	REMENTS	•										
INTERIOR FINISH	IEC.	eight		material			finish				remarks		
Ceiling:	2750		GWB - Impa	act Resist	tant	Paint							
Wall:		C	GWB - Impa	act Resist	ant	Paint		Wa	nter resista	ant			
Floor:						Resilier	nt						
Base:	100	F	Flash Cove										
Wall Protection:	Corner Guard Crash Rails: Hand Rails: Chair Rail:	Star	Sheet: ndard ndard	_] Anti-Li	igature igature igature	I	Remarks	:					
Door(s):	Clear Opening (914 x 21	135	Material:	Solid (Core		Fi	nish: PI	am		
Door Sidelight Door Hardware: □ Door Protection □ Auti-Ligature & Door Remarks: □ Automatic Opener □ Access Control □ Door Glazing: □ Hardware Type:: WR-03													
Windows:	External Gla	azing and Fra azing Hardwa ndow Treatm azing and Frai	are: S	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High See High See High See High See	curity curity					
	Counter Linear or % of perimet		rity: Re	Counter Stainle	Counter/ Securior Top			le	Remarks	:			
ACOUSTICS:	STC Rating Wa Floor / Cei NC Ra				RT 60	N/A			Remarks		to Appendix 1D Control	- Acoustics and	t
GENERAL ROOM			Hooks:	Standard	✓ Anti-L	igature	No of Coat Hooks:	1		Mirro	rs: Standard	✓ Vandal-P	roof
	Tackbo	ard Dim:						Whit	teboard	Dim:			
	Remark						nser, 1 toilet pe anti-ligatu				ry napkin dispos	al, 1 waste	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS		8B-ART FACILITY
VALLETVIEWTROSECT				
Project Number:	Draft:		Program Number:	08.0-08
35720	prepop 1	2 Final		00.0-00
Sign Off:	Date Issued:	2017-01-25	RoomName:	LINICEN MACHEOOM
IBI		2017 01 25		UNISEX WASHROOM
101	Client:	MTICS	m²:	
		IVITICS	3.7 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: ACUDAT 62 1 01		Remarks: Exhaust		
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
]		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:		-		
				lumbing Remarks
sink mounting faucet	tap	Urinal	Eyewash	lumbing Kemarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	✔ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:				
Room Tomp Control	with Doom Polative	Humidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustm	·	Pressure Monitor Patient	Controlled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ier:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive N	egative Other:		
		_		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Norma				
Receptacle Count: Conver	nience: 1 duplex GFI			
Power Remarks: GFI				
rower Kemarks. GFI				
Dationt Core Arra D				
Patient Care Area Designation (as per CSA Z32):				
(as per CSA 232).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	. =	An ilgirians	g on emergency power.	
Charting Light	trols Vanity Light			
Grading Light				

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHAR	ED PROGRAMS	SUB DEPARTMENT:		8B-ART FACILITY
Project Number:	35720	Draft:	1 2	✓	Program Number:		08.0-08
		prepop	1 2	Final			
	Sign Off:	Date Issued:		2017-01-25	RoomName:		UNISEX WASHROOM
		Client:		MTICS	m²: 3.7 m²		
RISK LEVEL:		Medium	1				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		\equiv	rcom Station Master Station	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS:							
Security Came	era Cli	nical Camera		Card Reader No.:	St	aff Assist	Duress - Wired
Security Came	era Monitor Cli	nical Camera Monit	tor	Intrusion Detection	✓ Pa	atient Assist	✓ Duress - Wireless
Security Remar	ks:						
OTHER							
Equipment Remarks:				perational emarks:			
Room Data Sheet Commo	ent:						

Project Name: VALLE	YVIEW	PROJE		rtment:	08.0 SH	ARED PRO	GRAMS	SUB DEPART	TMENT:		Γ LOUNGE SPACE
Project Number:		3572	Draft:	prepop	1 2	✓ Final		Program Nu	mber:		08.0-09
IBI	Sign	Off:	Date	Issued:		201	7-01-25	RoomName m²:	:	В	REAKAWAY LOUNGE
]			Chem	•			MTICS		60. m²	2	
RISK LEVEL:				Mediun	n						
ARCHITECTURAL	RFOI IIR	FMFNT	ς								
INTERIOR FINISHES				material		finis	h			romarks	
Ceiling:	2750	ght	GWB - Im	pact Resis	tant	Paint	911			remarks	
B	2730		0113	paor neoio							
Wall:			GWB - Im	pact Resis	tant	Paint					
Floor:						Resilient					
Base:	100		Flash Cov	e				Į.			
Wall Protection: Co	orner Guards	: 🗸	Sheet:	✓			Remarks:				
	ash Rails:		andard	_	igature		remarks.				
На	and Rails:	_	andard	_	igature						
Ch	nair Rail:	Sta	andard	_	igature						
Daniel Clea	r Opening (V	√ ^ H)·	1220 x	2125	Material:	Solid Core	Į.		Finish: [Dlam	
Door(s): Clea	_		1220 X	2133	I Widterial.	John Core				r Iaiii	
l	Door Sid	-		_							
Door Hardware:	Door Pro			Anti-Ligatu Tamperpro	ure & oof Hardware	Door Remarks	S:				
l [Access C	tic Opener Control	✓	,							
•	Door Glazing		glazing								
	rdware Type										
				1							
	Operable Wi External Gla:		-amo:	Standard			III-b C	Remark	s:		
	External Gla	Ü		Standard Standard	_	_	High Secui High Secui				
	Exterior Win	_	=	Standard		_	High Secui	-			
	Internal Glaz	ing and Fr	ame:	Standard	Sec	ure 🗌	High Secui	rity			
[Blackout		Blinds	Roller	Shutter [1 Way Miri	ror	Other			
Casework / Millwork:	Case	ework Secu	ırity: 🔲 (Regular	✓ Secur	re		Remark	ks: Prov	vide millwork unit	for TV screen with
Min Millwork /Cou			00		Counter/	Work Surface	915		plex	i-glass cover.	
	of perimete			A Count	or Ton	Height (mm):] Lagkabla				
	✓ Upper Co ✓ Lower Co	upboards upboards			er Top ess Steel		Lockable				
ACOUSTICS: ST	C Rating Wal				RT 60	0.7		Remark		er to Appendix 1D	- Acoustics and
		ing: 35-40)						INOIS	se Control	
GENERAL ROOM RE	MARKS:	Coat	Hooks:	Standard	Anti-L	gature No o	of Coat Hooks:		Mirr	rors: Standard	Vandal-Proof
[✓ Tackboa	rd Dim:	1220 m	m wide X 9	915 mm high	Ī		Whiteboard	Dim:	1220mm wide X	915mm high
	Remarks	s: Shall	accommo	date pool	table, TV, 5	computer sta	ations, loui	nge space fo	or 15		
			-				-				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	08.0 S	HARED PROGRAMS	8C-CLIENT LOUNGE SPACE
	-Draft:		Program Number:
Project Number: 35720	prepop 1	2 Final	08.0-09
Sign Off:	Date Issued:	2 111101	RoomName:
· ·	Date issuedi	2017-01-25	BREAKAWAY LOUNGE
IBI	Client:		m²:
		MTICS	60. m²
RISK LEVEL:	Medium		
	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust	
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene		Urinal	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		wc _	Emergency Shower
Double	Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment		Floor Drain	Other:
Other:			
	=		
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative Hu	midity with Infection	n Isolation
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	- I I	ressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry S	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Nega	ative Other:	
Air Temp: 🕡 Standa	ord Special	Other:	
Air Temp: Standa	пи зрестаг	Other.	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Normal			
Pecentacle Count: Conver	ianaa 12 dunlay Warksta	tions, F avadalay Cassial	I Favinment (additional outlets). TV audio aguinment
keceptacie count. Conven	nence: 12 dupiex, worksta	tions: 5 quadpiex, Special	l Equipment (additional outlets): TV, audio equipment
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light	2-Briting (CI)	
✓ Switch & Light Cont	. =		
Charting Light	rols Vanity Light		

Project Name: VALLEYVII	Project Name: VALLEYVIEW PROJECT		08.0 SHARED PROGRA	SUB DEPARTMENT:	8C-CLIENT LOUNGE SPACE
Project Number:	35720	-Draft: prepop	1 2 Final	Program Number:	08.0-09
	Sign Off:	Date Issued:	2017-0	RoomName:	BREAKAWAY LOUNGE
_]		Client:	М	TICS m ² : 60. m ²	
RISK LEVEL:		Medium	n		
TECHNOLOGY REQUI	REMENTS				
IMIT SYSTEMS:					
Coax/ Data TV O	data): utlet: 0	WiFi access	Intercom Station Video Intercom Station Intercom Master Station	Hands Free Telemetry Teleconferencing	Room Status
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moni	☐ Card Reader N tor ☐ Intrusion Detect		ff Assist Duress - Wired cient Assist Duress - Wireless
OTHER					
Equipment Remarks:			Operational Remarks:		
Room Data Sheet Commer	nt:				

Project Name: VAL	LEYVIEV	N PROJEC		rtment:	08.0 SH	ARED I	PROGRAM		SUB DEPARTMENT: 8C-CLIENT LOUNGE SPACE				\CE
Project Number:		3572	Draft	: prepop	1 2	Fina		Prog	gram Numl	ber:		08.0-10	
	S	ign Off:		Issued:			2017-01-2		mName:			PING PONG ALCO	OVF
IBI			Clien	t:			MTIC	m²:	21	5. m²			
RISK LEVEL:				Mediun	2								
	AL DEOLI	UDENAENIT	•	Mediun	<u> </u>								
ARCHITECTURA INTERIOR FINISH			•				finish.						
Ceiling:	2750	height	GWB - In	material npact Resist	tant	Paint	finish				remarks		
J													
Wall:			GWB - In	npact Resist	tant	Paint							
Floor:		l				Resilien	it						
Base:	100		Flash Cov	/e									
Wall Protection:	Corner Gua Crash Rails Hand Rails: Chair Rail:	ards: 🗸 : Sta	Sheet ndard ndard ndard	Anti-Li	igature igature igature		Remarks:	:					
Door(s):	Clear Openin	g (W x H):			Material:				Fir	nish:			
Door Hardware:	Auto			Anti-Ligatu Tamperpro	ire & oof Hardware	Door Re	marks:						
Windows:	External External Exterior	e Windows: Glazing and Fra Glazing Hardw Window Treatr Glazing and Fra kout	are:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec	ure ure ure ure	High Sec High Sec High Sec High Sec High Sec	curity curity curity	Remarks:				
Casework / Millwor	·k: (Casework Secu	rity:	Regular	Secui	·e			Remarks:				
Min Millwork /C (mm) o	r % of perim	-			Counter/ er Top ess Steel	Work Sur Height (r		le					
ACOUSTICS:	STC Rating Floor /	Ceiling:			RT 60	0.7			Remarks:		to Appendix 1D Control	- Acoustics and	
	NC	Rating: 35-40)										
GENERAL ROOM	REMARK	S: Coat	Hooks: 🗸	Standard	Anti-L	igature	No of Coat Hooks:	2		Mirror	s: Standard	Vandal-Prod	of
	Tack	board Dim:						White	board [Dim:			
	Rem	arks:					-						

Project Name:	Department:		UB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED F	ROGRAMS	8C-CLIEN	T LOUNGE SPACE
	Draft:	Pi	rogram Number:	
Project Number: 35720	-Draft:		rogram Number.	08.0-10
Sign Off:	Date Issued:		oomName:	
· ·		2017-01-25		PING PONG ALCOVE
IBI	Client:	m	n ² :	
		MTICS	25. m²	
RISK LEVEL:	Medium			
	Wiedidiii			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01	Remarks:	Exhaust		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust	Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbir	ng Remarks
Handwash Counter Goosene	uck	=	Eyewasn	.g remand
Lavatory Wall Standard	Standard	. =	Water Fountain	
Janitorial Floor Laborato	Foot Podel		Emergency Shower	
Double	Flastronic Controls		Corrosion Resistant Fittings	
Deep Equipment	Flo	or Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control	with Room Relative Humidity with	☐ Infection I	solation	
Local Adjustment	Local Adjustment	1 1	ssure Monitor Patient Contro	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other	:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:		
EXHAUST: Pressure:	Positive Negative	Other.		
Air Temp: ✓ Standa	ord Special Other:			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Types of Fortier Inditinal				
Receptacle Count: Conven	ience: 4 duplex			
, as in the second of the seco	e.iser i dapiex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
(45 pc. 65/(252).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remai	rks:	
Dimmable Lighting	☐ "In Use" Light			
Switch & Light Cont				
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHARED P	ROGRAMS	SUB DEPARTMENT: 8C-CLIENT LOUNGE SPACE			
Project Number:	35720	Draft: prepop	1 2 Final		Program Number: 08.0-10			
	Sign Off:	Date Issued:	2	017-01-25	RoomName:		PING PONG ALCOVE	
IBI		Client:		MTICS	m²: 25. m²			
RISK LEVEL:		Mediun	1					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data TV	1 data): 0 V Outlet: 0		☐ Intercom Station☐ Video Intercom S☐ Intercom Master☐		Hands Free Telemetry Teleconferencing	Room Statu	s	
SECURITY SYSTEMS: Security Can Security Can	nera Monitor CI	inical Camera inical Camera Moni		eader No.: [on Detection		aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER							,	
Equipment Remarks:			Operatic Remarks					
Room Data Sheet Comn	nent:							

Project Name: VALLEYVIEW PRO	•	artment:	08.0 SH	ARED PF	ROGRAMS	SUB DEPARTM		ENT LOUNGE SPACE
Project Number:	35720 Draf	ft: prepop	1 2	Final		Program Num	ber:	08.0-11
Sign Off:		e Issued:		20	017-01-25	RoomName:	BREAK	AWAY LOUNGE KITCHEN
	Clie	nt:			MTICS	m²:	2. m²	
RISK LEVEL:		Low						
	ENTC							
ARCHITECTURAL REQUIREM	ENIS							
INTERIOR FINISHES: height Ceiling: 2750	GWB - II	material mpact & Mois	sture	fi Paint	nish		remarks	
2730		t Secure	o.c c					
Wall:	GWB - II	mpact Resista	ant	Paint				
Floor:				Resilient				
Base: 100	Flash Co	ive						
	✓ Shee				Domorka			
Wall Protection: Corner Guards: Crash Rails:	Standard	ı. ♥ Anti-Lig	gature		Remarks:			
Hand Rails:	Standard	Anti-Lig	=					
Chair Rail:	Standard	Anti-Lig	gature					
Door(s): Clear Opening (W x F	H): 914:	x 2135	Material:	Solid Cor	<u></u>	Fir	nish: Plam	
Door Sideligh								
Door Hardware: Door Protect Automatic O		Anti-Ligatur Tamperprod	e & of Hardware	Door Rema	arks:			
Access Contr		Locking						
Door Glazing: U	pper glazing							
Hardware Type::	F-01							
Windows: Operable Windo	ws:	Standard	✓ Sec	ure		Remarks:		
External Glazing		Standard	✓ Sec	_	High Secui	•		
External Glazing Exterior Window	_	Standard Standard	✓ Sec ✓ Sec	_	」High Secui]High Secui	•		
Internal Glazing	_	Standard	Sec	=	_ High Secui _ High Secui			
Blackout	✓ Blinds	Roller S	Shutter	1 Way N		Other		
Casework / Millwork: Casewor	rk Security:	Regular	✓ Secur	·e		Remarks:		
Min Millwork /Counter Linear Lengt (mm) or % of perimeter wa			Counter/	Work Surfac Height (mn				
✓ Upper Cupbo✓ Lower Cupbo		✓ Counte Stainles			✓ Lockable			
ACOUSTICS: STC Rating Wall /	45		RT 60:	0.7		Remarks:	Refer to Appendix	1D - Acoustics and
Floor / Ceiling: NC Rating:	35-40						Noise Control	
GENERAL ROOM REMARKS:	Coat Hooks:	Standard	✓ Anti-Li	gature N	lo of Coat 2		Mirrors: Stand	ard Vandal-Proof
Tackboard	Dim:				Hooks:	Whiteboard [Dim:	
Remarks:	Provide 1 soa with counter,						nk, waste receptacle	e. Shall include kitchen

Project Name:	Department: 08.0	SHARED PROGRAMS	SUB DEPARTMENT:	8C-CLIENT LOUNGE SPACE					
VALLEYVIEW PROJECT									
Project Number: 35720	-Draft:	2 Final	Program Number:	08.0-11					
Sign Off:	Date Issued:	2017-01-25	RoomName:	BREAKAWAY LOUNGE KITCHEN					
IBI	Client:	MTICS	m²: 12. m²						
RISK LEVEL:	Low	Willes	12. 111						
MECHANICAL REQUIREMENTS	LOW								
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust							
✓ Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0						
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory ✓ Wall ✓ Standard Janitorial Floor Laborato		WC [Emergency Shower						
✓ Double	✓ Electronic Con	Barrier Free WC trols Floor Drain	Corrosion Resistant Fittin Other:	lgs					
Deep Equipment									
Other:	-								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC									
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: Equal	Positive N	egative Other:							
Air Temp: 📝 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Emerge	ncy		✓ Clock						
	ience: 4 duplex, Counte ave, serving station	rtop: Split duplexes along co	ounter, Special Equipme	nt (additional outlets): fridge,					
Power Remarks: GFI									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	marks:						
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light	ut Undercabi	inet lighting						

Project Name:		Department:				SUB DEPARTMENT:		
	W PROJECT	08.0 SHARED PROGRAMS			8C-CLIENT LOUNGE SPACE			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		08.0-11
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	BREAKAW	'AY LOUNGE KITCHEN
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Coax/ Data TV Ou	lata): 0 utlet: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Status	5
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moi	nitor	Card Reader Intrusion De			iff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PROJECT	Department: 08.0 SHARED PRO	OGRAMS SUB DEPARTMENT:	SUB DEPARTMENT: 8C-CLIENT LOUNGE SPACE			
Project Number: 35720 Sign Off:	prepop 1 2 Final Date Issued:	Program Number: RoomName:	08.0-12			
İBİ		.7-01-25 m²:	FREE STORE			
		MTICS 12. m²				
RISK LEVEL:	Low					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height	material fini	sh	remarks			
Ceiling: 2750 Acc	ustic Tile Paint					
Wall: GW	B - Impact Resistant Paint					
Floor:	Resilient					
Base: 100 Flas	h Cove					
Wall Protection: Corner Guards: Crash Rails: Standa Hand Rails: Standa Chair Rail: Standa	rd Anti-Ligature	Remarks:				
Door(s): Clear Opening (W x H):	914 x 2135 Material: Solid Core	Finish: P	lam			
Door Sidelight Door Protection Automatic Opener Access Control Door Glazing: Hardware Type:: OF-01	☐ Anti-Ligature & Door Remark Tamperproof Hardware ✔ Locking	is:				
Windows: Operable Windows: External Glazing and Frame External Glazing Hardware: Exterior Window Treatmen Internal Glazing and Frame: Blackout Bline	Standard ✓ Secure ☐ Standard ☐ Secure ☐ Standard ☐ Secure ☐	Remarks: High Security High Security High Security High Security ror Other				
Casework / Millwork: Casework Security:	Regular Secure		de full height built in unit for			
Min Millwork /Counter Linear Length 50% (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter/ Work Surface Height (mm) Counter Top Stainless Steel	Lockable	es storage.			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: N/A	RT 60: N/A		to Appendix 1D - Acoustics and			
GENERAL ROOM REMARKS: Coat Hoo	ks: Standard 🗸 Anti-Ligature No	of Coat 4 Mirro	ors: Standard 🗸 Vandal-Proof			
Tackboard Dim:		Whiteboard Dim:				
Remarks: Provide f	ull height mirror and changing cubicle.					

Project Name:	Department:	CHARED DDOCDANAC	SUB DEPARTMENT:	CLIENT LOUNCE CDACE					
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS	8C-CLIENT LOUNGE SPA						
Project Number:	Draft:		Program Number:	00.0.10					
35/20	prepop 1	2 Final		08.0-12					
Sign Off:	Date Issued:	2017-01-25	RoomName:	FREE STORE					
IBI	Client:		m²:	1.1.223.31.2					
		MTICS	12. m²						
RISK LEVEL:	Low								
MECHANICAL REQUIREMENTS									
HVAC: Type: ASHRAE 62.1-01		Remarks:							
IIVAC.									
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain						
Lavatory Wall Standard	Standard	wc [Emergency Shower						
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Con	trols Floor Drain	Other:						
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:									
EXHAUST: Pressure:	Positive N	egative Other:							
Air Temp: 📝 Standa	ard Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 2 duplex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING:	☐ "In Use" Ligh		narks:						

Project Name: VALLEYVIEW PROJECT		Department:	08.0 \$	SHARED P	ROGRAMS	SUB DEPARTMENT:	8C-CLIEN	NT LOUNGE SPACE
Project Number:	35720	Draft: prepop	1	1 2 Final		Program Number:		08.0-12
Sign Of	ff:	Date Issued:		2	017-01-25	RoomName:		FREE STORE
BI		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIREME	NTS							
IMIT SYSTEMS:								
Communications Outlet () Quantity (1 voice, 1 data): Tel Outlet: () Coax/ Data TV Outlet: () IMIT Remarks:	ı		Vide	rcom Station to Intercom St rcom Master :		Hands Free Telemetry Teleconferencing	☐ Room State	ıs
SECURITY SYSTEMS: Security Camera Security Camera Monit		nical Camera nical Camera Monit	tor	_	ader No.: n Detection		taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operatio Remarks				
Room Data								

Project Name: VAL	LEYVIEW PR	OJECT	Department:	08.0 SH	ARED PROC	GRAMS	SUB DEPARTMENT: 8C-CLIENT LOUNGE SPACE			
Project Number:	Sign Off:	35720	Draft: prepop Date Issued:	1 2			Program Numb RoomName:	oer:	08.0-13	
İBI			Client:			'-01-25 MTICS	m²:	NERAL EQUIPMENT A	AND SUPPLY STORAGE	
RISK LEVEL:			Low				12			
ARCHITECTUR	AL DECLUDEN	IENTS	LOW							
INTERIOR FINISH		LIVIS	material		finish			remarks		
Ceiling:	2750	GW	'B - Impact Resista	ant	Paint					
\A/all.										
Wall:		GW	'B - Impact Resista	ant	Paint					
Floor:					Resilient					
Base:	100	Flas	sh Cove							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa	ard Anti-Li	gature	l R	emarks:				
Door(s):	Clear Opening (W x I	H):	914 x 2135	Material:	Aluminum	L	Fir	nish: Prefinished		
Door Hardware:	✓ Door Protect Automatic C Access Cont Door Glazing: Hardware Type:: C	opener rol	☐ Anti-Ligatui Tamperpro ✓ Locking	re & of Hardware	Door Remarks:					
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity			
Casework / Millwo	rk: Casewo	rk Security:	Regular	Secur	e		Remarks:			
	Counter Linear Leng or % of perimeter wa Upper Cupb Lower Cupb	oards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	40 N/A		RT 60:	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	Anti-Li	gature No of			Mirrors: Standard	d Vandal-Proof	
	Tackboard	Dim:			н	looks: W	Vhiteboard [Dim:		
	Remarks:	Shall acco	ommodate 10 bik	es						

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT	08.0 SHAR	ED PROGRAMS	8C-CLIENT LOUNGE SPACE					
	Draft:		Program Number:					
Project Number: 35720	prepop 1 2	✓ Final	08.0-13					
Sign Off:	Date Issued:	· mai	RoomName:					
	Date issuedi	2017-01-25	GENERAL EQUIPMENT AND SUPPLY STORAGE					
IBI	Client:		m²:					
		MTICS	12. m²					
RISK LEVEL:	Low							
	LOW							
MECHANICAL REQUIREMENTS								
HVAC: Type: ASHRAE 62.1-01	Rema	ırks:						
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0					
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap		Plumbing Remarks					
Handwash Counter Goosene		Urinal	Eyewasn					
Lavatory Wall Standard		Hopper	Water Fountain					
Janitorial Floor Laborato		wc	Emergency Shower					
Double		Barrier Free WC	Corrosion Resistant Fittings					
Deep Equipment		Floor Drain	Other:					
Other:								
	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure:	Positive Negative	Other:						
Air Temp: 🗸 Standa	rd Special O	ther:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Normal								
Described County o								
Receptacle Count: Conver	ience: 1 duplex							
Power Remarks:								
Patient Care Area Designation								
(as per CSA Z32):								
Workstation TI-I	ighting Nijele III I	Lighting De-	narks:					
LIGHTING: Workstation Task L		Lighting Ren	iiains.					
Dimmable Lighting	"In Use" Light							
Switch & Light Cont Charting Light	rols Vanity Light							

Project Name: VALLEYVIEW PROJECT		Department:	08.0 SHA	RED PROG	RAMS	SUB DEPARTMENT:	8C-CLIEN	T LOUNGE SPACE
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		08.0-13
	Date Issued:		2017-	01-25	RoomName: GENERAL	EQUIPMENT A	ND SUPPLY STORAGE	
IBI		Client:		ſ	MTICS	m²: 12. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
Coax/ Data TV Ou IMIT Remarks: SECURITY SYSTEMS: Security Camera Security Camera	ata): ottlet: ottle	nical Camera nical Camera Moni	Intercom	Station ercom Station Master Station Card Reader Intrusion Dete	No.:		Room Status f Assist ent Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data	+							

Project Name: VALLE	YVIEW PRO	OJECT	Department:	08.0 SH	ARED I	PROGRA	MS	SUB DEPARTMENT: 8C-CLIENT			T LOUNGE	SPACE
Project Number:		35720	Draft: prepop	1 2	Fina			Program Nu	umber:		08.0-14	ļ
[]	Sign Off:		Date Issued:			2017-01	-25	RoomName	2:		TOILE	T, MALE
IBI			Client:			MT	ICS	m²:	3.7 m	n ²		
RISK LEVEL:			Medium									
ARCHITECTURAL	REOLUREM	FNTS										
INTERIOR FINISHES			material			finish				remarks		
Ceiling:	2750	GW	/B - Impact Resista	ant	Paint					Terriario		
Wall:		GW	/B - Impact Resista	ant	Paint		\	Water resis	stant			
Floor:					Resilien	it						
Base:	100	Flas	sh Cove									
Wall Protection: Cc Cr Ha	arner Guards: ash Rails: and Rails:	_	Sheet: 🗹 ard Anti-Lig	gature		Remar	·ks:					
Door(s): Clea	r Opening (W x H	1):	914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Sideligh Door Protect Automatic O Access Contr Door Glazing: rdware Type:: W	pener ol	✓ Anti-Ligatur Tamperprod ✓ Locking	re & of Hardware	Door Re	marks:						
	Operable Windov External Glazing : External Glazing : Exterior Window Internal Glazing a	and Frame Hardware: Treatmen	Standard Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High S High S High S High S High S y Mirror	Securi Securi	ity ity				
Casework / Millwork:	Casewor	k Security:	Regular	Secur	e			Remar	ks:			
Min Millwork /Cou (mm) or % [nter Linear Lengt of perimeter wa Upper Cupbo	ll: pards	Counte		Work Sur Height (r		able					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	N/A			Remar		fer to Appendix 1D ise Control	- Acoustics a	nd
GENERAL ROOM RE	Į	Coat Hoo	oks: Standard	✓ Anti-Li	gature	No of Coat	2		Mir	rrors: Standard	✓ Vandal-	-Proof
[Tackboard	Dim:				Hooks:		/hiteboard	Dim:			
										L nitary napkin dispo ire and vandal proc		owel

Project Name:	Department: 08.0	SHARED PROGRAMS	SUB DEPARTMENT: 8C-CLIEN	T LOUNGE SPACE
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		08.0-14
Sign Off:	Date Issued:	2017-01-25	RoomName:	TOILET, MALE
	Client:	MTICS	m²: 3.7 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	·	on Isolation Patient Control	olled
Air Temp: ✓ Standa		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rer	marks: g on emergency power.	

Project Name:		Department:				SUB DEPARTMENT:		
-	VIEW PROJECT		08.0 SH	ARED PRO	GRAMS		8C-CLIEN	IT LOUNGE SPACE
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		08.0-14
IBI	Sign Off:	Date Issued: Client:		201	7-01-25 MTICS	RoomName: m²:		TOILET, MALE
					WITICS	3.7 m ²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REC	QUIREMENTS							
IMIT SYSTEMS:								
	TV Outlet: 0		Video	om Station Intercom Statio om Master Stat		Hands Free Telemetry Teleconferencing	Room Statu	JS
SECURITY SYSTEMS: Security C		inical Camera	[Card Reade	er No.:	Sta	ıff Assist	Duress - Wired
Security C	Camera Monitor CI	inical Camera Moni	tor [Intrusion D	etection	✓ Pa	tient Assist	✓ Duress - Wireless
Security Ren	marks:							
OTHER								
Equipmer Remarks:				Operational Remarks:				
Room Dat Sheet Cor								

Project Name: VALLE	YVIEW PROJ	ECT	Department:	08.0 SH	ARED	PROGF	RAMS	8C-CLIENT LOUNGE SPACE				GE SPACE	
Project Number:	35	720	Draft: prepop	1 2	Fina			Program	Numbe	r:		08.0-	15
[-	Sign Off:		Date Issued:			2017-0	01-25	RoomNai	me:			TOILE	T, FEMALE
IBI			Client:			N	MTICS	m²:	3.7	m²			
RISK LEVEL:			Medium	1									
ARCHITECTURAL	RFOUIRFMFN	TS											
INTERIOR FINISHES:			material			finish					remarks		
Ceiling:	2750	GW	B - Impact Resista	ant	Paint	11111311				'	Ciliarks		
_			·										
Wall:		GW	B - Impact Resista	ant	Paint			Water re	sistant				
Floor:					Resilier	nt							
Base:	100	Flas	h Cove				I						
Wall Protection: Co Cra Ha	rner Guards: ash Rails: nd Rails:		Sheet: 🗹 rd 🗌 Anti-Liį rd 🔲 Anti-Liį	gature		Rer	marks:						
Door(s): Clean	Opening (W x H):	g	914 x 2135	Material:	Solid C	Core			Finis	h: Plam			
	Door Sidelight Door Protection Automatic Open Access Control Door Glazing: dware Type:: WR-		Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Re	emarks:							
 	Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	dware: atment	Standard	Sec Sec Sec Sec Sec Sec	ure ure ure	Hig	gh Secui gh Secui gh Secui gh Secui	rity rity					
Casework / Millwork:	Casework Se	ecurity:	Regular	Secur	re			Rem	narks:				
Min Millwork /Cour (mm) or % [[nter Linear Length of perimeter wall: Upper Cupboard Lower Cupboard		Counte	Counter/ Ser Top ss Steel	Work Sur Height (ı	mm):	ockable						
ACOUSTICS: STO	Rating Wall / 45 Floor / Ceiling: 40	-45		RT 60	: N/A			Rem		efer to A loise Cor	Appendix 10 ntrol) - Acoustic	s and
GENERAL ROOM RE		at Hook	s: Standard	✓ Anti-L	igature	No of C	oat 2		N	∕lirrors: [Standar	d 🗸 Vand	dal-Proof
	\neg	m:					oks:	Vhiteboard					
			vashroom Access , 1 waste recept										er towel

Project Name: VALLEYVIEW PROJECT	Department: 08.0	SHARED PROGRAMS	SUB DEPARTMENT: 8C-CLIEN	T LOUNGE SPACE
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		08.0-15
Sign Off:	Date Issued:	2017-01-25	RoomName:	TOILET, FEMALE
	Client:	MTICS	m ² : 3.7 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	·	on Isolation Patient Contro	olled
Air Temp: Standa		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rer	marks: g on emergency power.	

Project Name: VALLEYV	Project Name: VALLEYVIEW PROJECT		08.0 SHARED PROG	RAMS SUB DEPARTME		NT LOUNGE SPACE
Project Number:	35720	Draft: prepop	1 2 Final	Program Numb	er:	08.0-15
	Sign Off:	Date Issued:	2017-	01-25 RoomName:		TOILET, FEMALE
IBI		Client:		MTICS m²:	7 m²	
RISK LEVEL:		Mediun	1			
TECHNOLOGY REQU	JIREMENTS					
Communications Quantity (1 voice, Tel Coax/ Data Tv	1 data): Outlet: Outlet: 0		☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station	Hands Free Telemetry Teleconferencin	Room Stat	us
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor	inical Camera inical Camera Moni	☐ Card Reader tor ☐ Intrusion Det		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comn	nent:					

Project Name: VALLEYVIEW PROJECT	Department: 08.0 SH	ARED PROGRAMS	SUB DEPARTMENT: 8C-CLIENT LOUNGE SPACE				
Project Number: 35720	Draft:	✓ Final	Program Number:	08.0-16			
Sign Off:	Date Issued:	2017-01-25	RoomName:	RED OFFICE, REC. PROGRAMS STAFF			
IBI	Client:	MTICS	m²: 11.1 m²				
RISK LEVEL:	Standard						
	Standard						
ARCHITECTURAL REQUIREMENTS							
INTERIOR FINISHES: height	material	finish		remarks			
Ceiling: 2750 Ac	oustic Tile	Pre-Finished					
Wall:	WB	Paint					
Floor:		Carpet					
Base: 100 Ru	ıbber						
Wall Protection: Corner Guards: ✓	Sheet:	Remarks:					
Crash Rails: Stand							
Hand Rails: Stand	lard Anti-Ligature						
Chair Rail: Stand	lard Anti-Ligature						
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Pla	m			
Door Sidelight	311.82133	55.1d 55.1c					
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks:					
Access Control	✓ Locking						
Door Glazing: Upper gla	zing						
Hardware Type:: OF-01							
	Ctondond Coo		Pomarke				
Windows: Operable Windows: External Glazing and Frame	Standard Seco		Remarks:				
External Glazing Hardware							
Exterior Window Treatmen	nt: 🗹 Standard 🗌 Sec	ure High Secu	rity				
Internal Glazing and Frame							
☐ Blackout ✔ Blir	nds Roller Shutter	1 Way Mirror	Other				
Casework / Millwork: Casework Security	/: Regular Secur	re	Remarks:				
Min Millwork /Counter Linear Length		Work Surface Height (mm):					
(mm) or % of perimeter wall: Upper Cupboards	Counter Top	Lockable					
Lower Cupboards	Stainless Steel						
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	RT 60:	0.7	Remarks: Refer t	o Appendix 1D - Acoustics and			
NC Rating: 30-35			ivoise (Control			
GENERAL ROOM REMARKS: Coat Ho	oks: 🗹 Standard 🗌 Anti-Li	gature No of Coat 4	Mirrors	Standard Vandal-Proof			
✓ Tackboard Dim:	2@610 mm wide X 915 mm hi		Whiteboard Dim: 2	@610mm wide X 915mm high			
Remarks: Shall acc	commodate 2 workstations, st	torage cabinet (2)					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED PF	OGRAMS 80	C-CLIENT LOUNGE SPACE
VALLET VIEW PROJECT			
Project Number:	Draft:	Program Number:	08.0-16
35720	prepop 1 2 Final		00.0-10
Sign Off:	Date Issued:	RoomName: SHARED C	AFFICE DEC DOCCDANAS STAFF
IBI			OFFICE, REC. PROGRAMS STAFF
101	Client:	MTICS m²: 11.1 m²	
		MTICS 11.1 m ²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tunos ACUDAE CO 4 O4	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			7 81 1: 8 1
sink mounting faucet	tap Urina	l Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barri	er Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustment	Room Pressure Monitor	ient Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Fqual	Positive Negative	Other:	
A: T			
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL DECLUDENTENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 2 quad	olex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	takating Day to the	Linking Danie	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			
		•	·

Project Name: VALLEYVIE	W PROJECT	Department:	08.0 SHA	RED PROGRAM	SUB DEPARTMENT:	8C-CLIEN	T LOUNGE SPACE
Project Number:	35720	Draft: prepop	1 2	✓ Final	Program Number:		08.0-16
	Sign Off:	Date Issued:		2017-01-25	RoomName:	IARED OFFICE, RE	EC. PROGRAMS STAFF
IRI		Client:		MTIC	m²:	2	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 stlet: 0			Station ercom Station Master Station	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera		nical Camera		Card Reader No.:		taff Assist	Duress - Wired
Security Camera	Monitor Cli	nical Camera Monit	tor	Intrusion Detection	P	atient Assist	✓ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment	t:						

Project Name: VALLEY	/VIEW PROJ	JECT	Department:	GRAMS	8C-CLIENT LOUNGE SPACE					
Project Number:	35	5720	Draft: prepop	1 2	✓ Final		Program Nun	nber:		08.0-17
[Sign Off:		Date Issued:		2017	7-01-25	RoomName:		НО	JSEKEEPING CLOSET
IBI			Client:			MTICS	m²:	3.5 m²		
RISK LEVEL:			Standar	d						
		VITC	Staridar	<u>u</u>						
ARCHITECTURAL I	REQUIREMEN	V/S								
INTERIOR FINISHES:	height	1	material		finish	1		re	emarks	
Ceiling:	2750	GWI	B - Moisture Res	istant	Paint					
Wall:		GWI	3 - Moisture Res	istant	Paint					
Floor:					Resilient					
_		I								
Base:	100	Flasi	n Cove							
	ner Guards:	9	Sheet:		R	temarks:				
	sh Rails:	Standa		_						
	nd Rails:	Standa		_						
Cha	air Rail:	Standa	rd Anti-Li	gature						
Door(s): Clear	Opening (W x H):	9	014 x 2135	Material:	Solid Core		F	inish: Plam		
	Door Sidelight									
	Automatic Oper Access Control Door Glazing:	ner	☐ Anti-Ligatu Tamperpro ✔ Locking	re & of Hardware	Door Remarks:					
Hard	dware Type:: SR-(01								
E E	Operable Windows In the standard Glazing and Standard Glazing Haraterior Window Transternal Glazing and Blackout	d Frame: rdware: eatment:	Standard Standard Standard	Sec Sec Sec Sec Sec Shutter	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity	:		
Casework / Millwork:	Casework S	Security:	✓ Regular	Secur	·e		Remarks			ble shelving-
Min Millwork /Coun (mm) or % (ter Linear Length of perimeter wall: Upper Cupboar Lower Cupboar	ds	Counte		Work Surface Height (mm):	Lockable			•	ight not to exceed and mop hangers
	Rating Wall / 40)		RT 60:	NA		Remarks	Refer to A		- Acoustics and
	NC Rating: NA	A								
GENERAL ROOM REI	MARKS: C	oat Hook	s: Standard	Anti-Li	gature No of	f Coat Hooks:		Mirrors:	Standard	☐ Vandal-Proof
	Tackboard D	im:					Whiteboard	Dim:		
			nelf with mop an loor drain	d broom ho	I Iders and hoo	oks, soap	dispenser, p	aper towel c	dispenser. Sh	nall include mop

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS	8C-CLIENT LOUNGE SPACE
	Draft:		Program Number:
Project Number: 35720	prepop 1	2 Final	08.0-17
Sign Off:	Date Issued:		RoomName:
ini		2017-01-25	HOUSEKEEPING CLOSET
IBI	Client:	A 471.00	m²:
		MTICS	3.5 m ²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust	
nvac.			
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			Plumbing Remarks
sink mounting faucet Handwash Counter Goosene	tap eck Lever/Blades	Urinal	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
✓ Janitorial ✓ Floor Laborato		Barrier Free WC	Emergency Shower
Double	Electronic Contr		Other:
Deep Equipment	24 X 24 floor mounted		other.
Other:	janitors sink		
Size: 24 x 24	=		
ROOM CONTROLS: Room Temp Control	with Room Relative H	Humidity with Infection	n Isolation Patient Controlled
Local Adjustment	Local Adjustmer	nt Room P	ressure Monitor
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Othe	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive • Neg	gative Other:	
Air Temp: Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
7,750 011 011 11011111			
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont	_		
Charting Light			

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		08.0 SHARED PRO		DEPARTMENT:	8C-CLIEN	T LOUNGE SPACE
Project Number:	35720	-Draft: prepop	1 2 Final	Prog	ram Number:		08.0-17
	Sign Off:	Date Issued:	201	.7-01-25 Room	mName:	НС	OUSEKEEPING CLOSET
		Client:		MTICS m2:	3.5 m²		
RISK LEVEL:		Standar	⁻ d				
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		☐ Intercom Station ☐ Video Intercom Stati ☐ Intercom Master Sta	on Teler	ds Free metry conferencing	Room Status	s
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks	a Monitor Cli	nical Camera nical Camera Moni	Card Read			off Assist tient Assist	Duress - Wired Duress - Wireless
OTUER							
OTHER							
Equipment Remarks:			Operational Remarks:				
Room Data Sheet Commen	t:						

Project Name: VALLEYVIEW PROJECT	Department: 08.0 SHA	ARED PROGRAMS	SUB DEPARTMENT:	8D-FITNESS FACILITIES
Project Number: 35720	Draft:	Final	Program Number:	08.0-18
Sign Off:	Date Issued:	2017-01-25	RoomName:	GYMNASIUM
	Client:	MTICS	m²: 626. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	remar	ks
Ceiling: 9100 Expo	osed Structure	Pre-Finished	Refer to acoustic report	
Wall: Oth	er:	Other:	Architectural concrete	
Floor:		Sport		
Base: 100 Rub	ber			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa				
Hand Rails: Standa Chair Rail: Standa				
		[
	830 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener Access Control	Anti-Ligature & Tamperproof Hardware Locking	Door Remarks: Provide	additional 2 double doors @	1830mm
Door Glazing:				
Hardware Type:: EX-04				
Windows: Operable Windows:	Standard Secu	ıre	Remarks:	
External Glazing and Frame:		= -	•	
External Glazing Hardware: Exterior Window Treatment	Standard ✓ Secu Standard ✓ Secu			
Internal Glazing and Frame:	Standard Secu			
Blackout Blind	Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Secure	e	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Vork Surface Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling:	RT 60:	1.7-1.9	Remarks: Refer to Appe Noise Control	ndix 1D - Acoustics and
NC Rating: 40-45				
GENERAL ROOM REMARKS: Coat Hook	ks: Standard Anti-Lig	gature No of Coat Hooks:	Mirrors: S	tandard Vandal-Proof
Tackboard Dim:			Whiteboard Dim:	
Remarks: Shall inclu	ude basketball court, floor ho	ckey area, gymnastics		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED PRO	DGRAMS	8D-FITNESS FACILITIES
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	08.0-18
35720	prepop 1 2 Final		00.0-10
Sign Off:	Date Issued:	RoomName: 17-01-25	CVMANASILIM
IBI			GYMNASIUM
101	Client:	MTICS m ² : 626, m ²	
		MITICS 626. m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62.1.01	Remarks: A	dditional cooling domand and Evhaust	
HVAC: Type: ASHRAE 62.1-01	Remarks. A	dditional cooling demand and Exhaust	
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			Diversities - Deservation
sink mounting faucet	tap Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		r Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		r Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Orain Other:	
Deep Equipment			
Other:			
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Dation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor	t Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Mack Storage (2.4111 High)	Types.		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 📝 Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma	1	✓ Clock	
Types of Content Months			
Receptacle Count: Conver	ijence: 12 dunlex		
receptable country	nence. 12 duplex		
Power Remarks:			
Patient Care Area Designation]	
(as per CSA Z32):			
_			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light	All lighting on emergency power.	
Switch & Light Conf	rols Vanity Light	0.37,63	
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 08.0 SHARED PROGRAMS			SUB DEPARTMENT: 8D-FIT		TNESS FACILITIES	
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		08.0-18
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		GYMNASIUM
		Client:			MTICS	m²: 626. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark	data): outlet: 0 outlet: 0		Vide	rcom Station eo Intercom Station rcom Master Statio		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader		Staff As		Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commei		ball hoops. And	provide h	noles in floor wit	h covers f	for volleyball and badmi	nton suppor	ts.

Project Name: VALLEYVIEW PROJECT	Department: 08.0 SH.	ARED PROGRAMS	SUB DEPARTMENT:	8D-FITNESS FACILITIES
Project Number: 35720	Draft:	Final	Program Number:	08.0-19
Sign Off:	Date Issued:	2017-01-25	RoomName:	EQUIPMENT STORAGE
	Client:	MTICS	m²: 20. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	rema	arks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished		
Wall:	B - Impact Resistant	Paint		
Floor:		Resilient		
Base: 100 Flas	h Cove			
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H): 1	.830 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &	Door Remarks:		
Automatic Opener	Tamperproof Hardware Locking			
Access Control				
Door Glazing:				
Hardware Type:: OF-01				
Windows: Operable Windows:	Standard Sec	ure	Remarks:	
External Glazing and Frame:	Standard Sec	ure High Secur	rity	
External Glazing Hardware:	Standard Sec			
Exterior Window Treatment Internal Glazing and Frame:				
Blackout Blinc		1 Way Mirror	Other	
			Damada El i iii	11: 500 1 11
Casework / Millwork: Casework Security:			Remarks: Floor to cellin	ng shelving- 600mm depth
Min Millwork /Counter Linear Length 50% (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: 40	RT 60:	N/A		endix 1D - Acoustics and
NC Rating: N/A			Noise Contro	1
GENERAL ROOM REMARKS: Coat Hoo	ks: Standard 🗸 Anti-Li	igature No of Coat Hooks:	Mirrors:	Standard
Tackboard Dim:			Vhiteboard Dim:	
Remarks: Shall acco	ommodate gymnastic equipr	nent, mats, outdoor re	creational equipment	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED	PROGRAMS	8D-FITNESS FACILITIES
7/12221112011103201	54-	Dan manya Namahani	
Project Number: 35720	-Draft:		08.0-19
	prepop 1 2 Fina		00.0 15
Sign Off:	Date Issued:	RoomName: 2017-01-25	EQUIPMENT STORAGE
IBI			EQUITIVEIVE STORAGE
	Client:	MTICS m²: 20. m²	
		20.111	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
nvac.			
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	inal Eyewash	Plumbing Remarks
Handwash Counter Goosene	usk D Lover/Blades	opper Water Fountain	
Lavatory Wall Standard		=	
Janitorial Floor Laborato		rrier Free WC Corrosion Resistant Fittin	ngs
Double	Flostronic Controls	por Drain Other:	
Deep Equipment			7
Other:			
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Humidity with	n ☐ Infection Isolation ☐ p	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	atient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
_			
EXHAUST: Pressure:	Positive Negative	Other:	
4: -			
Air Temp: ✓ Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name:	Department	Department: 08.0 SHARED PROGRAMS			SUB DEPARTMENT:	8D-FI	TNESS FACILITIES
VALLEYVIEW PROJECT							
Project Number: 3572	Draft: [pop 1		✓ nal	Program Number:		08.0-19
Sign Off:	Date Issued:			2017-01-2	RoomName:	E	QUIPMENT STORAGE
IBI	Client:			MTIC	S m²: 20. m²		
RISK LEVEL:	Low						
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet:		V	itercom Stati ideo Intercon itercom Masi	n Station	Hands Free Telemetry Teleconferencing	Room Status	5
Coax/ Data TV Outlet: 0							
IMIT Remarks:							
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Clinical Camera	Monitor		d Reader No.: usion Detection		taff Assist atient Assist	Duress - Wired Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:			Opera Rema	rks:			
Room Data Sheet Comment:							

Project Name: VALLEYVIEW	PROJECT	Department:	08.0 SH	ARED PROC	GRAMS	SUB DEPARTM		TNESS FACILITIES
Project Number:	35720	Draft: prepop	1 2	Final		Program Numb	oer:	08.0-20
IBI	n Off:	Date Issued:		2017	'-01-25	RoomName:	FITNESS CEN	TRE/ WEIGHT ROOM
		Client:			MTICS	m²: 52	2. m²	
RISK LEVEL:		Low						
	DENACNITO							
ARCHITECTURAL REQUI	KEIVIEN IS							
	neight	material		finish			remarks	
Ceiling: 3500	GW	B - Impact Resista	ant	Paint				
Wall:	GW	B - Impact Resista	ant	Paint				
Floor:				Sport				
Base: 100	Rub	ber						
Wall Protection: Corner Guar	ds: 🗸	Sheet:		l R	emarks:			
Crash Rails:	Standa		gature					
Hand Rails:	Standa	rd 🗌 Anti-Lig	gature					
Chair Rail:	Standa	rd 🗌 Anti-Lig	gature					
Door(s): Clear Opening	(W x H): 1	830 x 2135	Material:	Solid Core		Fir	nish: Plam	
200.(0).	Sidelight							
	Protection	Anti-Ligatur	e & of Hardware	Door Remarks:	Provide F	French doors	to exterior @ 1830mm	ı
	natic Opener s Control	Locking	orriaraware					
Door Glaz								
Hardware Ty	pe:: OF-01							
Windows: Operable v		Standard	✓ Sec			Remarks:		
	lazing and Frame: lazing Hardware:	Standard Standard	✓ Sec ✓ Sec	=	ligh Secur ligh Secur	-		
	indow Treatment	=	✓ Sec		ligh Secur			
Internal G	lazing and Frame:	=	✓ Sec	=	igh Secur			
Blacko	out Blind	s Roller S	Shutter	1 Way Mirro	or	Other		
Casework / Millwork: Ca	sework Security:	Regular	Secur	e		Remarks:		
Min Millwork /Counter Linear	-			Work Surface				
(mm) or % of perime	Cupboards	Counte		Height (mm):└	Lockable			
= ::	Cupboards	Stainle						
ACOUSTICS: STC Rating W Floor / Co	eiling:		RT 60:	1		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
NC R	ating: 40-45							
GENERAL ROOM REMARKS	: Coat Hook	s: Standard	Anti-Li	gature No of H	Coat looks:		Mirrors: Standard	✓ Vandal-Proof
Tackb	oard Dim:					Vhiteboard [Dim:	
Rema							aerobic machines, free nctional area. Univers:	

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	08.0 SHARED PRO	DGRAMS 8D-FITNESS FACILITIES
VALLETVIEWTROSECT		
Project Number:	-Draft:	Program Number: 08.0-20
35720	prepop 1 2 Final	
Sign Off:	Date Issued:	RoomName: 17-01-25 FITNESS CENTRE/ WEIGHT ROOM
IRI		,
101	Client:	MTICS m²: 52. m²
		MIICS 52. m ²
RISK LEVEL:	Low	
MECHANICAL REQUIREMENTS		
Type: ACUDAT 62.1.01	Remarks: A	dditional cooling domand and Eubouct
HVAC: Type: ASHRAE 62.1-01	Remarks. A	dditional cooling demand and Exhaust
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		r Water Fountain
Lavatory Wall Standard	Standard WC	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal Barrie	Free WC Corrosion Resistant Fittings
Double	Electronic Controls Floor	Orain Other:
Deep Equipment		
Other:		
Size:	-	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	Noom ressure Women
Room Control Remarks.	VIA DDC	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Equal	Positive Negative	Other:
LAHAGSI.		
Air Temp: ✓ Standa	ord Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		☐ Clock
Types of Power: Norma		✓ Clock
Receptacle Count: Conver	ience: 12 duplex, Special Equipment (ac	lditional outlets): 8 exercise machines
Power Remarks:		
Patient Care Area Designation		
(as per CSA Z32):		
Workstation T1-1	ighting Ni-ball-ba	Lighting Remarks:
LIGHTING: Workstation Task L		Lighting Remarks:
Dimmable Lighting	☐ "In Use" Light	
Switch & Light Conf	rols Vanity Light	
Charting Light		

Project Name: VALLEYVIEW PROJECT		Department: 08.0 SHARED PROGRAMS			SUB DEPARTMENT: 8D-FITNESS FACILITIES			
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		08.0-20
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:	FITNESS CEN	ITRE/ WEIGHT ROOM
		Client:		- 1	MTICS	m²: 52. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camer. Security Camer.	lata): utlet: 2 : Cli	nical Camera	Video	om Station Intercom Station om Master Station Card Reader	No.:		Room Status aff Assist tient Assist	□ Duress - Wired ✓ Duress - Wireless
	Door Monitoring							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data	+-							

Project Name:	Department:	3.0 SHARED PROGRAMS	SUB DEPARTMENT:	D-FITNESS FACILITIES
VALLEYVIEW PROJECT			Program Number:	
Project Number: 35720			Program Number.	08.0-21
Sign Off:	Date Issued:	2017-01-25	RoomName:	EQUIPMENT STORAGE
IBI	Client:	NATICC	m²:	
		MTICS	20. m²	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height Ceiling: 2750 Ac	material coustic Tile	finish Pre-Finished	remarks	
2730	oustic The	The Timbled		
Wall:	WB - Impact Resistant	Paint		
Floor:		Resilient		
FIOUI.		Resilient		
Base: 100 FI	ash Cove			
Wall Protection: Corner Guards: ✓	Sheet:	Remarks:		
Crash Rails: Stand	dard 🗌 Anti-Ligatu	re		
Hand Rails: Stand				
Chair Rail: Stand	dard Anti-Ligatu	re		
Door(s): Clear Opening (W x H):	1830 x 2135 M	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Ha	Door Remarks:		
Access Control	✓ Locking			
Door Glazing:				
Hardware Type:: OF-01				
Windows: Operable Windows:	Standard	Secure	Remarks:	
External Glazing and Fram External Glazing Hardward		Secure High Secur		
Exterior Window Treatme		Secure High Secur		
Internal Glazing and Fram		Secure High Secur	_	
Blackout Bli	nds Roller Shutt	er 1 Way Mirror	Other	
Casework / Millwork: Casework Securit	,	Secure	Remarks: Floor to ceiling sl	nelving- 600mm depth
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Co	ounter/ Work Surface Height (mm):		
Upper Cupboards	Counter Top			
Lower Cupboards	Stainless Ste	eel		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 40		RT 60: N/A	Remarks: Refer to Append Noise Control	ix 1D - Acoustics and
NC Rating: N/A			Noise Control	
GENERAL ROOM REMARKS: Coat Ho	ooks: Standard	Anti-Ligature No of Coat	Mirrors: Star	ndard Vandal-Proof
Tackboard Dim:		Hooks: U	Vhiteboard Dim:	
Remarks:				
remarks.				
	-	·		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED I	PROGRAMS	8D-FITNESS FACILITIES
7/12221112011103201	54-	Dan area North are	
Project Number: 35720	-Draft:		08.0-21
	prepop 1 2 Fina		00.0 21
Sign Off:	Date Issued:	RoomName: 2017-01-25	EQUIPMENT STORAGE
IBI			EQUITMENT STONAGE
	Client:	MTICS m²: 20. m²	
		20.111	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
HVAC: Type: ASHRAE 62.1-01	Remarks:		
nvac.			
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Ur	nal Eyewash	Plumbing Remarks
Handwash Counter Goosene	usk D Lover/Blades	pper Water Fountain	
Lavatory Wall Standard		·· <u></u>	
Janitorial Floor Laborato	D 54 D4-1	rrier Free WC Corrosion Resistant Fitting	ZS
Double	Flactronic Controls	or Drain Other:	
Deep Equipment]
Other:			
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Da	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	tient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
_			
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: ✓ Standa	rd Special Other:		
ELECTRICAL DECLUDEAGENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name:	Department	Department: 08.0 SHARED PROGRAMS			SUB DEPART		TITNESS FACILITIES
VALLEYVIEW PROJEC							
Project Number: 3572	Draft: [epop 1		✓ Final	Program Nu	mber:	08.0-21
Sign Off:	Date Issued	:		2017-01-	RoomName		EQUIPMENT STORAGE
IBI	Client:			MTI	CS m²:	20. m²	
RISK LEVEL:	Low						
TECHNOLOGY REQUIREMENTS							
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0		_ v	ntercom Stat ideo Interco ntercom Mas	m Station	Hands Free Telemetry Teleconfere	Room State	us
Coax/ Data TV Outlet: 0							
IMIT Remarks:							
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Clinical Camera			rd Reader No.		Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				rational arks:			
Room Data Sheet Comment:							

Project Name: VALI	LEYVIEW PR	OJECT	Department: 08.0 SHARED PROGRAMS				SUB DEPARTM		-FITNESS FACILITIES	
Project Number:		35720	Draft: prepop	1 2	! Final		Program Number: 08.0-22			
	Sign Off:		Date Issued:		20	17-01-25	RoomName:	TOILET AN	D CHANGE ROOM, MALE	
			Client:			MTICS	m²:	0. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURA	AL REQUIREM	IENTS								
INTERIOR FINISHI			material		fin	ish		remarks		
Ceiling:	2750		B - Impact Resist	tant	Paint					
Wall:		GW	3 - Impact Resist	tant	Paint		Water resista	ant		
Floor:					Resilient					
Base:	100	Flas	n Cove							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa	rd	igature igature		Remarks:				
Door(s):	lear Opening (W x I		214 x 2135	igature Material:	Solid Core	9	Fi	nish: Plam		
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing: Hardware Type:: V	opener rol	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remai	rks:				
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard	Sec	cure cure cure cure cure cure	High Secu High Secu High Secu High Secu	rity rity			
Casework / Millwork	k: Casewo	rk Security:	Regular	Secu	re		Remarks:	Provide 3000mm l	pench	
	ounter Linear Leng r % of perimeter wa	oards	✓ Count	er Top	Work Surface Height (mm					
ACOUSTICS:	✓ Lower Cupb STC Rating Wall / Floor / Ceiling: NC Rating:	45	Stallie	ess Steel RT 60	: N/A		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and	
GENERAL ROOM	REMARKS:	Coat Hook	s: Standard	✓ Anti-L	igature No	o of Coat 8		Mirrors: Stand	ard 🗸 Vandal-Proof	
	Tackboard	Dim:					Whiteboard	Dim:		
	Remarks:	compartn	nent and on each nent, 1 paper to	h side of ur	inals. 1 soa	p dispenser	at each sink,	ories: grab bars in a 1 toilet paper hold n accessories are to		

Project Name:	Department:	SHARED PROGRAMS	SUB DEPARTMENT:	8D-FITNESS FACILITIES
VALLEYVIEW PROJECT				
Project Number: 35720	-Draft:	2 Final	Program Number:	08.0-22
Sign Off:	Date Issued:	2017-01-25		DILET AND CHANGE ROOM, MALE
تت ا	Client:	MTICS	m²: 20. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	TIOUI DIAIII	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitt Other: 2- Ur. And 2 - Lav.	Plumbing Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustmo	·	ressure Monitor	Patient Controlled
EXHAUST: Pressure:		Other:		
r				
ELECTRICAL REQUIREMENTS				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Ren	narks: g on emergency power.	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department:	08.0 SHARED PROG	RAMS SUB DEPART		FITNESS FACILITIES
Project Number:	35720	Draft: prepop	1 2 Final	Program Nui	nber:	08.0-22
	Sign Off:	Date Issued:	2017-	-01-25 RoomName:		CHANGE ROOM, MALE
		Client:	l	MTICS m²:	20. m²	
RISK LEVEL:		Mediun	n			
TECHNOLOGY REQUIR	REMENTS					
IMIT SYSTEMS:						
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station	Hands Free Telemetry Teleconferer	☐ Room Sta	tus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	☐ Card Reader ☐ Intrusion Det		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Commen	t:					

Project Name:			Department:				CLIE	B DEPARTM	IENIT.			
	LLEYVIEW	PROJECT	·	08.0 SH	ARED	PROGRAM		DEFAITIV	ILIVI.	8D-FI	TNESS F	ACILITIES
Project Number:			Draft:			•	Pro	gram Numl	ber:		00.0	22
	Sign	35720 off:	Date Issued:	1 2	Fina	al	Roc	omName:			08.0	-25
İR	ı' l'					2017-01-2			Т	OILET AND CHA	NGE ROO	M, FEMALE
	ב'		Client:			MTIC	S m²:). m²			
RISK LEVEL:			Medium	1								
ARCHITECTUI	RAL REQUIR	EMENTS										
INTERIOR FINIS	HES: he	ight	material			finish				remarks		
Ceiling:	2750	G\	WB - Impact Resist	ant	Paint							
Wall:		G\	WB - Impact Resist	ant	Paint		Wat	ter resista	nt			
Floor:					Resilier	nt						
Base:	100	Fla	ash Cove									
Wall Protection:	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Stand	dard Anti-Li	gature	I	Remarks	:					
Door(s):	Clear Opening (V		914 x 2135	Material:	Solid (Core		Fir	nish: PI;	am		
Door Hardware:	Door Pro	tic Opener Control g:	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Re	emarks:						
Windows:	External Gla Exterior Wir	zing and Fram zing Hardware ndow Treatme zing and Frame	e: Standard ent: Standard	Sec Sec Sec Sec Sec Sec Shutter	ure ure ure ure	High Second High S	curity curity	Remarks:				
Casework / Millwe	ork: Case	ework Security	y: Regular	Secur	e			Remarks:	Provid	de 3000mm ben	ch	
	=		✓ Counte	Counter/ Ner Top	Work Sur Height (ı		le					
ACOUSTICS:	STC Rating Wa Floor / Ceil	ling:		RT 60:	N/A			Remarks:		to Appendix 1D Control	- Acoustic	cs and
GENERAL ROOM		ing: 40-45	ooks: Standard	✓ Anti₋l i	gature	No of Coat	8		Mirro	rs: Standard	√ Van	dal-Proof
	Tackboa	-	Januaru	▼ AIII-LI	Datale	Hooks:	1	eboard [Dim:	Standard	▼ Vali	
	Remark	and on each toi	20 half size locker each side of urinal ilet compartment, and vandal proof	ls. 1 soap di	spenser	at each sink	, 1 toil	let paper	holder	and 1 sanitary r	apkin dis	posal in

Project Name:	Department:	SHARED PROGRAMS	SUB DEPARTMENT:	8D-FITNESS FACILITIES
VALLEYVIEW PROJECT				
Project Number: 35720	-Draft:	2 Final	Program Number:	08.0-23
Sign Off:	Date Issued:	2017-01-25		Γ AND CHANGE ROOM, FEMALE
	Client:	MTICS	m²: 20. m²	
RISK LEVEL:	Medium		<u> </u>	
MECHANICAL REQUIREMENTS				
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		ı		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain 3-WC, 1- BF-WC,	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other: 2 - Lav.	Plumbing Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustm	· I I	Pressure Monitor	tient Controlled
Pressure:		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rer	marks: g on emergency power.	

Project Name: VALLEYVI	valleyview project	Department:	08.0 SHA	RED PROC		SUB DEPARTMENT:		TNESS FACILITIES
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		08.0-23
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TOILET AND CHA	ANGE ROOM, FEMALE
		Client:			MTICS	m²: 20. m²	2	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0			n Station tercom Station n Master Static		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion De			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VA	LLEYVIEW PROJEC	Department:	08.0 SH	ARED PROGRA	AMS	8D-FITNESS FACILITIE		
Project Number:	3572	Draft: prepop	1 2	Final		Program Numbe	er:	08.0-24
	Sign Off:	Date Issued:		2017-01	1-25	RoomName:		FIRST AID ROOM
	<u>'</u>	Client:		M	TICS	m²:	3 m²	
RISK LEVEL:		Low						
	RAL REQUIREMENT							
INTERIOR FINIS	1150			finish			wo wo when	
Ceiling:	height 2750	material Acoustic Tile		Pre-Finished			remarks	
ceimig.	2730	reduction the		Tre Tillistica				
Wall:		GWB - Impact Resist	ant	Paint				
Floor:				Resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		I Rema	ırks:			
	Crash Rails: Sta	andard 🗌 Anti-Li	gature					
	Hand Rails: Sta	andard 🗌 Anti-Li	gature					
	Chair Rail: Sta	andard 🗌 Anti-Li	gature					
Door(s).	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fini	sh: Plam	
Door(s):		314 X 2133	acc.ran	John Core				
	Door Sidelight							
Door Hardware:	Door Protection	Anti-Ligatu Tamperpro	re & oof Hardware	Door Remarks:				
	✓ Automatic Opener ✓ Access Control	✓ Locking						
	Door Glazing:							
	Hardware Type:: OF-02					_		
Windows:	Operable Windows:	Standard	✓ Sec	_		Remarks:		
	External Glazing and Fr External Glazing Hardw		✓ Sec ✓ Sec	= -	Secur Secur			
	Exterior Window Treat		✓ Sec		Secur			
	Internal Glazing and Fr		Sec	_	Secur			
	☐ Blackout ✓	Blinds Roller	Shutter	1 Way Mirror		Other		
Casework / Millwo	ork: Casework Secu	ırity: 🗸 Regular	Secur	·e		Remarks:		
Min Millwork	/Counter Linear Length 24(00	Counter/	Work Surface 915 Height (mm):				
,,	✓ Upper Cupboards	✓ Count	er Top		kable			
	✓ Lower Cupboards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / 55 Floor / Ceiling:		RT 60:	0.7			tefer to Appendix 1D Joise Control	- Acoustics and
	NC Rating: 30-35	5				ľ	voise control	
GENERAL ROOM	A REMARKS: Coat	Hooks: 🗸 Standard	Anti-Li	igature No of Coa Hook		I	Mirrors: Standard	l Vandal-Proof
	Tackboard Dim:					Vhiteboard Di	m:	
	Remarks: Shall	include counter, sink	k, cabinet; sh	nall accommodate	e cot			

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0 SHARED P	ROGRAMS	8D-FITNESS FACILITIES
VALLETVIEWTROSECT			
Project Number:	-Draft:	Program Number:	08.0-24
35720	prepop 1 2 Final		00.0-24
Sign Off:	Date Issued:	017-01-25 RoomName:	FIRST AID DOOM
IBI			FIRST AID ROOM
101	Client:	MTICS m ² : 10.3 m ²	
		MTTCS 10.3 m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: ACUDAT 62 1 01	Remarks:		
HVAC: Type: ASHRAE 62.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			7
sink mounting faucet	tap Urii	al Eyewash	Plumbing Remarks
Handwash ✓ Counter ☐ Goosene		per Water Fountain	
✓ Lavatory	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Bar	rier Free WC Corrosion Resistant Fittings	
Double	☐ Electronic Controls Floo	or Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative Humidity with Local Adjustment	Infection Isolation Pati	ent Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
EXHAUST: Pressure:	Positive Negative	Other:	
_	_		
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	encv	✓ Clock	
// Zincigo			
Receptacle Count: Conven	ience: 2 dunley		
Conven	nerice. 2 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light	Wall mounted extendable exam light	t All lighting on emergency
Switch & Light Cont		power.	An iighting on emergency
Charting Light	٠, ٠, ٠, ٠,	ľ	
_			

Project Name: VALLEYVIEW PROJE	Departmen		SHARED PROG		UB DEPARTMENT:	8D-FI	8D-FITNESS FACILITIES	
Project Number: 35	Draft:	repop 1	2 Final	P	rogram Number:		08.0-24	
Sign Off:	Date Issue	d:	2017-	-01-25 R	coomName:		FIRST AID ROOM	
	Client:			MTICS	n²: 10.3 m²			
RISK LEVEL:	Lov	V						
TECHNOLOGY REQUIREMENTS								
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Vid	tercom Station deo Intercom Station tercom Master Station	Te	ands Free elemetry eleconferencing	Room Status		
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camer		✓ Card Reader ☐ Intrusion Det			ff Assist ient Assist	Duress - Wired Duress - Wireless	
OTHER								
Equipment Remarks:			Operational Remarks:					
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW	PROJEC	Department:	08.0 SH	ARED PRO	GRAMS	SUB DEPARTMENT: 8D-FITNESS FACILITIE			TNESS FACILITIES
Project Number:		3572	Draft:	op 1 2	✓ 2 Final		Program Num	ber:		08.0-25
	Sign	Off:	Date Issued:		2017	7-01-25	RoomName:		но	USEKEEPING CLOSET
			Client:			MTICS	m²:	.5 m²		
RISK LEVEL:			Stand	lard						
ARCHITECTURAL	REQUIR	EMENTS	5							
INTERIOR FINISHES		ight	mate	rial	finish	1		rer	marks	
Ceiling:	2750		GWB - Moisture		Paint					
Wall:			GWB - Moisture	Resistant	Paint					
Floor:		L			Resilient					
Base:	100		Flash Cove							
	orner Guards				_					
	rash Rails:			ti-Ligature	r	Remarks:				
	and Rails:	_	_	ti-Ligature						
	nair Rail:			ti-Ligature						
				_						
Door(s):	r Opening (\	W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
[Door Sid	delight								
Door Hardware:	✓ Door Pro	otection		gature &	Door Remarks:	:				
	=	tic Opener	Tampe ✓ Lockin	erproof Hardware ø						
l	Access (_	V LOCKIII	•						
	Door Glazin	g:								
На	rdware Type	SR-01								
Windows:	Operable W	indows:	Stand	ard Sec	cure		Remarks:			
	External Gla	zing and Fra	ame: 🗌 Stand	ard Sec	cure 🗌 F	ligh Secui	rity			
	External Gla	_		_	_	ligh Secui	-			
	Exterior Wir Internal Gla					ligh Secui				
ſ	Blackou			oller Shutter [cure F	ligh Secui or	Other			
l					1 Way Will N	oi.				
Casework / Millwork:	Cas	ework Secu	rity: 🗹 Regular	Secu	re		Remarks			able shelving- eight not to exceed
Min Millwork /Cou	nter Linear L of perimete		0	Counter/	Work Surface Height (mm):				-	and mop hangers
(11111) 51 75		upboards	Co	ounter Top		Lockable				
	Lower C	upboards	St	ainless Steel	_					
	C Rating Wa	II / 40		DT CC			Dame de	D - C 1 - A -	4.5	A
ACOUSTICS: ST	Floor / Ceil			NI OU): NA		Remarks	Noise Contr	-	- Acoustics and
	NC Rat	ing: NA								
GENERAL ROOM RE	MARKS:	Coat	Hooks: 🗸 Stand	ard Anti-L	igature No of	f Coat 2		Mirrors:	Standard	☐ Vandal-Proof
[Tackboa	ard Dim:					Whiteboard	Dim:		
	Remark		de shelf with mo and floor drain	p and broom ho	olders and hoo	oks, soap	dispenser, pa	per towel di	spenser. Sl	hall include mop

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	08.0	SHARED PROGRAMS		8D-FITNESS FACILITIES
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	08.0-25
35720	prepop 1	2 Final		00.0-23
Sign Off:	Date Issued:	2017-01-25	RoomName:	HOUSEKEEPING CLOSET
IBI		2017 01 25		HOUSEKEEPING CLOSET
101	Client:	MTICS	m²:	
		IVITICS	3.5 m ²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Tuno: ACLIDAT CO 1 01		Remarks: Exhaust		
HVAC: Type: ASHRAE 62.1-01		Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:		1		
] a a
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard	✓ Standard	☐ wc	Emergency Shower	
✓ Janitorial ✓ Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	trols Floor Drain	Other:	
Deep Equipment	24 X 24 floor mounte			
Other:	janitors sink			
Size: 24 X 24	-			
24 / 24				
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme	-	on Isolation Patie	ent Controlled
Room Control Remarks:	Local Najastini	the Room I	Tessure Monitor	
Room control hemans.				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ner·	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive V Ne	egative Other:		
Air Temp: ✓ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Norma			Clock	
Receptacle Count: Conver	ience: 1 duplex GFI			
Power Remarks: GFI				
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
(as per CSA 232).				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Rei	marks:	
Dimmable Lighting			-	
	"In Use" Ligh	ıı		
✓ Switch & Light Conf Charting Light	rols Vanity Light			
Charting Light				

Project Name:			08 O SHA	RED PROGRAM		SUB DEPARTMENT: 8D-FITNESS FACILI			
VALLEYV	IEW PROJECT		00.0 3117	TED I NOON IV					
Project Number:	35720	Draft: prepop	1 2	F inal	Program Number:		08.0-25		
	Sign Off:			2017-01-2	RoomName:	Н	OUSEKEEPING CLOSET		
IBI		Client:		MTIC	S m ² :	n²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQU	IREMENTS								
IMIT SYSTEMS:									
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0			Station ercom Station Master Station	Hands Free Telemetry Teleconferencing	Room Statu	is		
IMIT Remarl	ks:								
SECURITY SYSTEMS: Security Came		nical Camera nical Camera Moni	tor	Card Reader No.: Intrusion Detection		Staff Assist Patient Assist	Duress - Wired Duress - Wireless		
Security Remark	ks:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	ent:								

Project Name: VALLE	YVIEW	PROJEC		rtment:	09.0 RESI	PONSE P	ROGRAM	SUB DEPA	RTMENT		9A-OFF	LIVING UNIT
Project Number:		3572	_	prepop	1 2	✓ Final		Program N			09	.0-01
ΙΒΙ	Sign	Off:	Date	Issued: t:		20	17-01-25	RoomNan m²:	ne:	SE	CURE INT	ERVIEW ROOM
							MTICS		12. m	1 ²		
RISK LEVEL:				Mediun	n							
ARCHITECTURAL	REQUIR	EMENTS	S									
INTERIOR FINISHES	hei	ght		material		fir	nish			remarks		
Ceiling:	2750		GWB - In	pact Resis	tant	Paint						
Wall:			GWB - Im	pact Resis	tant	Paint						
Ela ani						Daailiaat						
Floor:						Resilient						
Base:	100		Flash Cov	re e								
Cr Ha	orner Guards ash Rails: and Rails: air Rail:	Sta	Sheet: indard indard indard	Anti-L	igature igature igature		Remarks:					
Door(s): Clea	r Opening (V	V x H):	914 x	2135	Material:	Solid Core	e		Finish:	Plam		
[✓ Door Sid	elight			1							
Ha	Door Pro Automat Access C Door Glazing rdware Type Operable Wi	control Side gla OF-01	azing	,	oof Hardware			door is for	r staff e	econd egress do asy exit		
	External Gla: External Gla: Exterior Win Internal Glaz Blackout	zing Hardw dow Treati	are:	Standard Standard Standard Standard Roller	I ✓ Sec I ✓ Sec	ure _] High Secui] High Secui] High Secui] High Secui lirror	rity rity	roc	aximize interior om	glazing fo	r viewing into
Casework / Millwork:	Case	ework Secu	rity:	Regular	Secur	re		Rema	arks:			
Min Millwork /Cou (mm) or % [[of perimete Upper C			_		Work Surfac Height (mm [
ACOUSTICS: ST	C Rating Wal Floor / Ceil NC Rati		.		RT 60:	0.7		Rema		fer to Appendix ise Control	1D - Acou	ustics and
GENERAL ROOM RE	MARKS:	Coat	Hooks:	Standard	l ✔ Anti-Li	gature No			Mi	irrors: Stand	lard 🗸	Vandal-Proof
]	Tackboa	rd Dim:					Hooks: ✓ v	Whiteboard	Dim:	610mm wid	e x 915mn	n high
	Remarks	s: Maxii	mize obse	ervation. N	o hiding poir	nts. Shall in	nclude bench	h, sink				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	09.0 RESP	ONSE PROGRAM	9A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:	•	Program Number: 09.0-01
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	SECURE INTERVIEW ROOM
101	Client:	MTICS	m²:
		WITICS	12. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	0 1 01 Por	narks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Kei	ildiks.	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
✓ Handwash		Hopper	Water Fountain
Lavatory Wall Standard	Standard	wc [Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humic Local Adjustment		n Isolation Patient Controlled
Room Control Remarks:	Via DDC	ROOM	Tessure (World)
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Stan	dpipe Oth	er·
TIME THO TECTION.			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST:			
Air Temp: 🗸 Standa	rd Special	Other:	
- F			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Normal			Clock
Receptacle Count: Conven	ience: 2 duplex		
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
	ahtina	Habain - D	narke:
LIGHTING: Workstation Task Li		Lighting Ren	IIdIKS.
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			

VALLEYVIEW PROJECT		Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT:	9A-	-OFF LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		09.0-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SECU	RE INTERVIEW ROOM
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUI	REMENTS							
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O	data): outlet: 0 outlet: 0			station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Status	S
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor	nical Camera nical Camera Mon	itor	Card Reader	L		aff Assist atient Assist	✓ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commei	nt:							

Project Name:			Department:				SUB DEPART	MENT:		
	LEYVIEW P	ROJECT		09.0 RES	PONSE PRO	GRAM	JOD DEFAILT		9A-O	FF LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Final		Program Nur	mber:		09.0-02
IBI	¶ Sign C	off:	Date Issued:		2017	-01-25	RoomName:		F	OOD CART ALCOVE
	,		Client:			MTICS	m²:	2.5 m²		
RISK LEVEL:			Standar	d						
ARCHITECTUR	AL REQUIRE	MENTS								
INTERIOR FINISH			material		finish			rer	marks	
Ceiling:	2750		VB - Moisture Res	istant	Paint					
Wall:		GV	VB - Moisture Res	istant	Paint					
Floor:					Resilient					
Base:	100	Fla	sh Cove							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Stand Stand Stand	ard Anti-Li	gature gature gature	R	emarks:				
Door(s):	Clear Opening (W			Material:			ı	Finish:		
Door Hardware:	Door Prot Automati Access Co Door Glazing Hardware Type:	c Opener ontrol	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks:					
Windows:	Operable Wir External Glazi External Glazi Exterior Winc Internal Glazi	ing and Frame ing Hardware low Treatmer	Standard Standard Standard Standard	Secondary Secondary Secondary Secondary Secondary Secondary Secondary Shutter	cure H	igh Secur igh Secur igh Secur igh Secur	ity ity			
Casework / Millwo	rk: Case	work Security	: Regular	Secur	re		Remark	s:		
	Counter Linear Le or % of perimeter			Counter/	Work Surface Height (mm):					
	Upper Cu Lower Cu		Counte	er Top ess Steel		Lockable				
ACOUSTICS:	STC Rating Wall Floor / Ceilin	ng:		RT 60	: N/A		Remark	Refer to App Noise Contr		Acoustics and
CENEDAL DOCA		40-45	aliai 🗆 Ci		:	Cost		Mirror -	ا بادراد	Van del D. C.
GENERAL ROOM	Tackboar	Coat Hood	oks: Standard	Anti-L	igature No of	looks: 🖵	Vhiteboard	Mirrors: Dim:	Standard	Vandal-Proof
	Remarks	Shall be	located adjacent	to Unit kitch	nen					

Project Name:	Department:		SUB DEPARTMENT:	OA OFF LIVING LINIT
VALLEYVIEW PROJECT	09.0 F	RESPONSE PROGRAM		9A-OFF LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	FOOD CART ALCOVE
	Client:	MTICS	m²: 2.5 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Additional co	ooling demand	
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosenee Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme Via DDC		on Isolation Patier Pressure Monitor Patier	nt Controlled
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: 📝 Standar	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Light	Lighting Rer	marks:	

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		09.0 RESP	ONSE PRO		SUB DEPARTMENT:	9A	-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		FOOD CART ALCOVE
		Client:			MTICS	m²: 2.5 m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications O Quantity (1 voice, 1 c Tel O	-		\equiv	tercom Station		Hands Free Telemetry	Room Statu	is
Coax/ Data TV O			Intercon	n Master Station	n	Teleconferencing		
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon	✓ hitor	Card Reader Intrusion Det			aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	ıt:							

Project Name: VAI	LLEYVIEW PROJE	CT Department: 09.0	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	357	Draft:	2 Final	Program Number:	09.0-03
IBI	Sign Off:	Date Issued:	2017-01-25	RoomName:	LIVING UNIT VESTIBULE
	_	Client:	MTICS	m²: 3. m²	
RISK LEVEL:		Medium			
	AL REQUIREMENT				
INTERIOR FINISH	HES: height	material	finish	rem	arks
Ceiling:	2750	GWB - Impact Resistant	Paint		
Wall:		GWB - Impact Resistant	Paint		
Floor:			Resilient		
11001.			Resilient		
Base:	100	Flash Cove			
Wall Protection:	Corner Guards:	Sheet:	Remarks:	1200 mm high. FRL	
	Crash Rails: St	andard Anti-Ligature			
		andard Anti-Ligature			
		andard Anti-Ligature			
Door(s):	Clear Opening (W x H):	1830 x 2135 Mat	erial: Solid Core	Finish: Plam	
	Door Sidelight				
Door Hardware:	Door Protection	Anti-Ligature & Tamperproof Hard	Door Remarks:		
	✓ Automatic Opene✓ Access Control	✓ Locking			
	Door Glazing: Upper	glazing			
	Hardware Type:: XC-01				
Windows:	Operable Windows:	Standard	Secure	Remarks:	
	External Glazing and F		Secure High Secu		
	External Glazing Hardy Exterior Window Trea		Secure High Secu Secure High Secu		
	Internal Glazing and F		Secure High Secu		
	Blackout	Blinds Roller Shutter	1 Way Mirror	Other	
Casework / Millwo	ork: Casework Sec	urity: Regular :	Secure	Remarks:	
	Counter Linear Length	Cour	nter/ Work Surface		
(mm)	or % of perimeter wall: Upper Cupboards	Counter Top	Height (mm): Lockable		
	Lower Cupboards	Stainless Steel			
ACOUSTICS:	STC Rating Wall / 45		RT 60: N/A	Remarks: Refer to App	endix 1D - Acoustics and
	Floor / Ceiling: NC Rating: 35-4	0		Noise Contro	ol
CENEDAL BOOM					
GENERAL ROOM			nti-Ligature No of Coat Hooks:		Standard Vandal-Proof
	Tackboard Dim	:		Whiteboard Dim:	
	Remarks:				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	09.01	RESPONSE PROGRAM	9B-LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	Draft:		Program Number: 09.0-03
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	LIVING UNIT VESTIBULE
101	Client:	MTICS	m²:
		WITICS	3. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.	
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Ni-mikim 2
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	= '	Hopper	Water Fountain
Lavatory Wall Standard		☐ wc	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Conf	trols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	_		
Room Tomp Control	with Doom Polativo	Humidity with Infactio	on Isolation
ROOM CONTROLS: Room Temp Control v	with Room Relative Local Adjustme	· I I	Pressure Monitor Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Ne	egative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Types of Power: Normal			
Descritada Countri III			
Receptacle Count: No rece	eptacles		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
V F			
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:
Dimmable Lighting	"In Use" Ligh		
✓ Switch & Light Cont			
Charting Light	variity Light		

Project Name:		Department:				SUB DEPARTMENT:		
_	VALLEYVIEW PROJECT		09.0 RESI	PONSE PRO	OGRAM	JOB DEPARTIVIENT.		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-03
I D I	ign Off:	Date Issued:		2017	7-01-25	RoomName:	Ll'	VING UNIT VESTIBULE
IBI		Client:			MTICS	m²: 3. m²		
RISK LEVEL:		Medium	า					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 dat Tel Out Coax/ Data TV Out IMIT Remarks:	ta): let: 0	o Care Team Sta	✓ Video II	m Station ntercom Statior m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera I		nical Camera nical Camera Moni	_	✓ Card Reader Intrusion De			taff Assist atient Assist	□ Duress - Wired ☑ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJECT Department: 09.		09.0 RESI	PONSE PRO	GRAM	SUB DEPARTM	MENT:	9B-LIVING UNIT	
Project Number:	35	Draft: prepop	1 2	✓ Final		Program Num	lber:	09.0-04
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	ARE TEAM STATION:	CONFIDENTIAL COORD
	ו ^י	Client:		l	MTICS	m²:	2. m²	
RISK LEVEL:		Low						
	RAL REQUIREMEN							
INTERIOR FINIS	LIEC.							
Ceiling:	height 2750	Material Acoustic Tile		finish Pre-Finished			remarks	
Celling.	2730	Acoustic file		rie-i illisileu				
Wall:		GWB		Paint				
Floor:				Resilient				
Base:	100	Flash Cove			<u> </u>			
				D-	Г			
Wall Protection:			igaturo	KE	marks:			
		_	igature					
		_	igature					
	Chair Rail:	Standard Anti-L	igature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
	Door Sidelight		-					
Door Hardware:	☐ Door Protection ☐ Automatic Open ✔ Access Control	Tampernr	ure & oof Hardware	Door Remarks:				
	Door Glazing: Side	glazing						
	Hardware Type:: OF-0	12						
Windows:	Operable Windows:	✓ Standard	=	_	-l- C		Maximize interior gla	azing for observation
	External Glazing and External Glazing Har		_		gh Secur gh Secur			
	Exterior Window Tre				gh Secur			
	Internal Glazing and	Frame: Standard			gh Secur			
	Blackout	Blinds Roller	Shutter	1 Way Mirror	-	Other		
Casework / Millwo	ork: Casework Se	ecurity: 🗸 Regular	Secur	·e		Remarks	Provide 10 lockers.	Provide counter.
Min Millwork	/Counter Linear Length or % of perimeter wall:	. 🖂 .0		Work Surface 71	10		Desk coverage of gla	
(,	✓ Upper Cupboard	ds 🗸 Count	er Top		Lockable			
	✓ Lower Cupboard		ess Steel	_				
ACOUSTICS:	STC Rating Wall / 45		RT 60:	: 1		Remarks	Refer to Appendix 1	D - Acoustics and
	Floor / Ceiling:	-40]				Noise Control	
GENERAL ROOM	Л REMARKS: Со	oat Hooks: 🗸 Standard	l 🗌 Anti-Li	igature No of (Mirrors: Standar	rd Vandal-Proof
	✓ Tackboard Di	m: 1220mm wide x 9	15mm high	Ho	ooks: ✓ w	Vhiteboard	Dim: 1220mm wide	x 915mm high
	Remarks: Pro	ovide pass through hat	ch in glazed	screen. Shall in	iclude me	eeting space	for 10	
		-						

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE PR	OGRAM 9B-LIV	ING UNIT
VALLETVIEWTROSECT			
Project Number:	-Draft:	Program Number: 09.0 ·	-04
35720	prepop 1 2 Final		-0-4
Sign Off:	Date Issued:	RoomName: 7-01-25 CARE TEAM STATION: CONFIDEN	TIAL COOPD
IRI			HAL COORD
101	Client:	MTICS m²:	
		MTICS 22. m²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	Z.I-UI Remarks.		
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosene	eck Lever/Blades Hopper	Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborate	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
	2 2		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor	
Room Control Remarks:	-	Nooth Feasure Monitor	
Room Control Remarks.	Patient room master controls.		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIME TROTECTION.			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST.			
Air Temp: ✓ Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerge	ency & UPS	✓ Clock	
Receptacle Count: Conver	ience: 8 duplex, Workstations: 3 (2 duple	exes per workstation, locate one above counter and one	below),
Special	Equipment (additional outlets): security	video monitor, fire alarm annunicator, intercom station	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
[4] W	ighting Ni. L	Lighting Romarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
✓ Dimmable Lighting	"In Use" Light	Battery pack and remote heads for emergency lighting.	All
✓ Switch & Light Conf	rols Vanity Light	lighting on emergency power.	
Charting Light			

Project Name:		Department:				SUB DEPARTMENT:	
VALLEYVIE	W PROJECT		09.0 RESP	ONSE PRO	GRAM		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	09.0-04
	Sign Off:	Date Issued:		2017-	-01-25	RoomName: CARE TEAM STATIO	N: CONFIDENTIAL COORD
IBI		Client:			MTICS	m²: 22. m²	
RISK LEVEL:		Low					'
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS:	lata): utlet: 0 :	nical Camera		ercom Station		Hands Free Room S Telemetry Teleconferencing	Duress - Wired
Security Camer	a Monitor 🗹 Cli	nical Camera Mon	_	Intrusion Det	L	Patient Assist	Duress - Wireless
Security Remarks							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commen	t:						

Project Name: VA	LLEYVIEW PROJ		epartment:	09.0 RESI	PONSE PR	OGRAM	SUB DEPARTN	1ENT:	9B-LIVING UNIT
Project Number:	35	5720	raft: prepop	1 2	✓ Final		Program Num	ber:	09.0-05
	Sign Off:	Da	ate Issued:		201	7-01-25	RoomName:	CARE TEAM STATION	N: DIRECT OVERSIGHT
IB	'.	CI	ient:			MTICS	m²:	3.5 m ²	
RISK LEVEL:			Low						
	RAL REQUIREMEN	ITS							
INTERIOR FINIS			material		finis	sh		remarks	
Ceiling:	2750	Acous	tic Tile		Pre-Finishe	d			
Wall:		GWB			Paint				
Floor:					Resilient				
Base:	100	Flash (Cove						
Wall Protection:	Hand Rails:	Sho Standard Standard	Anti-L	igature igature	1	Remarks:			
	Chair Rail:	Standard	Anti-L	igature					
Door(s):	Clear Opening (W x H): Door Sidelight	91	4 x 2135	Material:	Solid Core		Fi	nish: Plam	
Door Hardware:	Door Protection Automatic Oper Access Control Door Glazing: Side	ner	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	:s:			
	Hardware Type:: OF-(
Windows:	Operable Windows: External Glazing and External Glazing Han Exterior Window Tre Internal Glazing and	f Frame: dware: eatment:	Standard Standard Standard Standard Standard Roller	Sec Sec Sec	ure ure ure	High Secur High Secur High Secur High Secur ror	ity ity ity	Maximize interior gla	zing for observation
Casework / Millwo	ork: Casework S	ecurity:	Regular	Secur	·e		Remarks	Desk coverage of glaz	ed screen
	/Counter Linear Length or % of perimeter wall:	1200		Counter/	Work Surface Height (mm):				
	Upper Cupboard Lower Cupboard		Count	er Top ess Steel		Lockable			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: NC Rating: 35			RT 60:	1		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM	Л REMARKS: С	oat Hooks:	✓ Standard	Anti-Li	gature No	of Coat 4		Mirrors: Standard	I ☐ Vandal-Proof
	✓ Tackboard D	im: 3@6	10mm wide x	915mm hig	h	Hooks: ✓ w	Vhiteboard	Dim: 3@610mm wid	e x 915mm high
	Remarks: Sh	all accom	modate 3 wor	kstations w	ith compute	rs			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0	RESPONSE PROGRAM		9B-LIVING UNIT
7/12221112011103201	_ ,			
Project Number:	Draft:		Program Number:	09.0-05
35720	prepop 1	2 Final		03.0-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	ATION: DIRECT OVERSIGHT
IBI		2017 01 23		TION. DIRECT OVERSIGHT
	Client:	MTICS	m²: 13.5 m²	
		WITTES	15.5 111	
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
Type: CCA 7247 2 40 ACHDAE C	2 1-01	Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 6	2.1 01			
Date (A)	'C).	Consist Eybor	ust Air Basuirad. O	
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0	
•				
PLUMBING FIXTURES:				
sink mounting faucet	tap	D Hained D	Plo	umbing Remarks
Handwash Counter Goosene	_	Urinal	Lyewasii	
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC _	Emergency Shower	
Double	Electronic Con	trols Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Licensine con	Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Local Adjustm	' I I	n Isolation Patient C	Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Othe	er:	
Rack Storage (2.4m high)	Types:			
_				
EXHAUST: Pressure:	Positive N	egative Other:		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL DECLUDENCENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Emerge	ency & UPS		✓ Clock	
			workstation, locate one above dge, suction machine, comput	
Power Remarks: Switch	oank for power outlet sh	nutoff for each client room		
- I - I - I - I - I - I - I - I - I - I				
Patient Care Area Designation Basic				
(as per CSA Z32):				
_				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	In Use" Ligh	Battery pa	ck and remote heads for emer	gency lighting. All
Switch & Light Conf	trols Vanity Light	lighting on	emergency power.	
Charting Light				

Project Name: VALLEYVIE		Department:	09.0 F	RESPON	ISE PRO	GRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:	09.0-05
	Sign Off:	Date Issued:			2017-	01-25	RoomName: CARE TEAM STAT	ΓΙΟΝ: DIRECT OVERSIGHT
		Client:			ĺ	MTICS	m²: 13.5 m²	
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): :let: 0		Vie		ation om Station aster Station		Hands Free Room St Telemetry Teleconferencing	tatus
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:		nical Camera nical Camera Mon	itor		ard Reader atrusion Det		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:					erational narks:			
Room Data Sheet Comment:	:							

Project Name: VAL	LEYVIEW PRO	DJECT	Department:	09.0 RESI	PONSE	PROGRAM	SUB DEPAR	TMENT:		9B-LIVING UNIT
Project Number:	:	35720	Draft: prepop	1 2	✓ Final		Program No	ımber:		09.0-06
	Sign Off:		Date Issued:		2	2017-01-25	RoomName	::		MEDICAL ROOM
IBI			Client:			MTICS	m²:	14. m	2	
RISK LEVEL:			Medium	1						
ARCHITECTURA	AL REQUIREMI	ENTS								
INTERIOR FINISH			material			finish			remarks	
Ceiling:	2750	GWI	B - Impact Resist	ant	Paint					
Wall:		GWI	B - Impact Resist	ant	Paint					
Floor:					Resilient	:				
Base:	100	Flasi	h Cove							
Wall Protection:	Corner Guards: Crash Rails: Chair Rail:	Standar Standar Standar	rd	gature		Remarks:				
Door(s):	Clear Opening (W x H		914 x 2135	Material:	Solid Co	ore		Finish:	Plam	
Door Hardware:	☐ Door Protecti ☐ Automatic Op ☑ Access Contro Door Glazing: ☐ Hardware Type:: OI	pener ol F-02	✓ Locking	of Hardware		narks: Provide mm			or with integral blii	nd. Door size : 914
Windows:	Operable Windov External Glazing a External Glazing B Exterior Window Internal Glazing a Blackout	and Frame: Hardware: Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure [ure [ure [High Secur High Secur High Secur High Secur Mirror	rity rity			
	Counter Linear Lengtl or % of perimeter wal Upper Cupbo	l: ards	Regular Counte	Counter/ Ner Top ss Steel			Remar	ks: Pro	vide medical stora _l	ge cabinet
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	55 30-35		RT 60:	0.7		Remar		er to Appendix 1D se Control	- Acoustics and
GENERAL ROOM		Coat Hook	ks: Standard	✓ Anti-Li	gature	No of Coat Hooks:	A/L:L. 1		rors: Standard	✓ Vandal-Proof
			ns for a First Aid			II accommoda			refrigeration, cot; alarmed fridge, su	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-06
35720	prepop 1 2 Final		03.0-00
Sign Off:	Date Issued:	RoomName: 017-01-25	MEDICAL BOOM
IRI			MEDICAL ROOM
101	Client:	MTICS m²: 14. m²	
		MITICS 14. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
	11		7 n n
sink mounting faucet	tap Urir	al Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hop	per Water Fountain	
Lavatory Wall Standard	I ✓ Standard	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barr	ier Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
✓ Other: single comp. sink			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Infection Isolation Patie	ent Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION. Sprinkler Type.	Vot Dry Standaine	Other:	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other.	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:	
EXHAUST: Pressure:	- Negative	Other.	
Air Temp: ✓ Standa	rd Special Other:		
All Temp. Stands	Special Other.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ency	Clock	
		lplex, Special Equipment (additional outl	ets): fridge (on generator
power)	, suction, blood pressure, AED		
Power Remarks:			
Patient Care Area Designation Interme	ediate		
(as per CSA Z32):			
	_		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light	Wall mounted extendable exam light	t
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			
		L	

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number:		09.0-06
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		MEDICAL ROOM
		Client:			MTICS	m²: 14. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Video I	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon		✓ Card Reader ✓ Intrusion De	L_		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	ıt:							

Project Name: VALL	EYVIE	W PROJE		epartment:	09.0 RES	PONSE	PROG	SRAM	SUB DEF	PARTME	NT:		9B-LIV	'ING UNIT
Project Number:		357		aft: prepop	1 2	Fina			Program	n Numbe	er:		09.0	-07
		Sign Off:		ite Issued:			2017-0	01-25	RoomNa	ame:			W/ASHR(OOM, STAFF
IBI			Cli	ent:				//TICS	m²:	2 7	m²		WASHIN	30W, 3TATT
DICK I EVEL:				Chandan	-1			VIII C 3		3.7	111			
RISK LEVEL:	. DEO		· ·	Standar	a									
ARCHITECTURA INTERIOR FINISHE			<u>s</u>											
Ceiling:	3: 2750	height	GWR -	material Moisture Res	istant	Paint	finish	I				remarks		
cciiiig.	2730	,	GWB	Wioistare nes	istarre	- anic								
Wall:			GWB -	Moisture Res	istant	Paint								
Floor:						Resilier	nt							
Base:	100		Flash C	Cove										
Wall Protection:	Corner Go Crash Rai Hand Rail Chair Rail	ls: St	She andard andard andard		gature		Ren	marks:						
Door(s): Cle		ing (W x H):	914	l x 2135	Material:	Solid C	Core			Finis	sh: Plam	1		
Door Hardware:	Aut Acc	or Protection tomatic Opener cess Control clazing: Type:: WR-03		Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Re	emarks:							
Windows:	Externa Externa Exterio Interna	ole Windows: al Glazing and F al Glazing Hardv r Window Treat Il Glazing and Fi ckout	vare: ment:	Standard Standard Standard Standard Standard Standard Roller:	Sec Sec Sec Sec Sec Sec	ure ure ure ure	Hig	th Secur th Secur th Secur th Secur	rity rity rity rity	narks:				
Casework / Millwork	:	Casework Sec	urity:	Regular	Secur	re			Rer	marks:				
Min Millwork /Co (mm) or	% of peri	near Length meter wall: per Cupboards ver Cupboards		Counte	Counter/ ' er Top ss Steel	Work Sur Height (r	mm):	ockable						
ACOUSTICS:	Floor	g Wall / 45 / Ceiling:	-		RT 60	N/A			Rer		Refer to Noise Co	Appendix 1 ontrol	LD - Acousti	cs and
GENERAL BOOM		C Rating: 40-4		ا دا سما ا			No of C	oat 3		_ L	Mires	اد بند	d	dal Des f
GENERAL ROOM F		kboard Dim		✓ Standard	Anti-L	igature		oks:	Vhiteboai		m:	✓ Standa	ıra 🔛 Var	ndal-Proof
		_		o dispenser, p	aper towel	dispense	_ er, toilet					n disposal, v	waste recep	tacle

Project Name: VALLEYVIEW PROJECT	Department: 09.0 I	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	WASHROOM, STAFF
IBI	Client:	MTICS	m²: 3.7 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Imbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment	·	on Isolation Patient Co	ontrolled
Air Temp: Standa		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rer Night ligh	t on emergency power.	

Project Name: VALLEYVI	EW PROJECT	Department:	09.0 RESP	ONSE PROGR	RAM SUB DEPAI	RTMENT:	9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final	Program N	umber:	09.0-07
	Sign Off:	Date Issued:		2017-01	1-25 RoomNam	e:	WASHROOM, STAFF
		Client:		M	TICS m²:	3.7 m²	
RISK LEVEL:		Standar	d d				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): Outlet:		\equiv	Station tercom Station Master Station	Hands Free Telemetry Teleconfer		atus
IMIT Remark	5:						
SECURITY SYSTEMS:	□ au			1			□
Security Came Security Came		nical Camera nical Camera Moni	itor	Card Reader N Intrusion Detect		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remark	s:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	nt:						

Project Name: VAL	LEYVIE	W PR	OJEC		artment:	09.0 RES	PONSE	PROGRAM		JB DEPARTM	IENT:		9B-LIVING UNIT
Project Number:		1	3572		prepop	1 2	Fina		Pro	ogram Numl	oer:		09.0-08
	1	Sign Off:		Date	Issued:		-	2017-01-2		oomName:		cc	DNSULTATION ROOM
	J			Clier	nt:			MTIC	S m²		2. m²		
RISK LEVEL:					Mediur	n							
ARCHITECTUR	AL REO	UIREN	1ENTS										
INTERIOR FINISH		height			material			finish			r	emarks	
Ceiling:	2750			GWB - Ir	npact Resis	stant	Paint						
Wall:													
vvaii.			(GWB - Ir	npact Resis	stant	Paint						
Floor:			_				Carpet						
Base:	100		1	Rubber									
Wall Protection:	Corner G	uards:	✓	Sheet	: ✓			Remarks:	120	00 mm hig	h.Fibre Re	inforced Lan	ninate Panel (FRL)
	Crash Rai		_	ndard	Anti-I	Ligature							
	Hand Rai		_	ndard 	_	Ligature							
	Chair Rai	ı:	Sta	ndard	Anti-i	Ligature							
Door(s):	Clear Open	ing (W x	H):	914 >	2135	Material:	Solid C	ore		Fir	nish: Plam		
	✓ Do	or Sidelig	ght										
Door Hardware:	☐ Aut	or Protection or Protection of	Opener trol	blind	Tamperpr	ure & roof Hardware	Door Rer			ng. Provide or is for sta			Door size : 914 mm
	Hardware	Ļ											
Windows:	Externa Externa Exterio Interna	ble Windo al Glazing al Glazing or Windov al Glazing ackout	g and Fra g Hardwa w Treatn and Fra	are:	Standard Standard Standard Standard Standard Rolled	Section Sectio	ure ure ure ure	High Sec High Sec High Sec High Sec Migh Sec	curity curity	,			
Casework / Millwo	rk:	Casewo	ork Secur	rity:	Regular	Secur	·e			Remarks:			
Min Millwork / (mm)	or % of peri		all:		Coun	Counter/ ter Top	Work Surf Height (n		ام				
	= .	wer Cupb			=	ess Steel		Lockabi					
ACOUSTICS:	STC Ratin Floor	g Wall / / Ceiling:	55			RT 60	0.7			Remarks:	Refer to A Noise Cor		- Acoustics and
	N	C Rating:	30-35					_					
GENERAL ROOM		KS:	Coat I	Hooks:	Standard	d 🗹 Anti-Li	igature	No of Coat 2 Hooks:		teboard [Mirrors:	Standard	☐ Vandal-Proof
	Re	marks:	Shall a	accomm	odate smal	l desk, comfo	ortable s	eating for 2-	3, ph	one, confic	dential are	a	

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	09.0 R	ESPONSE PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:		Program Number: 09.0-08
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	CONSULTATION ROOM
101	Client:	MTICS	m²:
		WITICS	12. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.	
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
			Ni-metric D
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		□ wc	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Contr	rols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infactio	on Isolation
ROOM CONTROLS: Room Temp Control v	Local Adjustme		Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
	1.0 220		
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	ner:
		<u> </u>	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Ne	gative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
			Clock
Types of Power: Emerge	ency		
Receptacle Count: Conven	ience: 2 duplex, Worksta	itions: 1 quadplex	
Power Remarks:			
rowel Kelliaiks.			
Dationt Core Arra Dation			
Patient Care Area Designation Basic (as per CSA Z32):			
(05 pc. Con 202).			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rei	marks:
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	. =		
Charting Light	rols Vanity Light		

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Prinal		Program Number:		09.0-08
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	С	ONSULTATION ROOM
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	lata): O utlet: O		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mon	·	✓ Card Reader Intrusion De	L		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIE	W PROJE		artment:	09.0 RES	PONSE PI	ROGRAM	SUB DEPARTN	ΛENT:	9B-LIVING UNIT
Project Number:		357		prepop	1 2	Final		Program Num	ber:	09.0-09
IRI	,	Sign Off:		Issued:		20	17-01-25		TERVIEW/ PSYCHOLOG	GICAL TESTING ROOM
-			Clier	nt:			MTICS	m²:	5. m²	
RISK LEVEL:				Mediur	n					
ARCHITECTURAL	REQU	JIREMENT.	S							
INTERIOR FINISHES	:	height		material		fin	nish		remarks	
Ceiling:	2750		GWB - Ir	npact Resis	tant	Paint				
Wall:			GWB - Ir	npact Resis	tant	Paint				
			GWB II	iipact itesis	itant	i diiit				
Floor:						Resilient				
Base:	100		Flash Co	ve						
		ıards: 🗸	Sheet				Domorka	1200 his	h Fibre Deinferend Ler	ningto Danal (EDI)
	orner Gu rash Rail		andard	_	igature_		Remarks:	1200 mm nig	h.Fibre Reinforced Lar	ninate Panei (FRL)
	and Rails		andard	_	igature					
	nair Rail:		andard	_	igature					
Dana (a) Clea	ır Oneni	ng (W x H):	014	2135	Material:	Solid Core		Fi	nish: Plam	
(-)	_		914)	(2135	Iviateriai.	Solid Core	=		Platti	
	✓ Doo	or Sidelight	_	_						
Door Hardware:	Aut	or Protection omatic Opener ess Control	_		ure & oof Hardware	Door Remar	rks: Provide for staff	second egres easy exit	s door. Door size : 914	mm Second door is
	Door Gl	lazing: Integra	l blind							
На	rdware	Type:: OF-02								
	•	le Windows:		Standard			1	Remarks:		
		I Glazing and Fr I Glazing Hardw		Standard Standard			High Secui High Secui			
		· Window Treat	_	Standard			High Secui	-		
	Internal	Glazing and Fr	ame:	 Standard		_	High Secu			
	Blac	ckout	Blinds	Rollei	Shutter [1 Way M	irror	Other		
Casework / Millwork:		Casework Secu	urity:	Regular	Secur	·e		Remarks	:	
Min Millwork /Cou	nter Lin	ear Length			Counter/	Work Surface	e			
(mm) or %		meter wall:		Count	l ter Top	Height (mm)): Lockable			
	=	er Cupboards ver Cupboards		=	ess Steel	L	Lockable			
ACOUSTICS: ST	C Rating	g Wall / 55			RT 60	0.7		Remarks	Refer to Appendix 1D	- Acoustics and
		Rating: 30-3	5						Noise Control	
GENERAL ROOM RE	MARI	KS: Coat	Hooks:	Standard	d 🗸 Anti-L	igature No	o of Coat 2		Mirrors: Standard	l Vandal-Proof
	Tac	kboard Dim:						Whiteboard	Dim:	
	Ren	marks: Shall	accomm	odate desk	and chair, fi	ling cabinet	t, bookcase	and round m	eeting table for testing	

Project Name:	Department:	SUB DEPAR	
VALLEYVIEW PROJECT	09.0 RESPONSE	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Nu	umber: 09.0-09
35720	prepop 1 2 Final		
Sign Off:	Date Issued:	RoomName 017-01-25	
IBI			INTERVIEW/ PSYCHOLOGICAL TESTING ROOM
101	Client:	MTICS m²:	452
		WITICS	15. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Requi	ired: 0
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urii	al Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fo	untain
Lavatory Wall Standard	Standard WC	Emergeno	cy Shower
Janitorial Floor Laborato	ry Foot Pedal Bar	ier Free WC Corrosion	Resistant Fittings
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
Other:			
Size:	-		
			_
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Mor	Patient Controlled
Room Control Remarks:	Via DDC	Noom ressure wor	
Room control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	Jiy Standpipe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	Other.	
Air Temp: 🗸 Standa	rd Special Other:		-
7 Temp. Standa	Jecui Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy	Clo	CK
Receptacle Count: Conven	ience: 4 duplex, Workstations: 1 quad	plex	
Power Remarks:			
Patient Care Area Designation Interme	ediate		
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	✓ "In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			
		·	

Project Name: VALLEYVII	VALLEYVIEW PROJECT	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Pinal		Program Number:	09.0-09
	Sign Off:	Date Issued:		2017	7-01-25	RoomName: INTERVIEW/ PSYCHOL	OGICAL TESTING ROOM
		Client:			MTICS	m²: 15. m²	
RISK LEVEL:		Mediur	n				
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video	om Station Intercom Statior om Master Statio	,	Hands Free	ıtus
SECURITY SYSTEMS: Security Camer Security Camer	=	nical Camera nical Camera Mon		✓ Card Reader	<u> </u>	Staff Assist Patient Assist	✓ Duress - Wired ✓ Duress - Wireless
Security Remarks	::						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VAL	LEYVIEW PR	OJECT	Department:	09.0 RES	PONSE	PROGE		SUB DEPART	MENT:		9B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Y Fina			Program Nui	mber:		09.0-10
_ 	Sign Off:		Date Issued:			2017-0:		RoomName:			UNIT KITCHEN
В]	ı		Client:			M	TICS	m²:	20. m²		
RISK LEVEL:			Mediun	n							
ARCHITECTURA	AL REQUIREN	IENTS									
INTERIOR FINISH			material			finish				remarks	
Ceiling:	2750	GW	3 - Impact & Mo stant Secure	isture	Paint						
Wall:			3 - Impact & Mo stant Secure	isture	Paint						
Floor:					Resilien	nt					
Base:	100	Flas	n Cove								
Wall Protection:	Corner Guards: Crash Rails: Hand Rails:	Standa Standa	_	igature igature	-	Rema	arks:				
Door(s):	Chair Rail:	Standa	rd	igature Material:	Solid C	Core			Finish: [Plam	
2001(3).	Door Sidelig								L		
Door Hardware:	Door Protect Automatic C Access Cont	pener	✓ Anti-Ligatu Tamperpro ✓ Locking	ire & oof Hardware	Door Rei	marks: Pro	ovide s	econd doo	r to dir	ning room. Door si	ze : 914 mm
	Door Glazing: (Jpper glazi	ng								
	Hardware Type::	DF-02/ DA-	01								
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard	_	cure cure cure cure	High	Securi Securi Securi Securi	ty ty ty		imize interior glaz	ing for observation
Casework / Millwor	k: Casewo	rk Security:	Regular	✓ Secu	re			Remark	s:		
	Counter Linear Leng r % of perimeter w			Counter/	Work Sur Height (n	face 915 mm):					
	✓ Upper Cupb ✓ Lower Cupb		Count	er Top ess Steel		✓ Loc	ckable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60): N/A			Remark		er to Appendix 1D se Control	- Acoustics and
GENERAL POOR	NC Rating:			.	:	No -f o	at [2		8.41		□ v _e .dd c - f
GENERAL ROOM	Tackboard	Coat Hook	s: Standard	✓ Anti-L	igature	No of Coa Hook	ks:	hiteboard	Mirr	ors: Standard 915mm wide X 9	
	Remarks:	Provide h		el over cou	nter, loc	kable dod	d. Shall or, ; acc	accommo	date fr d Cart	idge, stove, dishw alcove shall be pr	

Project Name:	Department: 09.0	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		09.0-10
Sign Off:	Date Issued:	2017-01-25	RoomName:	UNIT KITCHEN
	Client:	MTICS	5 m²: 20. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 1	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborate Double Deep Equipment Other: Hand Sink, splash mounted faucet Size:	Standard ory Foot Pedal Electronic Con	Hopper WC Barrier Free WC	✓ Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings ✓ Other:	Plumbing Remarks provide hot water for dishwasher.
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Via DDC Vet Dry Types:	ent Room	ion Isolation Pressure Monitor ther:	nt Controlled
Air Temp: 🕡 Standa	ard Special	Other: Domestic F	Range Hood	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Norma			Clock	
Receptacle Count: Conver dishwa		ertop: duplexes along coun	ter, Special Equipment (addit	ional outlets): fridge, stove,
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Re	emarks: binet lighting	

Project Name: VALLEYVIEW I	VALLEYVIEW PROJECT		09.0 RE	SPONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		09.0-10
Sign (Off:	Date Issued:		2017	-01-25	RoomName:		UNIT KITCHEN
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	1		Vide	rcom Station o Intercom Station rcom Master Statio		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camera Security Camera Mon		nical Camera nical Camera Moni	tor	Card Reader Intrusion Det			aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Di Remarks:	shwasher CP0	CI		Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAL	LEYVIE	EW PROJEC	Department:	09.0 RESF	PONSE PRO	GRAM	SUB DEPARTN	IENT:	9B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	09.0-11
<u> </u>	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:		DINING AREA
IBI	,		Client:			MTICS	m²:	2. m²	
RISK LEVEL:			Mediun	1					
ARCHITECTUR	ΔI RFO	IIIRFMFNT							
INTERIOR FINISH			material		finish			romarks	
Ceiling:	275	height 0	GWB - Impact Resist	ant	Paint			remarks	
ceimig.	2,3		GVV Impact nesist	unc	. anic				
Wall:			GWB - Impact Resist	ant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature	R	emarks:	1200 mm hig	h.Fibre Reinforced Lar	ninate Panel (FRL)
Door(s):	Clear Oper	ning (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
. ,	Do	oor Sidelight							
Door Hardware:	Au Door C	oor Protection utomatic Opener ccess Control Glazing: Upper (2 Type:: CR-01	✓ Locking glazing	oof Hardware	Door Remarks:	Double s		Ī	
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	igh Secui igh Secui igh Secui igh Secui	rity rity rity	Maximize interior gla	ing for observation
Casework / Millwo	rk:	Casework Secu	ırity: 🗌 Regular	✓ Secur	e		Remarks	Provide counter and I	ower cupboards for
	or % of per	near Length 24C rimeter wall: oper Cupboards wer Cupboards	✓ Count		Vork Surface 9 Height (mm):	15 Lockable		food trays.	
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60:	0.7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM	REMAR	RKS: Coat	Hooks: Standard	Anti-Li	gature No of H	Coat		Mirrors: Standard	☐ Vandal-Proof
	Та	ckboard Dim:					Whiteboard	Dim:	
	Re	emarks: Shall	accommodate 12 at	family style	dining table				

Project Name:	Department:			SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0	RESPONSE	PROGRAM		9B-LIVING UNIT
VALLETVIEWTROSECT					
Project Number:	Draft:			Program Number:	09.0-11
35720	prepop 1	2 Final			09.0-11
Sign Off:	Date Issued:	2	017-01-25	RoomName:	DINING AREA
IRI			017 01 23		DINING AREA
101	Client:		MTICS	m²:	
			IVITICS	22. m²	
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS					
Tuno: CCA 7217 2 10 ACUIDAE 6	2 1 01	Remarks:	Cyboust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks.	Exhaust		
Can Air be Returned Rate (A)	C):		Special Exha	ust Air Required: 0	
to System					
PLUMBING FIXTURES:		_			
					1: 6 1
sink mounting faucet	tap	Urir	nal	Eyewash	bing Remarks
Handwash Counter Goosen	eck Lever/Blades	П Нор	per	Water Fountain	
Lavatory Wall Standard	Standard	☐ wc		Emergency Shower	
Janitorial Floor Laborate	ory Foot Pedal	Bar	rier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cor	ntrols Floo	or Drain	Other:	
Deep Equipment					
Other:					
Size:	=				
JIZC.					
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustm	e Humidity with nent	1 1	n Isolation Patient Con ressure Monitor	trolled
			1 1	Patient Con	trolled
Local Adjustment Room Control Remarks:	Local Adjustm	nent	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustm		1 1	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks:	Local Adjustm	nent	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types:	Standpipe	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Via DDC Vet Dry Types:	nent	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm Via DDC Vet □ Dry □ Types: □ N	Standpipe	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm Via DDC Vet □ Dry □ Types: □ N	Standpipe Jegative	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm Via DDC Vet □ Dry □ Types: □ N	Standpipe Jegative	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustm Via DDC Vet □ Dry □ Types: □ N	Standpipe Jegative	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustm Via DDC Vet □ Dry □ Types: □ N	Standpipe Jegative	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Local Adjustm Via DDC Vet □ Dry □ Types: □ ✓ Positive □ N ard □ Special	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustm Via DDC Vet □ Dry □ Types: □ ✓ Positive □ N ard □ Special	Standpipe Jegative	Room P	ressure Monitor Patient Con	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER:	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative	Room P	er:	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Positive □ N ard □ Special & Emergency iience: 8 duplex	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Positive □ N ard □ Special & Emergency iience: 8 duplex	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Positive □ N ard □ Special & Emergency iience: 8 duplex	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation Basic	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Positive □ N ard □ Special & Emergency iience: 8 duplex	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Positive □ N ard □ Special & Emergency iience: 8 duplex	Standpipe Jegative Other:	Room P	er: Clock	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32):	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency Jience: 8 duplex	Standpipe Jegative Other:	Other:	er: Clock Ceptacles	trolled
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	Local Adjustm Via DDC Vet □ Dry □ Types: □ ✓ Positive □ N and □ Special I & Emergency itence: 8 duplex Ide switch at nurse base ighting □ Night Light	Standpipe legative Other:	Other: Other: Ot	er: Clock Ceptacles	
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Types: □ N Positive □ N I & Emergency I eswitch at nurse base 1 I ighting □ Night Light □ "In Use" Light	Standpipe legative Other:	Other: Other: Other: Lighting Rer Local swite	er: Clock Ceptacles ceptacles chand override switch at nurse b	ase to shut off all
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Con	Local Adjustm Via DDC Vet Dry Types: Positive N Special & Emergency dience: 8 duplex le switch at nurse base ighting Night Light "In Use" Light	Standpipe legative Other:	Other: Other: Other: Lighting Rer Local swite	er: Clock Ceptacles	ase to shut off all
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand: FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Types: □ N Positive □ N I & Emergency I eswitch at nurse base 1 I ighting □ Night Light □ "In Use" Light	Standpipe legative Other:	Other: Other: Other: Lighting Rer Local swite	er: Clock Ceptacles ceptacles chand override switch at nurse b	ase to shut off all
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stands FLECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Convert Power Remarks: Overrice Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Con	Local Adjustm Via DDC Vet □ Dry □ Types: □ N Types: □ N Positive □ N I & Emergency I eswitch at nurse base 1 I ighting □ Night Light □ "In Use" Light	Standpipe legative Other:	Other: Other: Other: Lighting Rer Local swite	er: Clock Ceptacles ceptacles chand override switch at nurse b	ase to shut off all

-		Department:					
Project Name: VALLEYVI	VALLEYVIEW PROJECT		09.0 RESPO	ONSE PROGRA	SUB DEPARTM	ΛENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final	iber:	09.0-11	
	Sign Off:	Date Issued:		2017-01-2	RoomName:		DINING AREA
		Client:		MTIC	CS m²:	2. m²	
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): Dutlet: 0 Dutlet: 0			Station ercom Station Master Station	Hands Free Telemetry Teleconference	☐ Room Stat	:us
SECURITY SYSTEMS: Security Came	ra 🗆 Cli	nical Camera		Card Reader No.:		Staff Assist	Duress - Wired
Security Came		nical Camera Moni	tor	Intrusion Detection		✓ Patient Assist	✓ Duress - Wireless
Security Remark	s:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	nt:						

Project Name: VAI	LEYVIEW PR	OJECT	Department:	09.0 RES	PONSE PRO	OGRAM	SUB DEPARTM	1ENT:	9B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	09.0-12
IBI	Sign Off:		Date Issued:		2017	7-01-25	RoomName:		CLIENT PHONE STATION
	_		Client:			MTICS	m²:	m²	
RISK LEVEL:			Medium	າ					
ARCHITECTUR	AL REQUIREM	IENTS							
INTERIOR FINISH			material		finish	h		remarks	i
Ceiling:	2750	GW	B - Impact Resist	ant	Paint				
Wall:		GW	B - Impact Resist	ant	Paint				
Floor:					Resilient				
Base:	100	Elac	h Cove]				
			Sheet:]	Remarks:	1200 hi-	h Fibra Dainfana	ad Lawinsto Denal (EDI)
Wall Protection:	Crash Rails:	Standa		gature	'	Nemarks.	1200 IIIIII IIIg	II.FIDI'E KEIIIIOICE	ed Laminate Panel (FRL)
	Hand Rails:	Standa	rd 🗌 Anti-Li	gature					
	Chair Rail:	Standa	rd 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x I	H):		Material:			Fir	nish:	
	Door Sidelig	ht							
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	pener	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks	:			
	Hardware Type::								
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard Standard Standard	Sec	cure	High Secur High Secur High Secur High Secur or	rity		
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secui	re		Remarks:		
	Counter Linear Leng or % of perimeter wa Upper Cupb Lower Cupb	all: oards	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:			RT 60	: 0.7		Remarks:	Refer to Append Noise Control	lix 1D - Acoustics and
	NC Rating:	30-35							
GENERAL ROOM	1 REMARKS:	Coat Hook	s: Standard	Anti-L		f Coat Hooks:		Mirrors: Sta	ndard Vandal-Proof
	Tackboard Remarks:	Dim:				v	Whiteboard [Dim:	

Project Name:	Department:	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	09.0 K	ALSFONSE PROGRAM		PD-LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-12
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT PHONE STATION
IBI	Client:	MTICS	m²: 1. m²	
RISK LEVEL:	Medium		1.111	
MECHANICAL REQUIREMENTS	Mediaiii			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme		n Isolation Pati Pressure Monitor	ent Controlled
FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Ne	Standpipe Other: Other:	er:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal				
Receptacle Count: No rece	ptacles			
Patient Care Area Designation Basic (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Ren	narks:	

Project Name: VALLEYVI	EW PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2] 🗸 Final		Program Number:		09.0-12
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	CL	ENT PHONE STATION
		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): utlet: 1 utlet: 0		☐ Video In	n Station Itercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu:	S
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Mon	itor	Card Reader Intrusion De	L		aff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VA I	LLEYVIEW PR	OJECT	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTM	IENT:		9B-LIVING UN
Project Number:	Sign Off:	35720	Draft: prepop Date Issued:	1 2	Final		Program Numl	ber:		09.0-13
İB!	Jigii oii.		Client:			'-01-25	m²:		OFFICE, PROG	GRAM COORDINATO
DICK LEVEL	1		Low			MTICS	9.	.2 m²		
RISK LEVEL:			Low							
ARCHITECTUR	RAL REQUIREM	ENTS								
INTERIOR FINISI	HES: height		material		finish				remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished					
Wall:	L	GW	В		Paint					
Floor:					Resilient					
Base:	100	Flas	h Cove							
Wall Protection:	Corner Guards:	/	Sheet:		R	emarks:	1200 mm hig	h Fibre í	Reinforced Lan	ninate Panel (FRL)
	Crash Rails:	Standa	_	_						
	Hand Rails: Chair Rail:	Standa Standa		_						
5 ()	Clear Opening (W x F	_		Material:	Solid Core	L	Eir	nish: Plar		
Door(s):	Door Sideligi		914 x 2135	iviateriai.	Solid Core			IISII. PIdi	II	
Door Hardware:	☐ Door Protect ☐ Automatic O ☐ Access Conti	pener	✓ Locking	re & of Hardware	Door Remarks:					
	Door Glazing: U	pper glazi	ng							
	Hardware Type::	F-02								
Windows:	Operable Windo		✓ Standard	_	ure			Maximi	ze interior glaz	zing for observation
	External Glazing External Glazing		✓ Standard✓ Standard	Sec		igh Secur igh Secur				
	Exterior Window			_		igh Secur				
	Internal Glazing		Standard	✓ Sec		igh Secur				
	Blackout	✓ Blind	s Roller	Shutter [1 Way Mirro	or	Other			
Casework / Millwo	ork: Casewo	rk Security:	✓ Regular	Secui	re		Remarks:	Provide	solid surface	counter
	Counter Linear Lengt or % of perimeter wa			Counter/	Work Surface 7 Height (mm):	10				
	Upper Cupbo		✓ Counte		•	Lockable				
	✓ Lower Cupbo	oards	Stainle	ss Steel						
ACOUSTICS:	Floor / Ceiling:	45		RT 60	0.7		Remarks:	Refer to Noise C		- Acoustics and
	NC Rating:									
GENERAL ROON			ss: 🗸 Standard	Anti-L	igature No of H	looks:		Mirrors		<u> </u>
	✓ Tackboard	Dim: 61	.5mm x 915mm			✓ V	Vhiteboard [Dim: 6:	15mm wide x 9	915mm high
	Remarks:									

Project Name:	Department:	00.05	SECDO	NCE DDGG	D 4 4 4	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		09.0 F	RESPO	NSE PROG	RAM	9B-LIVING	UNIT
Project Number: 35720	-Draft:			✓		Program Number: 09.0-13	
Sign Off:	prepop Date Issued:	1	2	Final		RoomName:	
IBI				2017-0)1-25	OFFICE, PROGRAM COORDIN	IATOR
<u> </u>	Client:			N	1TICS	m²: 9.2 m²	
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01		Rema	rks:			
117AC.							
✓ Can Air be Returned Rate (A/ to System	C):			Spec	ial Exha	aust Air Required: 0	
PLUMBING FIXTURES:							
sink mounting faucet	tap	/01 1		Urinal		Eyewash Plumbing Remarks	
Handwash Counter Goosene Lavatory Wall Standard		er/Blades dard		Hopper		Water Fountain	
Janitorial Floor Laborato		: Pedal		WC Barrier Free	_ wc	Emergency Shower Corrosion Resistant Fittings	
Double		tronic Cont	rols _	Floor Drain	· wc _	Other:	
Deep Equipment							
Other:	_						
Size:							
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	1 1	m Relative al Adjustme				on Isolation Patient Controlled Pressure Monitor	
			1				
FIRE PROTECTION: Sprinkler Type: V	/et Dr	у	Standp	ipe	Oth	her:	
Rack Storage (2.4m high)	Types:						
EXHAUST: Pressure:	Positive	Ne	gative	Of	ther:		
Air Temp: 🗸 Standa	rd Spe	ecial	Ot	her:			
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal	& Emergency					Clock	
Receptacle Count: Conven	ience: 3 dunle	(Worksta	ations: 1	1 quadplex			
Conven	icrice. 5 dupie	, workst	200113. 1	r quaupiex			
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):							
		_		_			
LIGHTING: Workstation Task Lighting		ght Light		Ligh	ting Rer	marks:	
☐ Dimmable Lighting ✓ Switch & Light Cont	. =	n Use" Light Inity Light	Ţ				
Charting Light	· U	mary LIGHT					

Project Name:		Department:				SUB DEPARTMENT:		
·	W PROJECT		09.0 RES	PONSE PRO	GRAM	222		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-13
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	OFFICE, PROG	GRAM COORDINATOR
		Client:			MTICS	m²: 9.2 m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Video I	m Station ntercom Statior m Master Statio	ı 🗌	Hands Free Telemetry Teleconferencing	Room Status	;
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mor	-	✓ Card Reader ☐ Intrusion De			off Assist tient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name: VAL	LEYVIE	EW PROJEC	Department:	09.0 RESF	PONSE PRO	GRAM	SUB DEPARTN	MENT:	9B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	09.0-14
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:		LIVING ROOM
IBI	ı		Client:			MTICS	m²:	0. m²	
RISK LEVEL:			Mediun	1					
ARCHITECTUR	AI DEO	IIIDENAENIT							
INTERIOR FINISH					6				
Ceiling:	275	height O	material GWB - Impact Resist	ant	finish Paint			remarks	
Ceillig.	273	O	GWB - IIIIpact Nesist	.aiit	railit				
Wall:			GWB - Impact Resist	ant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	gature gature gature	R	emarks:	1200 mm hig	h.Fibre Reinforced Lar	minate Panel (FRL)
Door(s):	Clear Open	ning (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
	Про	or Sidelight							
Door Hardware: Windows:	Au Ac Door C Hardware	or Protection Intomatic Opener Interest Control Interest	✓ Locking glazing ☐ Standard	oof Hardware ✓ Secu			Remarks:		
	Externa Exterio	al Glazing and Frading Hardwor Window Treation Glazing and Frading and Frading and Frading Control	vare: Standard ment: Standard ame: Standard	✓ Section ✓ Sec	ure	igh Secui igh Secui igh Secui igh Secui	rity rity		
Casework / Millwo	rk:	Casework Secu	ırity: Regular	✓ Secur	e		Remarks	Built-in unit for game	s. 1200mm long X
	or % of per	near Length 120 imeter wall: oper Cupboards wer Cupboards	✓ Count		Work Surface 9 Height (mm):	15 Lockable		650mm deep	
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60:	0.7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM	REMAR	RKS: Coat	Hooks: Standard	Anti-Li	gature No of	Coat		Mirrors: Standard	d Vandal-Proof
	Па	ckboard Dim:			н		Whiteboard	Dim:	
	Re	emarks: Shall	accommodate 12 in	soft furnitur	e				

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-14
35720	prepop 1 2 Final		03.0-14
Sign Off:	Date Issued:	RoomName: 017-01-25	LIVING DOOM
IRI			LIVING ROOM
101	Client:	MTICS m ² : 30. m ²	
		MTICS 30. m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
	7		¬
sink mounting faucet	tap Urii	nal Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hop	per Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Bar	rier Free WC Corrosion Resistant Fittings	s
Double	Electronic Controls Floo	or Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Pat	cient Controlled
Room Control Remarks:	Via DDC	Noom ressure Monitor	
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIME THO TECTION.			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST:			
Air Temp: ✓ Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		- Clask	
Types of Power: Normal	& Emergency	✓ Clock	
Receptacle Count: Conven	ience: 8 duplex		
Power Remarks: Overrid	e switch at nurse base to shutoff all p	ower to all receptacles	
Patient Care Area Designation Basic			
(as per CSA Z32):			
Workstation T1:1	ahting Niebeliebe	Lighting Romarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	Local switch and override switch at	
Switch & Light Cont	rols Vanity Light	lighting in room. All lighting on eme	rgency power.
Charting Light			

Project Name: VALLEYVIEW	PROJECT	Department:	09.0 F	RESPONS	SE PROG		SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1		✓ inal		Program Number:		09.0-14
Sign	Off:	Date Issued:			2017-0	1-25	RoomName:		LIVING ROOM
IBI		Client:			M	ITICS	m²: 30. m²		
RISK LEVEL:		Mediur	n						
TECHNOLOGY REQUIREM	1ENTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vic	tercom Stati deo Intercoi tercom Mas	m Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Mon	itor	=	d Reader rusion Detec			taff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER									
Equipment Remarks:				Opera Rema	ational arks:				
Room Data									

Project Name: VAL	LEYVIE	EW PROJEC	Department:	09.0 RESI	PONSE PRO	OGRAM	SUB DEPART	MENT:	96	3-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:	0	9.0-15
- 1	1	Sign Off:	Date Issued:		2017	7-01-25	RoomName		REC	CREATION ROOM
IBI	1		Client:			MTICS	m²:	53.9 m²		
RISK LEVEL:			Mediun							
	AL DEO	LUDENAENIT								
ARCHITECTUR			S							
INTERIOR FINISH		height	material	1	finish	1		rer	marks	
Ceiling:	275	U	GWB - Impact Resist	ant	Paint					
Wall:			GWB - Impact Resist	ant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Ra Chair Ra	Guards: 🗸 iils: Sta	indard Anti-Li	gature gature gature] R	Remarks:	1200 mm h	igh.Fibre Rein	forced Lamina	te Panel (FRL)
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core			Finish: Plam		
Door Hardware:	Au Door (nor Protection Itomatic Opener	✓ Locking	ire & oof Hardware	Door Remarks:	Double	swing			
Windows:	Operal Extern Extern Exterio	e Type:: CR-01 ble Windows: al Glazing and Fra al Glazing Hardw or Window Treati al Glazing and Fra ackout	are: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu ✓ Secu ✓ Secu	ure H	High Secu High Secu High Secu High Secu or	rity rity rity	Maximize ir	nterior glazing	for observation
Casework / Millwo	rk:	Casework Secu	rity: Regular	✓ Secur	re		Remark	s:		
	or % of per	near Length 180 rimeter wall: oper Cupboards wer Cupboards	✓ Count		Work Surface 9 Height (mm):	915 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling:)	RT 60:	: 0.7		Remark	Refer to App Noise Contr	pendix 1D - Ac ol	oustics and
GENERAL ROOM	I REMAR	RKS: Coat	Hooks: Standard	Anti-Li	igature No of	f Coat Hooks:		Mirrors:	Standard	Vandal-Proof
	∐ Ta	ckboard Dim:				<u></u>	Whiteboard	Dim:		
	Re	emarks: Shall	accommodate pool t	able, ping-p	oong table and	d foosball	I			

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONS	E PROGRAM		9B-LIVING UNIT
VALLETVIEWTROSECT		_		
Project Number:		✓.	Program Number:	09.0-15
35720		nal		09.0-13
Sign Off:	Date Issued:	2017-01-25	RoomName:	DECDE ATION DOOM
IBI		2017 01 23		RECREATION ROOM
101	Client:	MTICS	m²:	
		WITICS	53.9 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks	•		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
	1			
sink mounting faucet		Urinal	Eyewash	oing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment			-	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment		on Isolation Patient Cont	rolled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Oth	nor:	
FIRE PROTECTION. Sprinker Type.	Standpipe	0.1	ici.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: V Equal	Positive Negative	Other:		
EXHAUST:	1 Ositive Negative	other.		
Air Temp: 🗸 Standa	rd Special Othe			
7 Temp. Standa	Jacobs Street			
ELECTRICAL REQUIREMENTS		· · · · · · · · · · · · · · · · · · ·		
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 12 duplex			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
	. –			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Light	All lighting	g on emergency power.	
Switch & Light Cont	rols Vanity Light		- · · · · · · · · · · · · · · · · · · ·	
Charting Light				

Project Name: VALLEYVII	EW PROJECT	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number:		09.0-15
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		RECREATION ROOM
		Client:			MTICS	m²: 53.9 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications Of Quantity (1 voice, 1 of Tel Of Coax/ Data TV Of IMIT Remarks) SECURITY SYSTEMS:	data): utlet: 0 utlet: 2		☐ Video I	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5
Security Camer Security Remarks	ra Monitor Cli	inical Camera inical Camera Mon	[itor [Card Reader Intrusion De	L		ff Assist ient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VAL	LEYVIE	W PROJEC	Department:	09.0 RES	PONSE PF	ROGRAM	SUB DEPAR	RTMENT:		9B-LIVING UNIT
Project Number:		3572	Draft:	op 1 2	✓ 2 Final		Program N	umber:		09.0-16
IRI	1	Sign Off:	Date Issued:		20:	17-01-25		e:		TV/ E-GAMES ROOM
	,		Client:			MTICS	m²:	24. m²		
RISK LEVEL:	_		Medi	ıım						
ARCHITECTUR	AL DEO	LUDENAENT		<u> </u>						
INTERIOR FINISH				.:-1	£:	:_L				
Ceiling:	275	height 0	mate		fin Paint	isn			remarks	
g.	273		orra impacerii	.5.5.6.11						
Wall:			GWB - Impact Re	esistant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G		Sheet:			Remarks:	1200 mm	high.Fibr	e Reinforced Lan	ninate Panel (FRL)
	Crash Ra Hand Rai		_	ti-Ligature						
	Chair Rai		_	ti-Ligature ti-Ligature						
				_	C - 11 - 1 - C			Finish D	L	
Door(s):		ning (W x H):	914 x 2135	Material:	Solid Core	!		Finish: P	lam	
		or Sidelight								
Door Hardware:		or Protection tomatic Opener	Tamne	gature & erproof Hardware	Door Remar	ks: Double	swing			
	\equiv	cess Control	✓ Lockin	g						
	Door 0	Glazing: Upper	glazing							
	Hardware	Type:: CR-01								
Windows:	Operal	ble Windows:	Stand	ard 🗸 Sec	cure		Remar	ks: Maxi	mize interior gla	zing for observation
		al Glazing and Fr		_	_	High Secu	rity			
		al Glazing Hardw or Window Treat		=		High Secu High Secu	•			
		al Glazing and Fr	=		cure	High Secu				
	Bla	ackout	Blinds Ro	oller Shutter [1 Way Mi	rror	Othe	er		
Casework / Millwo	rk:	Casework Secu	urity: Regular	✓ Secu	re		Rema			ch screen with plexi-
Min Millwork /				Counter/	Work Surface			_	screen and gam nted high.	es console.TV to be
(11111)		imeter wall:		ounter Top	Height (mm)	Lockable				
	Lo	wer Cupboards	St	ainless Steel						
ACOUSTICS:	STC Ratin			RT 60	0.7		Rema	rks: Refer	r to Appendix 1D	- Acoustics and
		/ Ceiling: IC Rating: 35-4(0					Noise	e Control	
GENERAL ROOM			: Hooks: Stand	ard Anti-L	igature No	of Coat		Mirro	ors: Standard	I Vandal-Proof
	Та	ckboard Dim:				Hooks:	Whiteboard	Dim:	-	
	Ra	emarks:								
	1/6									
		1								

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RE	SPONSE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROSECT				
Project Number:	Draft:		Program Number:	09.0-16
35720	prepop 1	2 Final		03.0-10
Sign Off:	Date Issued:	2017-01-25	RoomName:	TV/ F CANAES BOOM
IRI		2017 01 23		TV/ E-GAMES ROOM
101	Client:	MTICS	m²:	
		WITICS	24. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1.01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System			<u> </u>	
PLUMBING FIXTURES:				
				1: 0 1
sink mounting faucet	tap	Urinal	Eyewash	bing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Control	S Floor Drain	Other:	
Deep Equipment			<u> </u>	
Other:				
Size:	=			
ROOM CONTROLS: Room Temp Control v	1 1		n Isolation Patient Cor	ntrolled
Local Adjustment	Local Adjustment	Room P	ressure Monitor	
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	/et Dry S	standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Nega	tive Other:		
				,
Air Temp: ✓ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 8 dunlex Special Fo	uinment (additional outle	ets): TV, audio equipment, game	console
Conven	icrice. o dupiex, special Eq	aipinent (additional odti	ets). TV, dadio equipment, game	CONSOIC
Power Remarks: Overrid	e switch at nurse base to s	hutoff all power to all red	ceptacles	
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	"In Use" Light	Incal swite	ch and override switch at nurse b	ase to shut off all
Switch & Light Cont			room. All lighting on emergency	
Charting Light			5 : 5 :ganoy	•
_				

Project Name: VALLEYV	IEW PROJECT	Department:	09.0 RESPC	NSE PROG		SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final	I	Program Number:	09.0-16
	Sign Off:	Date Issued:		2017-0		RoomName:	TV/ E-GAMES ROOM
IBI		Client:		N	1TICS	m²: 24. m²	
RISK LEVEL:		Mediur	n				
TECHNOLOGY REQU	IIREMENTS						
Communications Quantity (1 voice, 2 Tel Coax/ Data TV	Outlet: 1			Station Prcom Station Master Station		Hands Free Room Sta Telemetry Teleconferencing	tus
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Mon	nitor	Card Reader Intrusion Detec		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER							
Equipment Remarks:				perational emarks:			
Room Data Sheet Comm	ent:						

Project Name: VALLEYVIEW PROJECT		Department:	09.0 RESPONSE PROGRAM					SUB DEPARTMENT: 9B-LIVING UN			
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	mber:		09.0-17	
	1	Sign Off:	Date Issued:	Date Issued: 2017-0:			RoomName:			LAUNDRY	ROOM
IBI	1		Client:			MTICS	m²:	8. m²			
RISK LEVEL:			Mediun	n							
ARCHITECTUR	ΩΔΙ RFO	IIIRFMFNT									
INTERIOR FINISH			material		finish				omarks		-
Ceiling:	275	height 0	GWB - Impact & Mo	isture I	Paint				emarks		
Wall:			Resistant Secure GWB - Impact & Mo	isture	Paint						
Els.			Resistant Secure								
Floor:				[Resilient						
Base:	100		Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Ra Chair Rai	ils: Sta	andard Anti-L	igature igature igature	Re	emarks:					
Door(s):	_	ning (W x H):	914 x 2135	Material:	Solid Core		ı	Finish: Plam			
Door Hardware:	Au Door (or Protection Itomatic Opener	Locking	ure & l	Door Remarks:		swing. Provi	de second e	gress door to	o Soiled Utilit	<i>j</i> .
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fral Glazing Hardwor Window Treate al Glazing and France ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ☐ Secu	ure Hi ure Hi ure Hi	igh Secur igh Secur igh Secur igh Secur r	ity ity				
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regular	✓ Secure	е		Remark	s:			
	or % of per	near Length 180 rimeter wall: oper Cupboards wer Cupboards	✓ Count	ŀ	Vork Surface 9: Height (mm):	15 Lockable					
ACOUSTICS:		ng Wall / 45 / Ceiling: N/A		RT 60:	N/A		Remark	s: Refer to A Noise Con		Acoustics an	d
GENERAL ROOM	I REMAR	RKS: Coat	Hooks: Standard	Anti-Lig	gature No of	Coat ooks:		Mirrors:	Standard	Vandal-l	Proof
	Та	ckboard Dim:				w	Vhiteboard	Dim:			
	Re	emarks: Shall	accommodate large	capacity was	sher and drye	r, folding	table and ir	oning area			

Project Name:	Department:		SUB DEPARTMENT:	OD LIVING LINUT
VALLEYVIEW PROJECT	09.01	RESPONSE PROGRAM		9B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-17
Sign Off:	Date Issued:	2017-01-25	RoomName:	LAUNDRY ROOM
	Client:	MTICS	m²: 8. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Water Fountain Emergency Shower	Plumbing Remarks Provide commercial standard hot & cold water connections and drainage for the washing machine.
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Rack Storage (2.4m high)	Local Adjustme	· I I	Pressure Monitor	nt Controlled
EXHAUST: Pressure: ☐ Equal Air Temp: ✓ Standa		Other: 1 - Commer	cial Dryer - provide dryer ex	khaust with separate lint trap
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven. dryer, ir		rtop: duplexes along count	er, Special Equipment (additi	ional outlets): washer,
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer	marks:	

Project Name: VALLEYVIEW PROJECT		Department:	09.0 RESPO	ONSE PROC	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	2 Final		Program Number:		09.0-17
	Sign Off:			2017-	01-25	RoomName:		LAUNDRY ROOM
IBI		Client:		ſ	MTICS	m²: 8. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	ıs
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Mon	nitor	Card Reader Intrusion Dete			taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALI	EYVIE	W PROJE		artment:	09.0 RES	PONSE PI	ROGRAM	SUB DEPARTM	MENT:	9B-LIVING UNIT
Project Number:		357	20 Dra	ft: prepop	1 2	Final		Program Numl	ber:	09.0-18
		Sign Off:	Date	e Issued:		20	17-01-25	RoomName:	FURNITURE AND	EQUIPMENT STORAGE
IBI			Clie	nt:				m²:		
							MTICS	10	0. m²	
RISK LEVEL:				Standar	d					
ARCHITECTURA	AL REO	UIREMENT	S							
INTERIOR FINISHI		height		material		fin	ish		remarks	
Ceiling:	275		Acoustic			Pre-Finishe			remand	
Wall:			GWB			Paint				
Floor:						Resilient				
						1				
Base:	100		Flash Co	ve						
Wall Protection:	Corner G	uards: 🗸	Shee	t: 🗸			Remarks:			
	Crash Ra	ils: St	andard	Anti-L	igature					
	Hand Rai	ls: St	andard	Anti-L	igature					
	Chair Rai	l: St	andard	Anti-L	igature					
Door(s):	ear Open	ing (W x H):	1220	x 2135	Material:	Solid Core	2	Fir	nish: Plam	
	Do	or Sidelight			I					
Door Hardware:	Au	or Protection tomatic Opener cess Control Glazing:		Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remar	ks:			
	Hardware	Type:: OF-01								
Windows:	Operate Externate Externate Externate Internat	ole Windows: al Glazing and F al Glazing Hardv or Window Treat al Glazing and Fr ackout	ware:	Standard Standard Standard Standard Standard Roller	Sec	ure _	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwork	c :	Casework Sec	urity: 🗸	Regular	Secur	re		Remarks:	Provide 450mm dee	p full height
Min Millwork /C (mm) o		near Length imeter wall:	%		Counter/	Work Surface Height (mm)			shelving.	
		per Cupboards wer Cupboards		=	er Top ess Steel		Lockable			
ACOUSTICS:	STC Ratin Floor	ng Wall / / Ceiling:			RT 60	N/A		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
	N	C Rating: N/A								
GENERAL ROOM	REMAR	KKS: Coar	t Hooks:	Standard	Anti-L	igature No	o of Coat Hooks:		Mirrors: Standa	rd Vandal-Proof
	∐ Та	ckboard Dim	: [□ v	Whiteboard [Dim:	
	Re	marks:				_				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	09.0	RESPONSE PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:		Program Number: 09.0-18
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: FURNITURE AND EQUIPMENT STORAGE
IBI		2017 01 23	
101	Client:	MTICS	m²:
		WITICS	10. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tune: CCA 7317 3 10 ACUBAE C	2.1.01	Remarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Kellidiks.	
	. []	
Can Air be Returned Rate (A/ to System	C):	Special Exha	aust Air Required: 0
to system			
PLUMBING FIXTURES:		1	
sink mounting faucet	tap	Urinal [Eyewash Plumbing Remarks
Handwash Counter Goosene	= '	Hopper	Water Fountain
Lavatory Wall Standard	Standard	wc [Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Con	trols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	Room Relative Local Adjustm	·	on Isolation Patient Controlled Pressure Monitor
noom control hemans.			
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Otl	ner:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive N	egative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
			Clock
Types of Power: Normal			
Receptacle Count: Conven	ience: 4 duplex		
Power Remarks:			
rowel Kelliaiks.			
21: 10 1 2 1			
Patient Care Area Designation (as per CSA Z32):			
(05 pci C5/1252).			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Re	marks:
Dimmable Lighting	"In Use" Ligh		
✓ Switch & Light Cont	. =		
Charting Light	rols Vanity Light		

VALLEYVIEW PROJECT		Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMEN	IT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number	:	09.0-18
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	FURNITURE AND	EQUIPMENT STORAGE
		Client:			MTICS	m²: 10. ı	m²	
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		Video Ir	n Station ntercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mon	litor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VA	LLEYVIEW PROJ	Department:	09.0 RESI	PONSE PROGRA	SUB DEPARTN	MENT:	9B-LIVING UNIT
Project Number:	35	Draft: prepop	1 2	Final	Program Num	ber:	09.0-19
	Sign Off:	Date Issued:		2017-01-2	RoomName:	F	OUSEKEEPING CLOSET
IB	J	Client:		MTIC	CS m²:	.5 m²	
RISK LEVEL:		Standa	rd				
	RAL REQUIREMEN						
INTERIOR FINIS		materia	1	finish		remarks	
Ceiling:	2750	GWB - Moisture Re		Paint		Terriarks	
Wall:		GWB - Moisture Re	esistant	Paint			
Floor:				Resilient			
Base:	100	Flash Cove					
Wall Protection:	Corner Guards:	Sheet:		Remarks	S:		
	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	Fi	nish: Plam	
	Door Sidelight		_				
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing:	ener Tamperp	ture & roof Hardware	Door Remarks:			
	Hardware Type:: SR-0	01					
Windows:	Operable Windows External Glazing and External Glazing Ha Exterior Window Tr Internal Glazing and	nd Frame: Standar ardware: Standar freatment: Standar dd Frame: Standar	d Second Second Second	ure High Se ure High Se ure High Se	curity curity		
Casework / Millwo	ork: Casework S	Security: 🕢 Regular	Secur	re	Remarks	Floor to ceiling adju	_
	/Counter Linear Length or % of perimeter wall: Upper Cupboar Lower Cupboar	rds Cour		Work Surface Height (mm): Lockat	ole	·	height not to exceed m and mop hangers
ACOUSTICS:	STC Rating Wall / 40 Floor / Ceiling: NC Rating: N/		RT 60:	N/A	Remarks	Refer to Appendix 1 Noise Control	D - Acoustics and
GENERAL ROON		Coat Hooks: 🗹 Standar	」 d □ Anti-Li	igature No of Coat	2	Mirrors: Standa	rd Vandal-Proof
		Dim:		Hooks:	7	Dim:	
	Remarks: Pr	rovide shelf with mop a ink and floor drain	and broom ho	olders and hooks, so			Shall include mop

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	09.0 RES	SPONSE PROGRAM	9B-LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	Draft:		Program Number: 09.0-19
35720		2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: HOUSEKEEPING CLOSET
IBI		2017 01 23	
101	Client:	MTICS	m ² :
		WITICS	3.5 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2 1 01	Remarks: Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Exhaust	
	-,		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to system			.
PLUMBING FIXTURES:			
			Diumbing Domayle
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		☐ wc	Emergency Shower
✓ Janitorial ✓ Floor Laborate		Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment	24 X 24 floor mounted		
Other:	janitors sink		
Size: 24 X 24			
		-11	
ROOM CONTROLS: Room Temp Control	with Room Relative Hu	midity with Infectio	in Isolation Deticat Controlled
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment		Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry St	tandpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negat	ive Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Norma			Clock
Receptacle Count: Conver	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
Workstation T1-1	ighting Au-Leave	Linhtina Dan	narke
LIGHTING: Workstation Task L		Lighting Rer	iidi N3.
Discount Line 1 of the			
Dimmable Lighting	In Use" Light		
Switch & Light Cont			
	. =		
Switch & Light Cont	. =		

VALLEYVIEW PROJECT		Department:	09.0 RESP0	ONSE PROC		SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-19
	Sign Off:	Date Issued:		2017-		RoomName:	НС	OUSEKEEPING CLOSET
		Client:		1	MTICS	m²: 3.5 m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O	-			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	S
Coax/ Data TV O	utlet: 0			muster station		releconnecencing		
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon	iitor	Card Reader			aff Assist	Duress - Wired Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name: VAL	LEYVIE	W PROJE		partment:	09.0 RES	PONSE P	ROGRAM		SUB DEPARTMENT: 9B-LIVING U			NG UNIT	
Project Number:		357		aft: prepop	1 2	Final		Progr	am Numb	ber:		09.0-	20
	Sign Off: Date Issued:				20)17-01-25		nName:			CLE	AN UTILITY	
	ı		Cli	ent:			MTICS	m²:	11	1. m²			
RISK LEVEL:				Standar	d								
ARCHITECTURA	AL DEO	LUDENAENIT	c										
INTERIOR FINISH													
	27 5	height	GWB	material		Paint	nish				remarks		
Ceiling:	2/3	U	GWB			Pallit							
Wall:			GWB			Paint							
Floor:						Resilient							
Base:	100		Flash C	ove									
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	She andard andard andard	et: ✔ Anti-Li Anti-Li Anti-Li	gature	J	Remarks:						
Door(s):	_	ing (W x H): or Sidelight	914	x 2135	Material:	Solid Cor	e		Fir	nish: P	lam		
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Type:: OF-02		Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Rema	rks:						
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	rame: /are: ment:	Standard Standard Standard Standard Standard Roller:	Sec		High Secu High Secu High Secu High Secu Iirror	urity urity urity	temarks:				
Casework / Millwor	k:	Casework Secu	ırity: 🗸	Regular	Secui	re		F	Remarks:	Floor	to ceiling shelv	ring- 600mm	depth.
Min Millwork /0 (mm) o	r % of per	mear Length 509 imeter wall: oper Cupboards wer Cupboards	%	Counte		Work Surfac Height (mm							
ACOUSTICS:		ng Wall / 40 / Ceiling: N/A			RT 60	: N/A		F			r to Appendix 1 e Control	D - Acoustics	and
GENERAL ROOM	REMAR	KKS: Coat	Hooks:	✓ Standard	Anti-L	igature N	o of Coat Hooks:			Mirro	ors: Standar	d Vand	lal-Proof
	Та	ckboard Dim:						Whiteb	oard [Dim:	1220mm wide	x 915mm hi	gh
	Re	marks: Shall	accomi	nodate shelve	es for linens	and suppl	ies, accomn	nodate	es linen d	cart; s	hall be accessib	ole from off-	unit

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.01	RESPONSE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROSECT				
Project Number:	Draft:		Program Number:	09.0-20
35720	prepop 1	2 Final		09.0-20
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLEANLITHITY
IBI		2017 01 23		CLEAN UTILITY
101	Client:	MTICS	m²:	
		WITICS	11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exha	aust Air Required: 0	
to system				
PLUMBING FIXTURES:		1		
				in a Danasalia
sink mounting faucet	tap	Urinal [Eyewash	ing Remarks
Handwash Counter Goosene	= '	Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	_			
Room Tomp Control	with Doom Polative	Humidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control v	Local Adjustme	· II	Pressure Monitor Patient Contr	rolled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Otl	her:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive N	egative Other:		
Air Temp: Standa	ord Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Normal				
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Fower Kemarks. GFI				
Dationt Core Arra Dation				
Patient Care Area Designation Basic (as per CSA Z32):				
(05 pc. Con 202).				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Re	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	. =			
Charting Light	rols Vanity Light			

_	_ _	_
Project Name: VALLEYVIEW PROJECT	Department: 09.0 RESPONSE PROGRAM	SUB DEPARTMENT: 9B-LIVING UNIT
Project Number: 35720	Draft:	Program Number: 09.0-20
Sign Off:	Date Issued: 2017-01-25	RoomName: CLEAN UTILITY
	Client: MTICS	m²: 11. m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: UMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free
IIVIII NEIIIGIAS.		
	Clinical Camera Card Reader No.:	Staff Assist Duress - Wired Patient Assist ✓ Duress - Wireless
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

							Т		
Project Name: VALI	LEYVIE	W PROJEC	Department:	09.0 RESP	PONSE PR	OGRAM	SUB DEPARTM	ΛENT:	9B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ıber:	09.0-21
	I	Sign Off:	Date Issued:		201	7-01-25	RoomName:		SOILED UTILITY
	ı		Client:			MTICS	m²:	1. m²	
RISK LEVEL:			Standar	d					
ARCHITECTURA	AL REQ	UIREMENTS	S						
INTERIOR FINISHI		height	material		finis	sh		remarks	
Ceiling:	275	_	GWB - Moisture Res	istant	Paint				
Wall:			GWB - Moisture Res	sistant	Paint				
Floor:					Resilient				
11001.					resiliere				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai	ils: Sta	_	igature igature		Remarks:			
	Chair Rai	l: Sta	nndard	igature					
Door(s):	_	ing (W x H): or Sidelight	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
Door Hardware:	☐ Au	or Protection tomatic Opener cess Control	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	s: Provide s	second door	to Laundry . Door size	: 914 mm
		Type:: OF-02							
Windows:	Operation Externation Externation Externation Internation Inte	ole Windows: al Glazing and Fra al Glazing Hardw r Window Treatr	ment: Standard	Secu Secu Secu	ure	High Secur High Secur High Secur High Secur ror	ity ity		
Casework / Millwor	k:	Casework Secu	rity: 🗹 Regular	Secure	e		Remarks	:	
Min Millwork /C		near Length 40%	6		Vork Surface Height (mm):	915			
(min) o	✓ Up	per Cupboards wer Cupboards	✓ Count			Lockable			
ACOUSTICS:		/ Ceiling:		RT 60:	N/A		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
		C Rating: N/A		l					
GENERAL ROOM			Hooks: Standard	Anti-Li	gature No	Hooks:	White also a soul	Mirrors: Standard	d Vandal-Proof
		ckboard Dim: marks:				W	Vhiteboard	Dim:	

Project Name:	Department:	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	09.01	NESFONSE FROGRAM		30-LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-21
Sign Off:	Date Issued:	2017-01-25	RoomName:	SOILED UTILITY
	Client:	MTICS	m²: 11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		1		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Janitorial Floor Double Deep Equipment Other: single comp. sink Size:	✓ Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	mbing Remarks
ROOM CONTROLS: Room Temp Control volument Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	·	on Isolation Patient Co Pressure Monitor	ontrolled
FIRE PROTECTION: Sprinkler Type: W		Standpipe Oth	er:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types:	egative Other:		
Air Temp: ✓ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer	marks:	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		09.0 RESPO	ONSE PRO		SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-21
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		SOILED UTILITY
		Client:			MTICS	m²: 11. m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS: Communications Ou Quantity (1 voice, 1 da	-		Intercom			Hands Free	Room Statu	s
Tel Ou				ercom Station Master Station		Telemetry Teleconferencing		
Coax/ Data TV Ou	tlet: 0			Waster Station	"	releconterencing		
IMIT Remarks:								
SECURITY SYSTEMS:				1				
Security Camera Security Camera		nical Camera nical Camera Mon	itor	Card Reader Intrusion Det			taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

.									
Project Name: VAL	LEYVII	EW PROJEC	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTN	ΛΕΝΤ:	9B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	09.0-22-01
	1	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		CLIENT ROOM
IBI	,		Client:			MTICS	m²:	3. m²	
RISK LEVEL:			Mediun	1					
	AL DEC	I IIDENAENIT							
ARCHITECTUR									
INTERIOR FINISH		height	material		finish	1		remarks	
Ceiling:	275	00	GWB - Impact Resis	tant	Paint				
Wall:			GWB - Impact Resis	tant	Paint				
Floor:					Resilient				
Base:	100)	Flash Cove						
Wall Protection:	Corner G	Guards:	Sheet:		」 R	temarks:			
vuii i roteetion.	Crash Ra			igature					
	Hand Ra	ils: Sta	andard Anti-L	igature					
	Chair Ra	il: Sta	andard 🗌 Anti-L	igature					
Door(s).	Clear Oner	ning (W x H):	1220 x 2135	Material:	Solid Core		Fi	nish: Plam	
Door(s):	_	oor Sidelight	1220 x 2133		John Core			Tidiii	
Door Hardware:		oor Protection utomatic Opener	✓ Anti-Ligatu Tamperpro	ure & oof Hardware	Door Remarks:	Double s	swing		
		ccess Control	✓ Locking						
		Glazing: Integra	ıl blind						
		e Type:: CR-01							
Windows:		ble Windows: nal Glazing and Fr	Standard ame: Standard	_		liah Coour	Remarks:		
		nal Glazing and Fr				ligh Secur Iigh Secur			
		or Window Treat			_	ligh Secur			
	Intern	al Glazing and Fra	ame: Standard	Sec	cure 🗌 H	ligh Secur	rity		
	Bla	ackout 🗸	Blinds Roller	Shutter [1 Way Mirro	or	Other		
Casework / Millwo	rk:	Casework Secu	ırity: 🗌 Regular	✓ Secui	re		Remarks	Provide built-in bed,w	vardrobe and desk
Min Millwork /				Counter/	Work Surface 7	710			
(mm)		rimeter wall:	A Count	or Ton	Height (mm):∟	Lookabla			
		oper Cupboards ower Cupboards	_	er Top ess Steel	•	Lockable			
ACOUSTICS:	STC Ratin	ng Wall / 50		RT 60	: 0.7		Remarks	Refer to Appendix 1D	- Acoustics and
7.00001100.	Floor	r / Ceiling:]				Noise Control	
GENERAL ROOM				Anti-I	igature No of	f Coat 2		Mirrors: Standard	l ✓ Vandal-Proof
		ackboard Dim:		7		looks:	Vhiteboard	Dim: 915mm wide x 9	
	D.	emarks: Provi	do magnetic ···bit · l·						
	ĸ€	Provi	de magnetic whiteb	Jaru					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE PR	ROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-22-01
35720	prepop 1 2 Final		05.0-22-01
Sign Off:	Date Issued:	RoomName:	CLIENT DOOM
IRI			CLIENT ROOM
101	Client:	MTICS m²:	
		MITICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.I-UI Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	ımbing Remarks
Handwash Counter Goosene	cck Lever/Blades Hoppe	r Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrie	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Orain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient C	ontrolled
Room Control Remarks:	,	Noom ressure Monitor	
Room control Remarks.	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	Januaripe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	other.	
Air Temp: 🗸 Standa	ard Special Other:		
7th Temp.	Special Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside bed, duplex a	door	
	, , , , , ,		
Power Remarks: Each ro	om to utilize separate circuit w/ AFCI pr	otection.Each room's outlets shall be separ	ated switched from
switchb	oank located in Staff Station		
Patient Care Area Designation Basic			
(as per CSA Z32):			
_	_		
LIGHTING: Workstation Task Li	ighting Vight Light	Lighting Remarks:	
✓ Dimmable Lighting	☐ "In Use" Light	All lighting on emergency power. Nurse	inspection light
✓ Switch & Light Cont	rols Vanity Light	controlled with separate momentary swi	
Charting Light	_	by entry door. Light switches beside bed	and beside entry door.

Project Name: VALLEY\	/IEW PROJECT	Department:	09.0 RESPO	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
IBI		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data TV	1 data): 0 Outlet: 0 Outlet:		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	us
		inical Camera inical Camera Mon 3 A/H	nitor	Card Reader Intrusion Det			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comn	nent:							

Project Name: VALLE	YVIEW	PROJEC	Departme		PONSE PRO	GRAM	SUB DEPARTM	ΛENT:	9B-LIVING UNIT
Project Number:		3572	- "		✓ 2 Final		Program Num	ber:	09.0-22-02
IBI	Sigi	n Off:	Date Issue Client:	ed:	2017	'-01-25	RoomName: m²:		CLIENT ROOM
						MTICS	1	3. m²	
RISK LEVEL:			Me	edium					
ARCHITECTURAL	REQUIR	REMENTS	S						
INTERIOR FINISHES	: h	eight	m	naterial	finish			remarks	
Ceiling:	2750		GWB - Impac	t Resistant	Paint				
Wall:			GWB - Impac	t Resistant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Ci H	orner Guard rash Rails: and Rails: hair Rail:	Sta	Sheet: [indard [indard [indard [Anti-Ligature Anti-Ligature Anti-Ligature	R	emarks:			
								. [
Door(s):	ar Opening (1220 x 213	35 Material:	Solid Core		Fi	nish: Plam	
	Door S	idelight							
	Autom Access	rotection atic Opener Control ng: Integra	Ta ✓ Lo	iti-Ligature & mperproof Hardware cking	Door Remarks:	Double s	swing		
На	rdware Typ	e:: CR-01							
	External GI Exterior W	azing and Fra azing Hardw indow Treati azing and Fra	ame: St. are: St. ment: St.	andard Seandard Seandard Seandard Seandard Seandard Seandard Seandard Roller Shutter	cure H cure H cure H	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity		
Casework / Millwork:	Ca	sework Secu	rity: Reg	ular 🗸 Secu	re		Remarks:	Provide built-in bed	wardrobe and desk
Min Millwork /Cou (mm) or %	of perime		✓		Work Surface 7 Height (mm):	'10 Lockable			
ACOUSTICS: ST	C Rating W Floor / Ce			RT 60	0.7		Remarks:	Refer to Appendix 1	D - Acoustics and
		ating: 30-35	;					Noise Control	
GENERAL ROOM RI			Hooks: St	andard 🗹 Anti-l		looks:			rd 🗸 Vandal-Proof
	Tackbo	oard Dim:				✓ v	Vhiteboard	Dim: 915mm wide >	915mm high
	Remar	ks: Provi	de magnetic v	whiteboard					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE F	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-22-02
35720	prepop 1 2 Final		03.0-22-02
Sign Off:	Date Issued:	RoomName: 017-01-25	CLIENT DOOM
IRI			CLIENT ROOM
101	Client:	MTICS m ² :	
		MTICS 13. m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urin	al Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hop	per Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barr	ier Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Patier	nt Controlled
Room Control Remarks:	,	Noomi ressure World	
Room control Remarks.	via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	July Standpipe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 ostave Negative	- Strict.	
Air Temp: 🗸 Standa	rd Special Other:		
7th Temp.	Special Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside bed, duplex	at door	
Power Remarks: Each ro	om to utilize separate circuit w/ AFCI p	rotection.Each room's outlets shall be sep	parated switched from
switchb	oank located in Staff Station		
Patient Care Area Designation Basic			
(as per CSA Z32):			
_	_		
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Remarks:	
✓ Dimmable Lighting	☐ "In Use" Light	All lighting on emergency power. Nurs	se inspection light
✓ Switch & Light Cont	rols Vanity Light	controlled with separate momentary s	
Charting Light	_	by entry door. Light switches beside b	ed and beside entry door.
		L	

Project Name: VALLEYVIEW PRO	Department:	09.0 RESPONSE PROGRAM	SUB DEPARTMENT: 9B-LIVING UN		
Project Number: 3	Draft: prepop	1 2 Final	Program Number:	09.0-22-02	
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM	
IBI	Client:	MTICS	m²: 13. m²		
RISK LEVEL:	Mediu	m			
TECHNOLOGY REQUIREMENTS	S				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Statu Telemetry Teleconferencing	is	
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks: Door Mo	Clinical Camera Clinical Camera Mor	Card Reader No.:	Staff Assist Patient Assist	Duress - Wired Duress - Wireless	
OTHER					
Equipment Remarks:		Operational Remarks:			
Room Data Sheet Comment:					

Project Name: VALLE	YVIEW PF	ROJECT	Department:	09.0 RES	PONSE PRO	OGRAM	SUB DEPART	MENT:		9B-LIVING UNIT
Project Number:		35720	F -F-F	1 2	✓ Final		Program Nur			09.0-22-03
ΙΒΙ	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName: m²:	:		CLIENT ROOM
						MTICS		13. m²		
RISK LEVEL:			Mediu	m						
ARCHITECTURAL	REQUIREN	IENTS								
INTERIOR FINISHES	heigh	t	material		finish	1			remarks	
Ceiling:	2750	G	WB - Impact Resi	stant	Paint					
Wall:		G	WB - Impact Resis	stant	Paint					
Floor:					Resilient					
Base:	100	FI	ash Cove							
Cr Ha	orner Guards: ash Rails: and Rails: air Rail:	Stand	dard Anti-	Ligature Ligature Ligature	R	Remarks:				
Danada). Clea	r Opening (W x	н).	1220 x 2135	Material:	Solid Core	L		Finish: P	lam	
Door(s): Clea	Door Sideli		1220 X 2133	Materian	John Core				10111	
[Door Prote Automatic Access Con Door Glazing:	Opener trol Integral b	Locking	cure & roof Hardware	Door Remarks:	Double	swing			
	Operable Wind External Glazin, External Glazin, Exterior Windo Internal Glazing Blackout	g and Fram g Hardwar w Treatme	e: Standardent: Standardene: Standard	d Sec d Sec d Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity	5:		
Casework / Millwork:	Casew	ork Securit	xy: Regular	✓ Secur	·e		Remark	s: Provi	de built-in bed,w	ardrobe and desk
Min Millwork /Cou (mm) or % [[of perimeter working the perimeter with the perimet	vall:		Counter/ ter Top less Steel	Work Surface 7 Height (mm):	710 Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling			RT 60	0.7		Remark		to Appendix 1D	- Acoustics and
	NC Rating	30-35								
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standare	d 🗸 Anti-Li	igature No of	looks:	Whiteboard	Mirro	915mm wide x 9	✓ Vandal-Proof
Ĺ						V	Willeboard	Dilli.	915IIIIII wide x 9	15mm nign
	Remarks:	Provide	e magnetic whiteb	ooard						

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE PF	ROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-22-03
35720	prepop 1 2 Final		03.0-22-03
Sign Off:	Date Issued:	RoomName:	CLIENT DOOM
IRI			CLIENT ROOM
101	Client:	MTICS m²:	
		MITICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	ımbing Remarks
Handwash Counter Goosene	cck Lever/Blades Hoppe	r Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrie	r Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor I	Orain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient C	ontrolled
Room Control Remarks:	,	Room ressure Worker	
Room Control Remarks.	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	Jiy Standpipe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	other.	
Air Temp: 🗸 Standa	ard Special Other:		
7 Temp. Standa	Special Street.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside bed, duplex at	door	
		otection.Each room's outlets shall be separ	ated switched from
switchb	pank located in Staff Station		
Patient Care Area Designation Basic]	
(as per CSA Z32):			
	. —		
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	All lighting on emergency power. Nurse i	inspection light
Switch & Light Cont	rols Vanity Light	controlled with separate momentary swit	
Charting Light		by entry door. Light switches beside bed	and beside entry door.

Project Name: VALLEYV	IEW PROJECT	Department: 09.0 RESPONSE PROGRAM				SUB DEPARTMENT: 9B-LIVING UN		
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	09.0-22-03	
	Sign Off:	Date Issued:		2017-0		RoomName:	CLIENT ROOM	
В]		Client:		Ν	/ITICS	m²: 13. m²		
RISK LEVEL:		Mediur	m					
TECHNOLOGY REQU	IIREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	1 data): Outlet: Outlet: O			Station ercom Station Master Station		Hands Free Room State Telemetry Teleconferencing	us	
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Mon	nitor	Card Reader Intrusion Dete		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational emarks:				
Room Data Sheet Comm	ent:							

Project Name: VAL	LEYVIE	W PROJEC	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPART	MENT:		9B-LIVING UN
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	nber:		09.0-22-04
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:			CLIENT ROO
IBI	ı		Client:			MTICS	m²:	13. m²		
RISK LEVEL:			Mediun	า						
ARCHITECTURA	ΔI RFO	IIIRFMFNT								
INTERIOR FINISH			material		finish				romarks	
Ceiling:	275	height 0	GWB - Impact Resist	tant	Paint				remarks	
ceimig.	2,3	·	impact nesist	.arre	· unit					
Wall:			GWB - Impact Resist	tant I	Paint					
Floor:				-	Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: Anti-L	igature igature igature	R	emarks:				
Door(s):	Clear Open	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Pla	ım	
	Do	or Sidelight								
Door Hardware:	Au Door G	or Protection Itomatic Opener Itomatic Opener Itomatic Opener Itomatic Opener Integra Integra Integra Integra Integra Integra	✓ Locking	ire & pof Hardware	Door Remarks:	Double s	swing			
Windows:	Externa Externa Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard cment: Standard rame: Standard	✓ Secu ✓ Secu ✓ Secu	ure H ure H ure H	igh Secur igh Secur igh Secur igh Secur	rity rity			
Casework / Millwor	·k:	Casework Secu	urity: Regular	✓ Secure	е		Remark	s: Provid	e built-in bed,w	ardrobe and desk
Min Millwork /0 (mm) c	or % of per	near Length imeter wall: oper Cupboards wer Cupboards	✓ Count	ı	Vork Surface 7 Height (mm):	10 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-3!	5	RT 60:	0.7		Remark		to Appendix 1D Control	- Acoustics and
GENERAL ROOM	REMAR	RKS: Coat	: Hooks: Standard	✓ Anti-Li _ξ	gature No of H	Coat 2		Mirror	s: Standard	✓ Vandal-Proof
	П	ckboard Dim:	:				Vhiteboard	Dim:	915mm wide x 9	15mm high
	Re	emarks: Provi	ide magnetic whitebo	oard				L		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	-Draft:	Program Number:	09.0-22-04
35720	prepop 1 2 Final		03.0-22-04
Sign Off:	Date Issued:	RoomName: 017-01-25	CLIENT DOOM
IRI			CLIENT ROOM
101	Client:	MTICS m ² :	
		MTICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urir	al Eyewash	Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hop	per Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barr	ier Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Patien Room Pressure Monitor	nt Controlled
Room Control Remarks:	,	Noom ressure worker	
Room Control Remarks.	via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	Julia Standarde	- Juneii	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 ostave Negative	- Strict:	
Air Temp: 🗸 Standa	rd Special Other:		
7th Temp. Standa	Jacob Street		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside bed, duplex	at door	
		protection.Each room's outlets shall be se	parated switched from
switchb	ank located in Staff Station		
Patient Care Area Designation Basic			
(as per CSA Z32):			
_	_		
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Remarks:	
✓ Dimmable Lighting	☐ "In Use" Light	All lighting on emergency power. Nur	se inspection light
✓ Switch & Light Cont	rols Vanity Light	controlled with separate momentary	
Charting Light	_	by entry door. Light switches beside b	ped and beside entry door.

Project Name: VALLEYV	valleyview project		09.0 RESPO	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-04
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
		Client:		1	MTICS	m²: 13. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): 0 / Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	us
		inical Camera inical Camera Mon	iitor	Card Reader Intrusion Det			aff Assist atient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALI	EYVII	EW PROJEC	Department:	09.0 RESI	PONSE PRO	GRAM	SUB DEPARTN	MENT:	9B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ıber:	09.0-22-05
[]		Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
IBI			Client:			MTICS	m²:	3. m²	
RISK LEVEL:			Mediu	m					
				111					
ARCHITECTURA		<u>UIREMENT.</u>	3						
INTERIOR FINISHE		height	material		finish			remarks	
Ceiling:	275	0	GWB - Impact Resis	stant	Paint				
Wall:			GWB - Impact Resis	stant	Paint				
Floor:					Resilient				
Base:	100	1	Flash Cove]				
Wall Protection:	Corner G		Sheet:		R	emarks:			
wan Frotection.	Crash Ra			Ligature	10	Ciliarks.			
	Hand Ra	_		Ligature					
	Chair Ra	il: Sta	andard Anti-	Ligature					
Da au(a):	ear Oner	ning (W x H):	1220 x 2135	Material:	Solid Core	L	Fi	nish: Plam	
Door(s):	_	oor Sidelight	1220 / 2133		Joha Core			Tiam	
		_							
Door Hardware:		oor Protection Itomatic Opener	✓ Anti-Ligat Tamperp	ure & roof Hardware	Door Remarks:	Double s	swing		
		cess Control	✓ Locking						
	Door (Glazing: Integra	al blind						
1	Hardware	Type:: CR-01							
Windows:		ble Windows:	Standard	d ✓ Sec	uro		Remarks:		
willdows.	•	al Glazing and Fr				igh Secur			
	Extern	al Glazing Hardw				igh Secur			
		or Window Treat		_	_	igh Secur	=		
		al Glazing and Fr			_	igh Secur			
	віа	ackout 🗸	Blinds Rolle	r Shutter	1 Way Mirro	or	Other		
Casework / Millworl	C:	Casework Secu	urity: Regular	✓ Secur	re		Remarks	Provide built-in bed,	wardrobe and desk
Min Millwork /C		near Length imeter wall:		Counter/	Work Surface 7 Height (mm):	10			
(IIIII) OI		per Cupboards	✓ Coun	ter Top		Lockable			
	Lo	wer Cupboards	Stain	less Steel					
ACOUSTICS:	STC Ratir Floor	ng Wall / 50		RT 60:	: 0.7		Remarks	Refer to Appendix 10	O - Acoustics and
	N	IC Rating: 30-35	5						
GENERAL ROOM	REMAF	RKS: Coat	t Hooks: Standard	d 🗸 Anti-Li	igature No of H	Coat 2		Mirrors: Standar	d 🗸 Vandal-Proof
	Та	ckboard Dim:	:				Whiteboard	Dim: 915mm wide x	915mm high
	Re	emarks: Provi	ide magnetic whiteb	oard					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE PR	ROGRAM	9B-LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	-Draft:	Program Number:	09.0-22-05
35720	prepop 1 2 Final		05.0-22-05
Sign Off:	Date Issued:	RoomName:	CLIENT DOOM
IRI			CLIENT ROOM
101	Client:	MTICS m²:	
		MITICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.I-UI Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene	cck Lever/Blades Hoppe	r Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrie	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Orain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Infection Isolation Room Pressure Monitor Patient C	ontrolled
Room Control Remarks:	,	Noom ressure worker	
Room Control Remarks.	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
TIME PROTECTION. Sprinker Type.	Januaripe		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	other.	
Air Temp: 🗸 Standa	ard Special Other:		
7th Temp. Standa	Special Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside bed, duplex a	door	
·	·		
Power Remarks: Each ro	om to utilize separate circuit w/ AFCI pr	otection.Each room's outlets shall be separ	rated switched from
switchb	oank located in Staff Station		
Patient Care Area Designation Basic			
(as per CSA Z32):			
_	_		
LIGHTING: Workstation Task Li	ighting Vight Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	All lighting on emergency power. Nurse	inspection light
✓ Switch & Light Cont	rols Vanity Light	controlled with separate momentary swi	
Charting Light	_	by entry door. Light switches beside bed	and beside entry door.

Project Name: VALLEYN	IEW PROJECT	Department:	09.0 RESPO	NSE PRO		SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-05
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
		Client:		ſ	MTICS	m²: 13. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0			Station ercom Station Master Statior		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Mon	nitor 🗌	Card Reader Intrusion Dete			aff Assist atient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Temarks:				
Room Data Sheet Comn	nent:							

Project Name: VALLE	YVIEW PF	ROJECT	Department:	09.0 RES	PONSE PRO	OGRAM	SUB DEPART	MENT:		9B-LIVING UNIT
Project Number:		35720	F -F -F	1 2	✓ Final		Program Nur			09.0-22-06
ΙΒΙ	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName: m²:			CLIENT ROOM
						MTICS	:	13. m²		
RISK LEVEL:			Mediu	m						
ARCHITECTURAL	REQUIREN	IENTS								
INTERIOR FINISHES	heigh	t	material		finish	1			remarks	
Ceiling:	2750	G'	WB - Impact Resi	stant	Paint					
Wall:		G'	WB - Impact Resi	stant	Paint					
Floor:					Resilient					
Base:	100	FI	ash Cove							
Cr Ha	orner Guards: ash Rails: and Rails: air Rail:	Stand Stand	dard Anti-	Ligature Ligature Ligature	R	Remarks:				
Door(s). Clea	r Opening (W x	н).	1220 x 2135	Material:	Solid Core	L		inish: Pla	am .	
Door(s): Clea	Door Sideli		1220 X 2133		John Core				2111	
[Door Prote Automatic Access Con Door Glazing:	Opener trol Integral b	Locking	ture & roof Hardware	Door Remarks:	Double	swing			
	Operable Wind External Glazin, External Glazin, Exterior Windo Internal Glazing Blackout	g and Fram g Hardward w Treatme	e: Standardent: Standardene: Standardene: Standardene	d Sec d Sec d Sec	ure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwork:	Casew	ork Securit	xy: Regular	✓ Secui	·e		Remark	s: Provid	le built-in bed,w	ardrobe and desk
Min Millwork /Cou (mm) or % [[of perimeter working of perimeter with the control of the control	vall:	_	Counter/ iter Top less Steel	Work Surface 7 Height (mm):	710 Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling			RT 60	0.7		Remark		to Appendix 1D Control	- Acoustics and
	NC Rating	30-35								
GENERAL ROOM RE	MARKS: Tackboard	Coat Ho	ooks: Standar	d 🗹 Anti-L	igature No of	looks:	Whiteboard	Mirror	s: Standard 915mm wide x 9	✓ Vandal-Proof
·								5	913IIIIII WIGE X 3	13iiiii iligii
	Remarks:	Provide	e magnetic whitek	ooard						

Project Name:	Department:	ONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	U9.U KESP	ONSE PROGRAM		30-LIVING UNII
Project Number: 35720	Draft:	Y Final	Program Number:	09.0-22-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	1-01 Rei	marks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Room Relative Humin Local Adjustment		n Isolation Patient Contro	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive Negative	odpipe Other:	er:	
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed	, duplex at door		
	om to utilize separate circuit v ank located in Staff Station	w/ AFCI protection.Eac	ch room's outlets shall be separated	I switched from
Patient Care Area Designation (as per CSA Z32):				
Workstation Task Li ✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light	controlled	marks: g on emergency power. Nurse insp with separate momentary switch I oor. Light switches beside bed and	ocated outside room

Project Name: VALLEY\	valleyview project		09.0 RESPC	NSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-06
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
IBI		Client:		ſ	MTICS	m²: 13. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice Te Coax/ Data Te IMIT Remain	1 data): 0 V Outlet: 0			Station Prcom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	us
		inical Camera inical Camera Mon	nitor	Card Reader Intrusion Dete	_		aff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				operational emarks:				
Room Data Sheet Comr	nent:							

Project Name: VAL I	LEYVIE	W PROJE	Department:	09.0 RES	PONSE PRO	GRAM	SUB DEPARTI	MENT:	9B-LI	VING UNIT
Project Number:		357	Draft: prepop	1 2	✓ Final		Program Num	iber:	09.0)-22-07
	I	Sign Off:	Date Issued:		2017	-01-25	RoomName:		С	LIENT ROOM
IBI	ı		Client:			MTICS	m²:	.3. m²		
RISK LEVEL:			Mediu	m						
ARCHITECTURA	AI REO	IIIRFMFNT								
INTERIOR FINISH		height	materia	1	finish			remar	cke	
Ceiling:	275		GWB - Impact Resi		Paint			Telliai	N3	
Wall:			GWB - Impact Resi	stant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove]					
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: Anti-	Ligature Ligature Ligature	R	emarks:				
Door(s):	lear Open	ing (W x H):	1220 x 2135	Material:	Solid Core		F	nish: Plam		
	Do	or Sidelight								
Door Hardware: Windows:	Au Acc Door G	or Protection tomatic Opener tess Control filazing: Integra Type:: CR-01 tole Windows:	✓ Locking	roof Hardware		Double s	ewing Remarks:			
willuows.	Externa Externa Exterio	al Glazing and Fr al Glazing Hardw r Window Treat al Glazing and Fr	rame: Standar ware: Standar tment: Standar rame: Standar	d Sec d Sec d Sec	cure H	igh Secur igh Secur igh Secur igh Secur	ity ity ity			
Casework / Millwor	k:	Casework Secu	urity: Regular	✓ Secur	re		Remarks	Provide built-i	n bed,wardrobe	and desk
Min Millwork /C (mm) o	r % of per	near Length imeter wall: per Cupboards wer Cupboards	=	Counter/ oter Top cless Steel	Work Surface 7 Height (mm):	10 Lockable				
ACOUSTICS:		g Wall / / Ceiling: 50 C Rating: 30-3!	25	RT 60	: 0.7		Remarks	Refer to Apper Noise Control	ndix 1D - Acoust	tics and
GENERAL ROOM	REMAR	KS: Coat	t Hooks: Standar	d ✔ Anti-L	igature No of H	Coat 2		Mirrors: St	tandard 🗹 Va	ındal-Proof
	Та	ckboard Dim:	:				Vhiteboard	Dim: 915mm v	wide x 915mm ł	nigh
	Re	marks: Provi	ride magnetic whitel	ooard						

Project Name:	Department:	SPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	U9.0 RE	SFONSE PROGRAM		56-LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-22-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Hu Local Adjustment Via DDC		on Isolation Patient Control	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	/et Dry S Types: Nega	tandpipe Other:	ner:	
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadple	ex at desk, duplex beside b	ed, duplex at door		
	om to utilize separate circu ank located in Staff Statior		ch room's outlets shall be separated	d switched from
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li Dimmable Lighting Workstation Task Li Charting Light Conting Light	In Use" Light	controlled	marks: g on emergency power. Nurse insp l with separate momentary switch l loor. Light switches beside bed and	located outside room

Project Name: VALLEYV	valleyview project		09.0 RESPO	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-07
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
		Client:		1	MTICS	m²: 13. m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	ıs
SECURITY SYSTEMS: Security Came Security Remark		inical Camera inical Camera Mon	itor	Card Reader Intrusion Det	_		aff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Iemarks:				
Room Data Sheet Comme	ent:							

Project Name: VAL	LEYVIE	W PROJEC	Department:	09.0 RESP	PONSE PRO	GRAM	SUB DEPART	MENT:		9B-LIVING UN
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nun	nber:		09.0-22-08
	1	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROC
IBI	J		Client:			MTICS	m²:	13. m²		
RISK LEVEL:			Mediun	1						
ARCHITECTUR	AL REO	IIIREMENT								
INTERIOR FINISH					finish				romorks	
Ceiling:	275	height 0	material GWB - Impact Resist	tant	finish Paint				remarks	
cennig.	273	O	GVVB - Impact Resis	.anc	ranic					
Wall:			GWB - Impact Resist	iant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plar	n	
Door Hardware:	Au Door 6	oor Protection Itomatic Opener cess Control Glazing: Integra	✓ Locking	ure & oof Hardware	Door Remarks:	Double s	wing			
Windows:	Operal Extern Extern Exterio	E Type:: CR-01 ble Windows: al Glazing and Fr al Glazing Hardw or Window Treati al Glazing and Fr ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity	:		
Casework / Millwo	rk:	Casework Secu	ırity: Regular	✓ Secure	e		Remarks	s: Provide	built-in bed,w	ardrobe and desk
Min Millwork / (mm) (or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	=		Nork Surface 7 Height (mm):	'10 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to Noise C		- Acoustics and
GENERAL ROOM	I REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	gature No of H	Coat 2		Mirrors	Standard	✓ Vandal-Proo
	Та	ckboard Dim:					Vhiteboard	Dim: 92	L5mm wide x 9	15mm high
	Re	emarks: Provi	de magnetic whitebo	oard						

Project Name:	Department:		SUB DEPARTMENT:	OR LIVING LINIT
VALLEYVIEW PROJECT	09.0 RESPON	SE PROGRAMI		9B-LIVING UNIT
Project Number: 35720		inal F	Program Number:	09.0-22-08
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks	5:		
Can Air be Returned Rate (A/C to System	C):	Special Exhaus	st Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	ck Lever/Blades Standard Ty Foot Pedal	Urinal Hopper Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Nith Room Relative Humidity w Local Adjustment Via DDC		Isolation Patient Contro	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive Negative	e Other	r:	
Air Temp: 📝 Standa	rd Special Othe	r:		
ELECTRICAL REQUIREMENTS GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed, dup	olex at door		
	om to utilize separate circuit w/ A ank located in Staff Station	FCI protection.Each	n room's outlets shall be separated	switched from
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li Dimmable Lighting Workstation Task Li Charting Light Conting Light	In Use" Light	controlled v	arks: on emergency power. Nurse inspr with separate momentary switch l or. Light switches beside bed and	ocated outside room

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMEN	Г:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-22-08
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
		Client:			MTICS	m²: 13. n	1 ²	
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUIR	EMENTS							
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): :let: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	zus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mon	itor	Card Reader Intrusion De			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:	Door Monitoring							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

			,							
Project Name: VAL I	LEYVIEW PR	OJECT	Department:	09.0 RES	PONSE PR	OGRAM	SUB DEPAR	TMENT:		9B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nu	ımber:		09.0-23-01
	Sign Off:		Date Issued:		201	.7-01-25	RoomName	:		WC/ SHOWER
IBI	ı		Client:			MTICS	m²:	4.6 m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURA	AL REOUIREN	IENTS								
INTERIOR FINISH			material		fini	sh			remarks	
Ceiling:	2750	GW	3 - Impact & Mo stant Secure	isture	Paint				Temano	
Wall:			B - Impact & Mo stant Secure	isture	HIHF panel					
Floor:					Slip Resista	nt				
Base:	100	Flas	h Cove							
Wall Protection:	Crash Rails:	Standa Standa	rd	igature igature	1	Remarks:				
Door(s):	Chair Rail: lear Opening (W x I Door Sidelig		914 x 2135	Material:	Solid Core			Finish: Plam		
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing: Hardware Type::	opener rol	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	Door sw	ving outward	ds. Door to	be slope at to	p and lower cut.
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard	Sec		High Secu High Secu High Secu High Secu ror	rity			
Casework / Millwor	k: Casewo	rk Security:	Regular	Secui	re		Remarl	ks:		
	ounter Linear Leng r % of perimeter w Upper Cupb Lower Cupb	oards	Count		Work Surface Height (mm):	Lockable				
ACOUSTICS:		50			: N/A		Remark	ks: Refer to Noise Co		- Acoustics and
GENERAL ROOM	REMARKS:	Coat Hook	s: Standard	✓ Anti-L	igature No	of Coat 2 Hooks:		Mirrors:	Standard	✓ Vandal-Proof
	Tackboard	Dim:					Whiteboard	Dim:		
	Remarks:		rashroom Access enser in shower							penser, 1 recessed of

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPO	NSE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:	✓	Program Number:	09.0-23-01
35720	prepop 1 2	Final		03.0-23-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWED
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Rema	rks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Keilla	iks. Exildust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Diameir	ag Damarka
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment		Add 2 drains for	shower near WC	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment /et Dry Standp	Room P	n Isolation Patient Contro	olled
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 📝 Standa	rd Special Ot	her:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
GI.				
Patient Care Area Designation (as per CSA Z32):				
UGHTING: Workstation Task Li	ghting Vight Light	Lighting Ren	marks:	
LIGHTING: Workstation lask Lighting				
✓ Switch & Light Cont Charting Light	□ "In Use" Light rols ✓ Vanity Light	Night light	t on emergency power.	

Project Name: VALLEYVI	EW PROJECT	Department:	09.0 RESPO	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-23-01
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		WC/ SHOWER
		Client:		1	MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	IREMENTS							
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: O Dutlet:		=	Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Came Security Came	era Monitor CI	inical Camera inical Camera Mon	nitor	Card Reader Intrusion Det			aff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VAL	LEYVIEV	V PROJEC		rtment:	09.0 RES	PONSE	E PROGRA		SUB DE	PARTMEN	T:		9B-LIVING UNIT
Project Number:		3572	Draft	: prepop	1 2	Fina			Progran	n Number	:		09.0-23-02
<u> </u>	1 Si	gn Off:	Date	Issued:			2017-01		RoomN	lame:			WC/ SHOWER
161			Clien	t:			МТ		m²:	4.6	m²		
RISK LEVEL:				Mediun	n								
ARCHITECTUR	AL REQU	IREMENTS	S										
INTERIOR FINISH	IEC.	height		material			finish				rer	marks	
Ceiling:	2750	- 0 -	GWB - Im	pact & Mo	oisture	Paint							
			Resistant	Secure									
Wall:			GWB - Im Resistant	pact & Mo Secure	isture	HIHF pa	anel						
Floor:						Slip Res	sistant						
Base:	100		Flash Cov	re									
Wall Protection:	Corner Gua Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: andard andard andard	Anti-L	igature igature igature		Remar	rks:					
Door(s):	Clear Opening	g (W x H): Sidelight	914 x	2135	Material:	Solid (Core			Finish	Plam		
Door Hardware:	Auto	Protection matic Opener ss Control zing: ype:: CW-01	•	Tamperpro	ure & oof Hardware	Door Re	emarks: Doo	or swin	ng out	wards. D	oor to be	slope at to	op and lower cut.
Windows:	External (External (Exterior \	Windows: Glazing and Fr Glazing Hardw Window Treate Glazing and Fra cout	ment:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High S High S High S High S My Mirror	Securi Securi	ty ty ty ty	other			
Casework / Millwo Min Millwork / (mm) (Counter Linea or % of perim		rity:		Counter/ er Top ess Steel			able	Re	marks:			
ACOUSTICS:	STC Rating NC I)		RT 60	: N/A			Re		efer to Ap pise Contr	-	- Acoustics and
GENERAL ROOM			Hooks:	Standard	✓ Anti-L	igature	No of Coat Hooks	: Ļ	4		lirrors:	Standard	✓ Vandal-Proof
	Tackl	board Dim:						W	'hiteboa	ard Dim	1:		
	Rema				sories: 1 soa room. All w								penser, 1 recessed of

VALLEYVIEW PROJECT	Department:		SUB DEPARTMENT:	
VALLETVIEWTROSECT	09.0 F	RESPONSE PROGRAM		9B-LIVING UNIT
Project Number:	Draft:		Program Number:	09.0-23-02
35720	prepop 1	2 Final		09.0-23-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	MC/ SHOWED
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Tuno: CCA 7217 2 10 ACUIDAE 6	2 1 01	Remarks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Kemarks. Exmaust		
	-)			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbi	na Domostra
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		wc [Emergency Shower	
Janitorial Floor Laborate	ory Foot Pedal	✔ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Cont	rols Floor Drain	Other:	
Deep Equipment		Shower to code		
Other:				
Size:	_			
Doom Town Control	with Doom Polative	Uumidituusith Infaatia	n Isolation —	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme	·	on Isolation Patient Control	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	gative Other:		
		genera	ļ	
Air Temp: 🗸 Standa	ard Special	Other:		
Air Temp: 🕡 Standa	ard Special			
Air Temp: 🕡 Standa	ard Special			
	ard Special			
ELECTRICAL REQUIREMENTS	ard Special			
ELECTRICAL REQUIREMENTS GENERAL POWER:			Clock	
ELECTRICAL REQUIREMENTS			Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	& Emergency		☐ Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER:	& Emergency		☐ Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver	& Emergency		Clock	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32):	& Emergency	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L	& Emergency ilience: 1 duplex GFI ighting Night Light	Other:	narks:	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	ighting Vight Light	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Conver	ighting Vight Light	Other:	narks:	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting	ighting Vight Light	Other:	narks:	
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Norma Receptacle Count: Conver Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task L Dimmable Lighting Switch & Light Conver	ighting Vight Light	Other:	narks:	

Project Name: VALLEYV	IEW PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-23-02
IBI	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Came Security Came	era Monitor CI	inical Camera inical Camera Mon	hitor	Card Reader Intrusion Det			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VAL	LEYVIEW	PROJEC		rtment:	09.0 RES	PONSE	E PROGRA		SUB DI	EPARTMEN	NT:		9B-LIVING U	NIT
Project Number:		3572	Draft 20	prepop	1 2	Fina			Progra	m Numbe	r:		09.0-23-0	13
	Sign	Off:	Date	Issued:			2017-01		Room	Name:			WC/ SHO	WER
	,		Client	:			МТ		m²:	4.6	m²			
RISK LEVEL:				Mediun	n									
ARCHITECTUR	AL REQUIR	EMENTS	5											
INTERIOR FINISH	EC.	ight		material			finish					remarks		
Ceiling:	2750		GWB - Im Resistant	pact & Mo	oisture	Paint								
Wall:			GWB - Im Resistant	pact & Mo Secure	oisture	HIHF pa	anel							
Floor:		L				Slip Re	sistant							
Base:	100		Flash Cov	e										
Wall Protection:	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: ndard ndard ndard	Anti-L	igature igature igature	ı	Remar	rks:						
Door(s):	Clear Opening (V		914 x	2135	Material:	Solid (Core			Finis	h: Plam			
Door Hardware:		g:	✓	Tamperpro	ure & oof Hardware	Door Re	emarks: Doo	or swii	ng out	wards. [Door to l	be slope at t	op and lower cut	
Windows:	Operable W External Gla External Gla Exterior Wir Internal Gla:	nzing and Franzing Hardwa ndow Treath zing and Fra	are:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High S High S High S High S Migh S	Securi Securi	ity ity ity ity	Dther				
	Counter Linear L or % of perimete		rity: 📗		Counter/ er Top ess Steel			able	Re	emarks:				
ACOUSTICS:	STC Rating Wa Floor / Ceil NC Rat)		RT 60	N/A			Re		efer to <i>F</i> oise Cor		- Acoustics and	
GENERAL ROOM			Hooks:] Standard	✓ Anti-L	igature	No of Coat Hooks	: Ļ—			1irrors: [Standard	d 🗸 Vandal-Pro	of
	Tackboa	ard Dim:						W	/hitebo	ard Dir	n:			
	Remark				sories: 1 soa room. All w								spenser, 1 recess oof	ed

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE F	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-23-03
35720	prepop 1 2 Final		09.0-23-03
Sign Off:	Date Issued:	RoomName: 017-01-25	WC/ SHOWER
IBI			WC/ SHOWER
101	Client:	MTICS m ² : 4.6 m ²	
		MTICS 4.6 m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:	 Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	z.1-01	EXIIduSt	
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			<u> </u>
PLUMBING FIXTURES:			
			Dlumbing Damarks
sink mounting faucet	tap Urin:	al Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal 🕢 Barri	er Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Drain Other:	
Deep Equipment		wer to code	
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V Rack Storage (2.4m high)	Local Adjustment	Infection Isolation Patien	nt Controlled
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL DECLUDEA FEATE			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		_	
Types of Power: Normal	& Emergency	Clock	
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting 🕢 Night Light	Lighting Remarks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	□ "In Use" Light rols	Night light on emergency power.	

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTM	ENT:	9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Numb	er:	09.0-23-03
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²:	5 m²	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou	-			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencia	Room Si	tatus
Coax/ Data TV Ou	ıtlet: 0			- Musici Statio		releconterencii	ıR	
IMIT Remarks								
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mon	itor	Card Reader		[Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALL I	EYVIEW PR	OJECT	Department:	09.0 RES	PONSE PRC	GRAM	SUB DEPART	MENT:		9B-LIVING UNI	ΙΤ
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nui	nber:		09.0-23-04	
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:			WC/ SHOWE	ER
IBI			Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium	1							
ARCHITECTURA	L REOUIREM	ENTS									
INTERIOR FINISHES			material		finish	1			remarks		_
Ceiling:	2750		B - Impact & Moi	isture	Paint				- Cinano		7
Wall:			B - Impact & Moi	isture	HIHF panel						
Floor:					Slip Resistant	t					
Base:	100	Flas	h Cove								
(Crash Rails:	Standa Standa	rd Anti-Li	gature	J R	Remarks:					
	Chair Rail: ar Opening (W x F		rd Anti-Li 914 x 2135	gature Material:	Solid Core			Finish: Pla	am		J
Door Hardware: H	Door Protect Automatic O Access Contr Door Glazing: ardware Type:: C	pener	✓ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Remarks:	Door sw	ing outward	s. Door	to be slope at to	p and lower cut.	
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame: Hardware: Treatment	Standard Standard Standard	Sec	ure H	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity				
Casework / Millwork:	Casewoi	rk Security:	Regular	Secui	re		Remark	s:			٦
Min Millwork /Co (mm) or	% of perimeter wa	all: pards	Counte	er Top	Work Surface Height (mm):	Lockable					
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating:	50	Stainle	ss Steel RT 60	: N/A		Remark		to Appendix 1D Control	- Acoustics and	
GENERAL ROOM R	EMARKS:	Coat Hool	ks: Standard	✓ Anti-L		Coat 2		Mirror	s: Standard	✓ Vandal-Proof	
	Tackboard	Dim:					Whiteboard	Dim:			
	Remarks:		vashroom Access enser in shower							penser, 1 recessed of	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE P	ROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	09.0-23-04
35720	prepop 1 2 Final		09.0-23-04
Sign Off:	Date Issued:	RoomName: 17-01-25	MC/ SHOWED
IBI			WC/ SHOWER
101	Client:	MTICS m ² : 4.6 m ²	
		MITCS 4.6 m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01 Remarks:	Exhaust	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-U1 Remarks.	exilaust	
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			Numbing Domostes
sink mounting faucet	tap Urina	I Eyewash	Plumbing Remarks
Handwash Counter Goosene	☐ , □ uobt	er Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	er Free WC Corrosion Resistant Fittings	
Double	✓ Electronic Controls ✓ Floor	Drain Other:	
Deep Equipment		ver to code	
Other:			
Size:	-		
Doom Town Control	with Doom Polative Humidity with	□ Infection Isolation □	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Room Pressure Monitor	Controlled
Room Control Remarks:	1,111		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
		Clock	
Types of Power: Norma	& Emergency		
Receptacle Count: Conver	ience: 1 duplex GFI		
Dower Demarks			
Power Remarks: GFI			
Patient Care Area Designation Basic (as per CSA Z32):			
(as per CSA 232).			
LIGHTING: Workstation Task L	ighting Vight Light	Lighting Remarks:	
LIGHTING.			
Dimmahle Lighting		Night light on emergency power.	
Dimmable Lighting	"In Use" Light	Night light on emergency power.	
Switch & Light Cont		Night light on emergency power.	
		Night light on emergency power.	
Switch & Light Cont		Night light on emergency power.	

roject Name: VALLEYVIEW PROJECT		Department:	09.0 RES	SPONSE PRO	OGRAM	SUB DEPARTMENT: 9B-LIVING		
Project Number:	35720	Draft: prepop	1 :	✓ 2 Final		Program Number:		09.0-23-04
IBI	Off:	Date Issued:		2017	7-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUIREM	ENTS							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Video	om Station Intercom Statio om Master Stati	n 🗍	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera Mon		inical Camera inical Camera Mon	itor	Card Reade			taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYVIEW PROJE	CT Department: 09.0 RES	PONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number: 357	Draft:	▼ ! Final	Program Number:	09.0-23-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	MTICS	m²: 4.6 m²	
RISK LEVEL:	Medium			
ARCHITECTURAL REQUIREMENT				
INTERIOR FINISHES.		finish	***************************************	dec
Ceiling: 2750	material GWB - Impact & Moisture	finish Paint	remar	KS
2730	Resistant Secure			
Wall:	GWB - Impact & Moisture Resistant Secure	HIHF panel		
Floor:		Slip Resistant		
Base: 100	Flash Cove			
Wall Protection: Corner Guards: ✓	Sheet:	Remarks:		
	andard Anti-Ligature	nemarks.		
Hand Rails: St	andard Anti-Ligature			
Chair Rail: St	andard Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Coro	Finish: Plam	
	914 x 2135 Material:	Solid Core	Tillish. Platti	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature & Tamperproof Hardware	Door Remarks: Door sw	ving outwards. Door to be slo	ope at top and lower cut.
Automatic Opener	Locking			
Door Glazing:				
Hardware Type:: CW-02	1		<u></u>	
Windows: Operable Windows:		cure	Remarks:	
External Glazing and F		cure High Secu		
External Glazing Hards Exterior Window Trea		cure High Secu cure High Secu	*	
Internal Glazing and F		cure High Secu		
Blackout	Blinds Roller Shutter [1 Way Mirror	Other	
Casework / Millwork: Casework Sec	urity: Regular Secu	re	Remarks:	
Min Millwork /Counter Linear Length		Work Surface		
(mm) or % of perimeter wall:	Countery	Height (mm):		
Upper Cupboards	= '	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / 50	RT 60	: N/A	Remarks: Refer to Appe	ndix 1D - Acoustics and
Floor / Ceiling:	10		Noise Control	
Ne hating. 33-4				
GENERAL ROOM REMARKS: Coa	t Hooks: Standard 🗹 Anti-L	igature No of Coat Hooks:	Mirrors: Si	tandard 🗹 Vandal-Proof
Tackboard Dim	:		Whiteboard Dim:	
	ride washroom Accessories: 1 soa			
soap	dispenser in shower room. All v	vashroom accessories a	are to be anti-ligature and va	naalproot

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPO	NSE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:	✓	Program Number:	09.0-23-05
35720	prepop 1 2	Final		09.0-23-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Rema	rks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Keilla	iks. Exildust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dhumbir	ag Damarka
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment		Shower to code		
Other:				
Size:	-			
		L		
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V Rack Storage (2.4m high)	Local Adjustment	Room P	n Isolation Patient Contro	olled
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 📝 Standa	rd Special Of	her:		
T = - = = = =				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation D				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light		on emergency power.	
✓ Switch & Light Cont☐ Charting Light	rols Vanity Light	3	3 778 1	

		Department:					
Project Name: VALLEYVIEV	valleyview project		09.0 RESP	ONSE PRO		SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	09.0-23-05
I D I	ign Off:	Date Issued:		2017-	01-25	RoomName:	WC/ SHOWER
		Client:		ı	MTICS	m²: 4.6 m²	
RISK LEVEL:		Mediun	1				
TECHNOLOGY REQUIRE	MENTS						
IMIT SYSTEMS:							
Communications Out Quantity (1 voice, 1 dat Tel Outl Coax/ Data TV Outl IMIT Remarks:	et: 0			Station ercom Station Master Station		Hands Free Room Stat Telemetry Teleconferencing	us
SECURITY SYSTEMS: Security Camera Security Camera I		nical Camera nical Camera Moni	tor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
,							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

<u> </u>			T				1				
Project Name: VA	LLEYVIEW PR	OJECT	Department:	09.0 RESI	PONSE	PROGRA		JB DEPAR	TMENT	:	9B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Fina		Pi	rogram Nu	ımber:		09.0-23-06
IR	Sign Off:		Date Issued:		:	2017-01	-25	oomName	:		WC/ SHOWER
	, _		Client:			MT	ICS m	ı²:	4.6 m	12	
RISK LEVEL:			Medium	1							
ARCHITECTUI	RAL REQUIREM	ENTS									
INTERIOR FINIS	HES: height		material			finish				remarks	
Ceiling:	2750		/B - Impact & Mo	isture	Paint						
Wall:			/B - Impact & Mo	isture	HIHF pa	anel					
Floor:					Slip Res	sistant					
Base:	100	Flas	sh Cove								
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	ard Anti-Li	gature	I	Remar	ks:				
Door(s):	Clear Opening (W x F		914 x 2135	Material:	Solid C	Core			Finish:	Plam	
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing: Hardware Type:: C	pener	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Rei	marks: Doo	r swing	g outwar	ds. Do	oor to be slope at	top and lower cut.
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	and Frame Hardware:	Standard t: Standard Standard	Sec Sec Sec Sec Sec Sec Shutter	ure ure ure ure	High S	Security Security Security Security	! !			
Casework / Millwe	ork: Casewo	rk Security:	Regular	Secur	e			Remar	ks:		
	/Counter Linear Leng or % of perimeter wa Upper Cupbo	all: pards	Counte	Counter/ Ner Top	Work Suri Height (n		able				
ACOUSTICS:	Floor / Ceiling:	50		RT 60:	N/A			Remar		er to Appendix 10	O - Acoustics and
CENERAL POC	NC Rating:					N= 60	2				
GENERAL ROOM	✓ REMARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	gature	No of Coat Hooks	: Ļ	iteboard	Mir Dim:	rrors: Standar	d 🗸 Vandal-Proof
	Remarks:	Provide v					, 1 toil	let paper	holde		ispenser, 1 recessed oof

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.01	RESPONSE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	09.0-23-06
35720	prepop 1	2 Final		03.0-23-00
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWED
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2 1 01	Remarks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks. Exhaust		
]		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumbi	Damada
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	=	□ wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	✔ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Conf	trols Floor Drain	Other:	
Deep Equipment		Shower to code		
Other:				
Size:				
Poom Tomp Control	with Doom Polativo	Humidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustme	' I I	Pressure Monitor Patient Contr	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
		_		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Norma	& Emergency			
				1
Receptacle Count: Conver	ience: 1 duplex GFI			
Power Remarks: GFI				
rower Kemarks. GFI				
Dationt Core Arra D				
Patient Care Area Designation Basic (as per CSA Z32):				
(05 pc. 657.252).				
LIGHTING: Workstation Task L	ighting Vight Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	. =	" Night ligh	t on emergency power.	
Charting Light	rols Vanity Light			
Grading Light				

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RESP	ONSE PRO		SUB DEPARTME	ENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Numb	er:	09.0-23-06
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6	5 m²	
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS: Communications Out	N-+ 0		Intercom	Ct-ti		Hands Free	Room St	
Quantity (1 voice, 1 da Tel Out	ta):		Video Int	ercom Station Master Statio		Telemetry	_	atus
Coax/ Data TV Out	:let: 0		interconn	Waster Station		Teleconferencir	ıg	
IMIT Remarks:								
SECURITY SYSTEMS:				1			¬	
Security Camera Security Camera		nical Camera nical Camera Mon	itor	Card Reader Intrusion Det	L		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAL	LEYVIEW	PROJEC		rtment:	09.0 RES	PONSE	E PROGR	AM	SUB D	EPARTMEN	IT:		9B-LIVING UNIT
Project Number:		3572	Draft	: prepop	1 2	Fina			Progra	am Number	•		09.0-23-07
<u> </u>	Sign	Off:	Date	Issued:			2017-01	-25	Room	Name:			WC/ SHOWER
161			Client	t:			МТ	ΓICS	m²:	4.6 ו	m²		
RISK LEVEL:				Mediun	n								
ARCHITECTUR	AL REQUIR	REMENTS	5										
INTERIOR FINISH	EC.	eight		material			finish				rer	marks	
Ceiling:	2750		GWB - Im Resistant	pact & Mo	oisture	Paint							
Wall:			GWB - Im Resistant	ipact & Mo Secure	isture	HIHF pa	anel						
Floor:						Slip Res	sistant						
Base:	100		Flash Cov	re									
Wall Protection:	Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: ndard ndard ndard	Anti-L	igature igature igature		Remai	rks:					
Door(s):	Clear Opening (914 x	2135	Material:	Solid (Core			Finish	Plam		
Door Hardware:		ng:	✓	Tamperpro	ure & oof Hardware	Door Re	emarks: Doo	or swi	ng ou	twards. C	oor to be	slope at to	op and lower cut.
Windows:	External Gla	azing and Fra azing Hardwa ndow Treatn azing and Fra	are:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High S High S High S High S Ay Mirror	Securi Securi	ity ity ity ity	emarks: Other			
Casework / Millwo Min Millwork / (mm) o	Counter Linear for % of perimeted		rity: 📗	=	Counter/ er Top ess Steel		mm):	kable	R	emarks:			
ACOUSTICS:	STC Rating Wa Floor / Cei NC Rat)		RT 60	N/A			R		efer to Ap oise Contr	-	- Acoustics and
GENERAL ROOM			Hooks:	Standard	✓ Anti-L	igature	No of Coat	s:			lirrors:	Standard	✓ Vandal-Proof
	Tackbo	ard Dim:						w	/hitebo	oard Din	1:		
	Remark				sories: 1 soa room. All w								penser, 1 recessed of

Project Name:	Department: 09.0	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	Frogram Number.	09.0-23-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	MTICS	m²:	
DICK I EVEL	D.G. aliano	WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size: ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	Standard ry Foot Pedal Electronic Con	Shower to code Humidity with Infection	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other: On Isolation Pressure Monitor	nbing Remarks
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types:	Standpipe Other: Other:	ner:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rei	marks: t on emergency power.	

-		Department:				T	
Project Name: VALLEYVII	VALLEYVIEW PROJECT		09.0 RESP	ONSE PRO		SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:	09.0-23-07
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	WC/ SHOWER
		Client:		I	MTICS	m²: 4.6 m²	
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQUIR	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	utlet: 0			n Station tercom Station n Master Station		Hands Free Room Stat Telemetry Teleconferencing	us
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VAL	LEYVIEW PI	ROJECT	Department:	09.0 RES	PONSE PRO	OGRAM	SUB DEPART	MENT:		9B-LIVING UNI	Т
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nur	mber:		09.0-24	
	Sign Of	f:	Date Issued:		2017	7-01-25	RoomName:		WC/ SHO	OWER, BARRIER FRE	ΞE
	,		Client:			MTICS	m²:	5.6 m²			
RISK LEVEL:			Medium	1							
ARCHITECTUR	AL REOUIREI	MENTS									=
INTERIOR FINISH			material		finish	1			remarks		_
Ceiling:	2750	GW	/B - Impact & Mo istant Secure	isture	HIHF panel				Temarks]
Wall:			/B - Impact & Mo istant Secure	isture	HIHF panel						=
Floor:					Slip Resistant	t					
Base:	100	Flas	sh Cove								J
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa	ard	gature	J F	Remarks:	Anti-ligature	e grab ba	rs as per code		
Door(s):	Clear Opening (W)	(H):	914 x 2135	Material:	Solid Core		ſ	Finish: Pla	m		J
Door Hardware:	✓ Door Prote Automatic Access Cor Door Glazing: Hardware Type::	Opener	✓ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Remarks:	Door sw	ring outward	ls. Door t	to be slope at to	op and lower cut.	
Windows:	Operable Wind External Glazir External Glazir Exterior Windo Internal Glazin	g and Frame g Hardware: ow Treatmen	Standard Standard Standard	Secondary Secondary Secondary Secondary Secondary Secondary Shutter	ure	High Secur High Secur High Secur High Secur Or	rity rity	5:			
Casework / Millwo	rk: Casew	ork Security:	Regular	Secui	·e		Remark	s:			1
	Counter Linear Len or % of perimeter v Upper Cup Lower Cup	boards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling NC Rating	g:		RT 60	N/A		Remark	s: Refer t Noise (- Acoustics and	
GENERAL ROOM		Coat Hoo	ks: Standard	✓ Anti-L		f Coat 2 Hooks:	Add 22. 1	Mirrors	Standard	✓ Vandal-Proof	7
	Tackboard	Dim:				□ \	Whiteboard	Dim:			
	Remarks:		washroom Access penser in shower							penser, 1 recessed of	

Project Name: VALLEYVIEW PROJECT	Department: 09.0	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number:	Draft:		Program Number:	
35720	prepop 1	2 Final		09.0-24
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER, BARRIER FREE
	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	oust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Image: WC I	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	ent Room l	on Isolation Pat	tient Controlled
Air Temp: ✔ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Re Night ligh	marks: t on emergency power.	

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RI	ESPONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		09.0-24
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	WC/ SH	OWER, BARRIER FREE
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	1					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		Vide	rcom Station eo Intercom Station rcom Master Static		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camera Security Camera	_	nical Camera nical Camera Moni	tor	Card Reader		☐ Staff A	ssist t Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	+							

Project Name: VAL	LEYVIE\	N PROJE	-	partment:	09.0 RESI	PONSE	PROGRAI		JB DEPARTI	MENT:		9B-LIVING UN	TIV
Project Number:		357	Dra	ft: prepop	1 2	Fina		Pro	ogram Num	nber:		09.0-25-01	L
- 1	1 S	ign Off:	Date	e Issued:			2017-01-2		omName:		TO	DILETS, BARRIER-FI	REE
IBI	,		Clie	nt:			MTIC	CS m²		5.6 m²	:		
RISK LEVEL:				Mediun	n							1	
ARCHITECTUR	AI RFOL	IIRFMFNT	S										
INTERIOR FINISH		height		material			finish				remarks		
Ceiling:	2750	пещи	GWB - I	mpact Resist	tant	Paint	1111311				Temans		
Wall:			GWB - I	mpact Resist	tant	Paint		Wa	ater resista	ant			
Floor:						Resilier	nt						
Base:	100		Flash Co	nve									
Wall Protection:	Corner Gur Crash Rails Hand Rails Chair Rail:	:	Shee andard andard andard	t: 🗹 Anti-Li	igature igature igature		Remarks	: An	ti-ligature	grab	bars as per code		
Door(s):	Clear Openin	ng (W x H):	914	x 2135	Material:	Solid (Core		F	inish: [Plam		
Door Hardware:	Auto	r Protection pmatic Opener ess Control azing: Type:: WR-03		Anti-Ligatu Tamperpro Locking	ire & pof Hardware	Door Re	emarks:						
Windows:	External External Exterior Internal	e Windows: Glazing and Fi Glazing Hardv Window Treat Glazing and Fr kout	vare:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure ure	High Ser High Ser High Ser High Ser High Ser	curity curity					
Casework / Millwo Min Millwork / (mm)	Counter Line or % of perin	-	urity:		Counter/Ver Top			ile	Remarks	SC.			
ACOUSTICS:		Wall / 50 Ceiling: 35-4	0		RT 60:	N/A			Remarks		er to Appendix 1D se Control	- Acoustics and	
GENERAL ROOM			Hooks:	Standard	✓ Anti-Li	gature	No of Coat Hooks:	1		Mirr	rors: Standard	d ✓ Vandal-Proc	of
	Tack	kboard Dim:	:					Whit	teboard	Dim:			
	Rem										der, 1 sanitary na e anti-ligature an		

Project Name:	Department: 09.0 I	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	Program Number.	09.0-25-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	TOILETS, BARRIER-FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	oust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain The proper of the pr	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	ent Room F	on Isolation Patie	ent Controlled
EXHAUST: Pressure: Equal Air Temp: Standa		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Ligh	Lighting Rei	marks: t on emergency power.	

Project Name:		Department:				SUB DEPARTMENT:		
	W PROJECT				GRAM	9B-LIVING UNI		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	09.0-25-01	
· ·	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	TOILETS, BARRIER-FREE	
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): O tlet: O		Vide	rcom Station eo Intercom Station rcom Master Statio	· _	Hands Free Room S Telemetry Teleconferencing	itatus	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLEYVIEW PROJE	CT Department: 09.0 RES	PONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
Project Number: 357	Draft:	Final	Program Number:	09.0-25-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	DILETS, BARRIER-FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
ARCHITECTURAL REQUIREMENT				
INTERIOR FINISHES: height Ceiling: 2750	material	finish	remarks	
Ceiling: 2750	GWB - Impact Resistant	Paint		
Wall:	GWB - Impact Resistant	Paint	Water resistant	
Floor:		Resilient		
Base: 100	Flash Cove		<u> </u>	
Wall Protection: Corner Guards: Crash Rails: St	Sheet: 🗹 candard Anti-Ligature	Remarks:	Anti-ligature grab bars as per code	
	andard Anti-Ligature andard Anti-Ligature			
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Hardware: Door Protection Automatic Opene Access Control	Anti-Ligature & Tamperproof Hardware Locking	Door Remarks:		
Door Glazing: Hardware Type:: WR-0:	3			
Windows: Operable Windows: External Glazing and F External Glazing Hards Exterior Window Trea Internal Glazing and F	rame: Standard Sec ware: Standard Sec tment: Standard Sec	cure Gure High Secure High Secure High Secure High Secure 1 Way Mirror	rity rity	
Casework / Millwork: Casework Sec	urity: Regular Secu	re	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface Height (mm):		
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-4		: N/A	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS: Coa	t Hooks: Standard 🗸 Anti-L	igature No of Coat 2	Mirrors: Standard	✓ Vandal-Proof
Tackboard Dim	:		Whiteboard Dim:	
			paper holder, grab bars, 1 sanitary na ccessories are to be anti-ligature and	

Project Name:	Department: 09.0 I	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	rogram vamber.	09.0-25-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	TOILETS, BARRIER-FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	c):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		1		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WB Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	ent Room l	on Isolation Patie Pressure Monitor ner:	ent Controlled
EXHAUST: Pressure: ☐ Equal Air Temp: ✓ Standa		egative Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont Charting Light	In Use" Ligh	Lighting Re Night ligh	marks: t on emergency power.	

Project Name: VALLEYVII	W PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT	:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		09.0-25-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		TOILETS, BARRIER-FREE
		Client:			MTICS	m²: 5.6 m	j ²	
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O	T		\equiv	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Sta	tus
Coax/ Data TV O	utlet: 0		mercon	i waster statio	<i>.</i>	releconterencing		
IMIT Remarks	:							
SECURITY SYSTEMS: Security Camer	a	nical Camera		Card Reader	No:		Staff Assist	Duress - Wired
Security Camer		nical Camera Mon	iitor	Intrusion De	L_		Patient Assist	Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEY	VIEW PROJE	Department:	09.0 RESPO	ONSE PROC	GRAM	SUB DEPARTN	MENT:	9B-LIVING UNIT
Project Number:	35	720 Draft: prepop	1 2	✓ Final		Program Num	ber:	09.0-26
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		BATH/SHOWER
IBI		Client:		1	MTICS	m²:	.5 m²	
RISK LEVEL:	·	Mediun	n					
ARCHITECTURAL F	RECHIREMEN							
INTERIOR FINISHES:	height	material		finish			remarks	
Ceiling:	2750	GWB - Impact & Mo	oisture Pa	aint			Temarks	
Wall:		GWB - Impact & Mo	oisture H	IHF panel				
Floor:			SI	lip Resistant				
Base:	100	Flash Cove						
Cras		_	igature igature	Re	marks:	Anti-ligature	grab bars as per code	
Cha	ir Rail: S	Standard Anti-L	igature					
Door(s): Clear	Opening (W x H): Door Sidelight	914 x 2135	Material: S	Solid Core		Fi	nish: Plam	
Door Hardware:	Door Protection Automatic Opene Access Control oor Glazing:	Anti-Ligati Tamperpri Locking	ure & Doof Hardware	oor Remarks:				
	lware Type:: WR-0	03						
E) E) E)	perable Windows: kternal Glazing and kternal Glazing Harc kterior Window Trek kternal Glazing and I	dware: Standard Standard Standard Standard	✓ Secur ✓ Secur ✓ Secur	re Hig re Hig re Hig	gh Securi gh Securi gh Securi gh Securi	ity ity		
Casework / Millwork:	Casework Se	curity: Regular	Secure			Remarks	:	
Min Millwork /Count (mm) or % c	of perimeter wall:			eight (mm):				
	Upper Cupboards Lower Cupboards		er Top ess Steel	L	-ockable			
	Rating Wall / Floor / Ceiling: NC Rating: 35-	40	RT 60: [).7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REM	ARKS: Coa	at Hooks: Standard	✓ Anti-Liga		Coat 2		Mirrors: Standard	✓ Vandal-Proof
	Tackboard Din	m:				/hiteboard	Dim:	
	disp						ispenser, grab bars, rec anti-ligature and vand	

Project Name:	Department:	RESPONSE PROGRAM	SUB DEPARTMENT:	9B-LIVING UNIT
VALLEYVIEW PROJECT	09.01	NESFONSE FROGRAM		30-LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	09.0-26
Sign Off:	Date Issued:	2017-01-25	RoomName:	BATH/SHOWER
	Client:	MTICS	m ² : 4.5 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		1		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain Bath Tub	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	with Room Relative Local Adjustme	' I I	on Isolation Patient Cont Pressure Monitor	rolled
FIRE PROTECTION: Sprinkler Type: • W	/et Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:	-		
EXHAUST: Pressure: Equal	Positive N	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting 📝 Night Light	Lighting Rer	marks:	
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light Vanity Light	TAIGHT HEI	t on emergency power.	

Project Name: VALLEYV	valleyview PROJECT		09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	Draft:					er: 09.0-2 6	
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		BATH/SHOWER
		Client:		1	MTICS	m²: 4.5 m²		
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: Outlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor	inical Camera inical Camera Mon	hitor	Card Reader			aff Assist Itient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALLEYVIEW P	ROJECT	Department:	09.0 RES	PONSE PRC	OGRAM	SUB DEPART	MENT:	9B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Num	nber:	09.0-27
Sign O	ff:	Date Issued:		2017	7-01-25	RoomName:	BARRIER-FREE T	UB/ SHOWER ROOM
IBI		Client:			MTICS	m²:	i.6 m²	
RISK LEVEL:		Medium						
ARCHITECTURAL REQUIRE	MENTS							
INTERIOR FINISHES: heig		material		finish	1		remarks	
Ceiling: 2750	GW	B - Impact & Moi	sture	Paint			Temano	
Wall:		B - Impact & Moi stant Secure	sture	HIHF panel				
Floor:				Slip Resistant	t			
Base: 100	Flas	h Cove]				
Wall Protection: Corner Guards: Crash Rails: Hand Rails:	Standa Standa	`	_	J R	Remarks:	Anti-ligature	grab bars as per code	
Chair Rail: Door(s): Clear Opening (W Door Side		rd Anti-Lig	gature Material:	Solid Core		F	inish: Plam	
Door Hardware: Door Prot Automatic Access Co Door Glazing:	c Opener introl	Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Remarks:	Double	swing		
Hardware Type:: Windows: Operable Win External Glazi External Glazi Exterior Wind Internal Glazi Blackout	dows: ng and Frame: ng Hardware: ow Treatment	Standard Standard Standard	Second Se	ure H	High Secu High Secu High Secu High Secu or	rity rity		
Casework / Millwork: Casev	vork Security:	Regular	Secur	re		Remarks	:	
Min Millwork /Counter Linear Le (mm) or % of perimeter Upper Cu _l Lower Cu _l	wall:	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS: STC Rating Wall Floor / Ceilin NC Ratin			RT 60	: 0.7		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS:	Coat Hook	ks: Standard	✓ Anti-L		f Coat 2 Hooks:		Mirrors: Standard	✓ Vandal-Proof
Tackboar	d Dim:				L \	Whiteboard	Dim:	
Remarks:	paper hol		ap dispense				1 paper towel dispense hroom accessories are	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPONSE	PROGRAM	9B-LIVING UNIT
VALLETVIEWTROJECT	Draft:	Program Number:	
Project Number: 35720	−Draft:	Program Number.	09.0-27
Sign Off:	Date Issued:	017-01-25 RoomName:	BARRIER-FREE TUB/ SHOWER ROOM
IBI	Client:	MTICS m²: 5.6 m²	
RISK LEVEL:	Medium		
	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks:	Exhaust	
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
PLUMBING FIXTURES:			
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard Ory Foot Pedal Electronic Controls Floor		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment Vet Dry Standpipe	Infection Isolation Room Pressure Monitor Other:	Patient Controlled
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: ☐ Positive ✓ Negative	Other:	
Air Temp: 📝 Standa	ord Special Other:		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
Types of Power: Norma	& Emergency	Clock	
Receptacle Count: Conver	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ighting 🗸 Night Light	Lighting Remarks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	In Use" Light	Night light on emergency po	wer.
		•	

Project Name: VALLEYVII	W PROJECT	Department:	09.0 RESP	ONSE PRO	GRAM	SUB DEPARTMENT:		9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		09.0-27
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	BARRIER-FREE	TUB/ SHOWER ROOM
		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUIR	REMENTS							
Coax/ Data TV O	data): utlet: 0 utlet: 0			n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mon	itor	Card Reader Intrusion De	L_		taff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	ii							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	YVIEV	V PROJEC		rtment:	09.0 RES	PONSE	PROG	RAM	SUB DE	PARTME	ENT:			9B-LIVII	NG UNIT
Project Number:		3572	Draft:	prepop	1 2	Fina			Prograi	m Numb	er:			09.0-2	28
[]	Si	ign Off:	Date	Issued:			2017-0	1-25	RoomN	lame:				COMFO	RT ROOM
IBI			Client	:			N	1TICS	m²:	13	. m²				
RISK LEVEL:				Medium	1										
ARCHITECTURAL	RFOLL	IRFMFNT													
INTERIOR FINISHES		height		material			finish					remarks			
Ceiling:	2750	пещи	GWB - Im	pact Resist	ant	Paint	1111311					Terriories	<u> </u>		
Wall:			GWB - Im	pact Resist	ant	Paint			Feature	e wall					
Floor:						Resilien	nt								
Base:	100		Flash Cov	e											
Wall Protection: C	orner Gua	ards:	Sheet:	✓		1	Rem	narks:							
C	rash Rails:	: Sta	indard	Anti-Li	gature										
Н	and Rails:	Sta	indard	Anti-Li	gature										
С	hair Rail:	Sta	indard	Anti-Li	gature										
Door(s):	ar Openinį	g (W x H):	914 x	2135	Material:	Solid C	Core			Fini	ish: Pla	m			
	Door	Sidelight													
Door Hardware:	Auto	Protection matic Opener ss Control	✓	Tamperpro	re & oof Hardware	Door Re	emarks: D	ouble s	swing. l	Jpper g	lazing				
	Door Gla	zing: Side gla	azing												
На	ardware T	ype:: OF-01													
Windows:	External (External (External (e Windows: Glazing and Fr Glazing Hardw Window Treati Glazing and Fra Kout	ment:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure ure ure	High	n Secur n Secur n Secur n Secur	rity rity rity rity	marks: [Maxim	ize interio	or glaz	ing for obs	ervation
Casework / Millwork:	(Casework Secu	rity: 🔲 (Regular	Secu	re			Re	emarks:					
Min Millwork /Cou (mm) or 9	6 of perim			Counte	Counter/ er Top ess Steel	Work Sur Height (r	mm):	ckable							
ACOUSTICS: ST		Wall / 50			RT 60	: 0.7			Re	emarks:	Refer t	o Append	lix 1D -	- Acoustics	and
	Floor / 0	Rating: 30-35	5							I	Noise (Control			
GENERAL ROOM R	EMARK	S: Coat	Hooks:	Standard	Anti-L	igature					Mirror	s: Stai	ndard	Vand	al-Proof
	Tack	board Dim:					Hoo		Vhiteboa	ard D	im:				
	Rem			date comfo acoustic se	ortable chai	r, music	_i c, dimmal	ble ligh	nts, win	dow wi	th blac	kout capa	ability,	locate in a	quiet

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	09.0 RESPON	SE PROGRAM		9B-LIVING UNIT
VALLETVIEWTROSECT				
Project Number:	Draft:	✓	Program Number:	09.0-28
35720		Final		03.0-28
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMFORT ROOM
IBI		2017 01 25		COMFORT ROOM
101	Client:	MTICS	m²:	
		WITICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remark	c:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Remark	5.		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
		—		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity v Local Adjustment		n Isolation Patient Contro	olled
Room Control Remarks:	Via DDC	KOOIIII	Tessure Worldon	
Room control Remarks.	VIA DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpip	e Oth	er.	
TIRETROTECTION. Sprinner types				
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:		
EXHAUST: Pressure:	1 OSICIVE NEGACIVE	other.		
Air Temp: ✓ Standa	rd Special Otho	ar:		
Air Temp: ✓ Standa	Tu Special Other	=1.		
SUSCEPTION DESCRIPTIONS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks: Overrid	e switch at nurse base to shutoff	all power to all re	ceptacles	
Patient Care Area Designation Basic				
(as per CSA Z32):				
<u>_</u>				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Light	Local swite	ch and override switch at nurse bas	se to shut off all
✓ Switch & Light Cont	rols Vanity Light	lighting in		
Charting Light				

Project Name: VALLEYVIE	W PROJECT	Department:	09.0 RESF	PONSE PRO	GRAM	SUB DEPARTMENT	:	9B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		09.0-28
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		COMFORT ROOM
		Client:			MTICS	m²: 13. m	2	
RISK LEVEL:		Mediur	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video II	m Station ntercom Station m Master Statio	, <u> </u>	Hands Free Telemetry Teleconferencing	∟ Room Stai	tus
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon	[litor [Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name: VA I	LLEYVIEW PROJ		partment: 10.0	O MAPLES	S DALA PF	ROGRAM	SUB DEPARTN	1ENT:	10A-	OFF LIVING U	JNIT
Project Number:	35	Dra	ft: prepop	1 2	✓ Final		Program Num	ber:		10.0-01	
	Sign Off:	Dat	e Issued:			17-01-25	RoomName:	DALA	A-NON-RES. PF	ROG. SHARED O	FFICE
IBI		Clie	nt:			MTICS	m²:	3. m²			
RISK LEVEL:			Standar	d							
	AL DECLUDEMEN	UTC .	Stanuar	u							
INTERIOR FINISH	RAL REQUIREMEN	V13									
Ceiling:	1ES: height 2750	Acousti	material c Tile		fin Paint	isn			remarks		
Wall:		GWB			Paint						
Floor:					Carpet						
Base:	100	Rubber									
Wall Protection:	Corner Guards:	Shee	et: 🗸			Remarks:					
	Crash Rails:	Standard	Anti-Li	gature							
	Hand Rails:	Standard	Anti-Li	_							
	Chair Rail:	Standard	Anti-Li	gature							
Door(s):	Clear Opening (W x H):	914	x 2135	Material:	Solid Core		Fi	nish: Plam	1		
	Door Sidelight										
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing:	ner _	Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Remar	ks:					
	Hardware Type:: OF-0	01									
Windows:	Operable Windows: External Glazing and External Glazing Ha Exterior Window Tr Internal Glazing and	d Frame: [- rdware: [- eatment: [-	Standard Standard Standard Standard Standard Roller S	Sec Sec Sec Sec Sec Sec	ure ure ure	High Secu High Secu High Secu High Secu rror	rity rity				
Casework / Millwo	ork: Casework S	ecurity:	Regular	Secur	·e		Remarks				
	/Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard		Counte		Work Surface Height (mm)						
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:			RT 60:	0.7		Remarks	Refer to Noise Co		- Acoustics and	
	NC Rating: 30)-35									
GENERAL ROOM	I REMARKS:	oat Hooks: [✓ Standard	Anti-Li	gature No	of Coat 4		Mirrors:	Standard	Vandal-Pro	oof
	✓ Tackboard D	im: 915m	m wide x 915	mm high			Whiteboard	Dim: 91	5mm wide x 9	15mm high	
	Remarks: Sh	all accomm	iodate 2 wor	kstations, fi	ling cabinet	s(2), bookc	ase, 2 side ch	airs			

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PR	OGRAM 10	A-OFF LIVING UNIT
VALLETVIEWTROJECT	D	Day N	
Project Number:	-Draft:	Program Number:	10.0-01
35720	prepop 1 2 Final		10.0-01
Sign Off:	Date Issued:	7-01-25 RoomName: DALA-NON-RES	DDOC CHARED OFFICE
IBI			. PROG. SHARED OFFICE
101	Client:	MTICS m²: 13. m²	
		MTICS 13. m²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
		21	l: D
sink mounting faucet	tap Urinal	Eyewash	bing Remarks
Handwash Counter Goosene	□ поррег	Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:	_		
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Deticate Com	
ROOM CONTROLS: Local Adjustment	Local Adjustment	Room Pressure Monitor	trolled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:	
Deal Starter (2 Are high)	T		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	9. Emorgoncy	Clock	
Types of Forter Morring	& Emergency		
Recentacle Count: Convoc	ience: 2 duplex, Workstations: 2 quadple	av.	
Receptable Count. Conven	ience. z dupiex, workstations: z quadpit		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	·		
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light	•		

Project Name:			η ΜΔΡ	OLES DA	LA PRO		SUB DEPARTME		10A-OFF LIVING UNIT	
VALLEYVIEW P	ROJECT		JIVIAI	LL3 DA	LATINO	JIVAIVI			DA-OIT LIVING ONIT	
Project Number:	35720	Draft: prepop	1		✓ Final		Program Numbe	r:	10.0-01	
Sign Of	f:	Date Issued:			2017-	01-25	RoomName:	DALA-NON-RES	S. PROG. SHARED OFFICE	
IBI		Client:			ı	MTICS	m²: 13.	m²		
RISK LEVEL:		Standar	d						ı	
TECHNOLOGY REQUIREME	NTS									
IMIT SYSTEMS:										
Communications Outlet 3 Quantity (1 voice, 1 data): Tel Outlet: 0			Vic	ercom Stat deo Interco ercom Ma:			Hands Free Telemetry Teleconferencing	Room St	atus	
Coax/ Data TV Outlet: 0										
IMIT Remarks:										
SECURITY SYSTEMS:								7		
Security Camera Security Camera Monit		nical Camera nical Camera Monit	or		rd Reader rusion Det	L_		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
Security Remarks:										
OTHER										
Equipment Remarks:					rational arks:					
Room Data Sheet Comment:										

Project Name: VAI	VALLEYVIEW PROJECT Spect Number: 35720		Department: 10.	0 MAPLES	S DALA PR	OGRAM	SUB DEPART	MENT:	10A-0	OFF LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Nur	nber:		10.0-02
IBI	1	Sign Off:	Date Issued:		201	7-01-25	RoomName:			FOOD CART ALCOVE
	.		Client:			MTICS	m²:	2.5 m²		
RISK LEVEL:			Standar	d						
ARCHITECTUR	AL REO	UIREMENTS								
INTERIOR FINISH		height	material		finis	:h		re	emarks	
Ceiling:	275		GWB - Moisture Res	istant	Paint					
Wall:			GWB - Moisture Res	istant	Paint					
Floor:		·			Resilient					
Base:	100	١	Flash Cove			<u> </u>				
Wall Protection:	Corner G Crash Ra Hand Ra Chair Ra	ils: Sta	andard Anti-Li	gature gature gature	J	Remarks:				
Door(s):	Clear Oper	ning (W x H):		Material:			F	inish:		
	Do	oor Sidelight								
Door Hardware: Windows:	Au Au Ac Door G	oor Protection utomatic Opener ccess Control Glazing: e Type::	Anti-Ligatu Tamperpro Locking Standard	oof Hardware	Door Remark:	s:	Remarks	:		
	Extern Exterio	al Glazing and Fra al Glazing Hardw or Window Treatr al Glazing and Fra ackout	rare: Standard ment: Standard ame: Standard	Sec	cure	High Secui High Secui High Secui High Secui ror	rity rity			
Casework / Millwo	ork:	Casework Secu	ırity: Regular	Secu	re		Remark	s:		
Min Millwork / (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	Count		Work Surface Height (mm):	Lockable				
ACOUSTICS:		ng Wall / 45 / Ceiling: 35-40)	RT 60	: 0.7		Remark	Refer to A Noise Con		- Acoustics and
GENERAL ROOM	1 REMAF	RKS: Coat	Hooks: Standard	Anti-L	igature No o	of Coat		Mirrors:	Standard	☐ Vandal-Proof
	П	ackboard Dim:				Hooks:	Whiteboard	Dim:		_
		emarks:								

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PROGRAM		1	.0A-OFF LIVING UNIT
31.122111111111111111111111111111111111	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final	riogram Number.	10.0-02
Sign Off:	Date Issued:	2 111101	RoomName:	
· ·	Pate issuedi	2017-01-25		FOOD CART ALCOVE
IBI	Client:		m²:	
		MTICS	2.5 m²	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Additional co	oling demand	
Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plu	ımbing Remarks
Handwash Counter Goosene		Urinal	Eyewasii	and the state of t
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		wc	Emergency Shower	
Double	Electronic Contr	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic conti	Floor Drain	Other:	
Other:				
	-			
Size:	_			
ROOM CONTROLS: Room Temp Control v	with Room Relative F Local Adjustmen		n Isolation Patient C	ontrolled
Room Control Remarks:	Via DDC	it Roomi	1033ure Worldon	
noom control hemans.	VIA DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive • Neg	gative Other:		
Air Temp: ✔ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
Tower Remarks.				
Patient Care Area Designation				
(as per CSA Z32):				
	·			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light			
Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEYVIEW	PROJECT	Department: 10.0	0 MAPLES	DALA PRO	GRAM	SUB DEPARTMENT:	10A	A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-02
Sig	n Off:	Date Issued:		2017	-01-25	RoomName:		FOOD CART ALCOVE
		Client:			MTICS	m ² : 2.5 m ²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS: Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks: SECURITY SYSTEMS: Security Camera):	nical Camera	☐ Intercom	tercom Station Master Statio	on No.:		Room Statu	Duress - Wired
Security Camera M	onitor Clii	nical Camera Moni	tor	Intrusion Det	tection		atient Assist	✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIE	W PRO	JECT	Depart		.0 MAPLES	S DALA I	PROGRAM		SUB DEPARTMENT: 10B-LIVING U			10B-LIVING UNIT	
Project Number:		1	5720	Draft:	prepop	1 2	Final			rogram Nu		:		10.0-03
IBI		Sign Off:		Date Is	sued:		2	017-01-2	.5 m	oomName r²:	:		LIV	ING UNIT VESTIBULE
]								MTIC	:S		3. n	n²		
RISK LEVEL:					/ lediun	n								
ARCHITECTURAL	REQ	UIREME	NTS											
INTERIOR FINISHES	i:	height			material		1	finish				rema	arks	
Ceiling:	2750	0	G۷	VB - Imp	act Resis	tant	Paint							
Wall:			GV	VB - Imp	act Resis	tant	Paint							
Floor:							Resilient							
P	400		EI.				<u> </u> 							
Base:	100			sh Cove										
	orner G rash Rai		Stand	Sheet:	✓ □ Anti-I	igature		Remarks	: 12	.00 mm h	iigh. I	FRL		
	and Rai		Stand			igature								
C	hair Rai	l:	Stand			igature								
Door(s):	ar Open	ing (W x H):		1830 x	2135	Material:	Solid Co	ire		7	Finish	n: Plam		
D001(3).		or Sidelight		1000 X]	30.10.00							
Door Hardware:	✓ Au	or Protectio tomatic Ope cess Control ilazing: Upi	ener		Anti-Ligato Tamperpro Locking	ure & oof Hardware	Door Rem	arks:						
Н	ardware	Туре:: ХС-	01											
Windows:	Externa Externa Exterio Interna	ole Windows al Glazing an al Glazing Ha r Window T Il Glazing an ckout	nd Frame ardware reatmen	e:	Standard Standard Standard Standard Standard	Sec	_	High Second High Second High Second High Second High Second High Second Hirror	curity curity	<i>'</i>				
Casework / Millwork:		Casework	Security	/:	egular	Secui	re			Remark	ks:			
Min Millwork /Cor (mm) or 9	6 of peri	near Length imeter wall: per Cupboar wer Cupboar	rds		=	Counter/ er Top ess Steel	Work Surfa Height (mi		le					
ACOUSTICS: S		g Wall / 4	5			RT 60	0.7			Remark				- Acoustics and
		/ Ceiling: L C Rating: 3	0-35							Į	No	oise Contro	I	
GENERAL ROOM R	EMAR	KS:	Coat Ho	oks:	Standard	Anti-L	igature 1				M	1irrors:	Standard	Vandal-Proof
	Та	ckboard [Dim:					Hooks:	Whi	iteboard	Dim	1:		
	Re	marks:		_	-								-	

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT	TO.U IVIAP	LL3 DALA FROGRAIVI		TOD-FLAING CIALL
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	LIVING UNIT VESTIBULE
IBI	Client:	MTICS	m²: 3. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	Wicaram			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme		on Isolation Pati Pressure Monitor	ient Controlled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Types:	Standpipe Other: Other:	ner:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			o.co	
Receptacle Count: No rece Power Remarks:	ptacles			
Patient Care Area Designation				
(as per CSA Z32): Workstation Task Li	ghting Nichtlicht	Lighting Rer	marks:	
Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light		Hul A3.	

VALLEYVIEW PROJECT	10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT: 10B-LIVING UN			
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		10.0-03
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	Lľ	VING UNIT VESTIBULE
		Client:			MTICS	m²: 3. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): 0 outlet: 0		Video	com Station Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion De	_		taff Assist atient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

					T		
Project Name:	LLEYVIEW PROJE	CT Department: 10.	0 MAPLES	DALA PROGRAI	M SUB DEPART	MENT:	10B-LIVING UNIT
Project Number:	357	Draft: prepop	1 2	✓ Final	Program Nur	nber:	10.0-04
	Sign Off:	Date Issued:		2017-01-2	RoomName:	CARE TEAM STATION:	CONFIDENTIAL COORD
	<u>.</u>	Client:		MTIC	CS m²:	20. m²	
RISK LEVEL:		Low					
	RAL REQUIREMENT						
INTERIOR FINIS	LIEC.			6 : 1			
Ceiling:	height 2750	material Acoustic Tile		finish Pre-Finished		remarks	
cennig.	2730	Acoustic Tile		Tre Tillished			
Wall:		GWB		Paint			
Floor:				Resilient			
Base:	100	Flash Cove					
Wall Protection:	Corner Guards:	Sheet:		l Remarks	5:		
			igature				
	Hand Rails: St	andard Anti-Li	igature				
	Chair Rail: St	andard Anti-Li	igature				
5 ()	Clear Opening (W x H):	014 × 2125	Material:	Calid Cara		inish: Plam	
Door(s):		914 x 2135	iviateriai.	Solid Core	'	misn. Plam	
	Door Sidelight						
Door Hardware:	Door Protection	✓ Anti-Ligatu	ire & oof Hardware	Door Remarks:			
	Automatic Opener	Locking	Joi Hardware				
	Access Control Door Glazing: Upper	glazing					
		giazirig					
	Hardware Type:: OF-02						
Windows:	Operable Windows:	Standard	Sec	ure	Remarks	: Maximize interior g	lazing for observation
	External Glazing and F		=				
	External Glazing Hardv Exterior Window Treat		_				
	Internal Glazing and Fr	- Standard	=				
	Blackout	Blinds Roller	Shutter	1 Way Mirror	Other		
Casework / Millw	ork: Casework Sec	urity: 🗸 Regular	Secur	20	Remark	S: Provide 10 lockers.	Dock coverage of
Min Millwork	/Counter Linear Length 60			Work Surface 710	T.C.T.G.T.	glazed screen	Desk coverage of
(mm	or % of perimeter wall: Upper Cupboards	✓ Counte	er Ton	Height (mm): Lockab	nle		
	✓ Lower Cupboards	=	ess Steel	(
			1				
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:		RT 60:	0.7	Remark	Refer to Appendix 1 Noise Control	.D - Acoustics and
	NC Rating: 35-4	0					
GENERAL ROOF	M REMARKS: Coar	t Hooks: 🗹 Standard	Anti-Li	gature No of Coat	10	Mirrors: Standa	rd Vandal-Proof
	✓ Tackboard Dim	: 1220mm wide x 9	15mm high	Hooks: ↓	Whiteboard	Dim: 1220mm wide	e x 915mm high
	Remarks: Prov	ide pass through hato	ch in glazed	screen. Shall include	e meeting space	e for 10	
			6.5204		O obacc		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PRO	OGRAM 10B-LIVING	UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:	Program Number: 10.0-04	
35720	prepop 1 2 Final		
Sign Off:	Date Issued:	RoomName: 7-01-25 CARE TEAM STATION: CONFIDENTIAL C	.OODD
IRI			.OOKD
101	Client:	MTICS m²:	
		MTICS 20. m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7217 2 10 ACUIDAE 6	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks.		
Can Air be Returned Rate (A	(C):	pecial Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosen	eck Lever/Blades Hopper	Water Fountain	
Lavatory Wall Standar	d Standard WC	Emergency Shower	
Janitorial Floor Laborat	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor Dr	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Cocal Adjustment	Infection Isolation Patient Controlled	
Room Control Remarks:		Noomi ressure informed	
Room Control Remarks.	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
The Property of the Property o			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST.			
Air Temp: 🗸 Stand	ard Special Other:		
- I			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerg	ency & UPS	✓ Clock	
Receptacle Count: Conver	nience: 8 duplex, Workstations: 3 (2 duple	exes per workstation, locate one above counter and one below	w),
Specia	Equipment (additional outlets): security	video monitor, fire alarm annunicator, intercom station	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: ✓ Workstation Task I	ighting Night Light	Lighting Remarks:	
✓ Dimmable Lighting		Battery pack and remote heads for emergency lighting. All	
✓ Switch & Light Con	trols Vanity Light	lighting on emergency power.	
Charting Light			

VALLEYVIEW PROJECT	10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT: 10B-LIVING UNIT			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	10.0-04	
Sign Off:		Date Issued:		2017	-01-25	RoomName: CARE TEAM STATIC	DN: CONFIDENTIAL COORD	
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS: Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks) SECURITY SYSTEMS: Security Camera Security Camera	ata): Utlet: U Utlet: U Cli	nical Camera nical Camera Moni	Vide ✓ Inter	ccom Station o Intercom Station ccom Master Statio Card Reader Intrusion Det	n	Hands Free	Duress - Wired ✓ Duress - Wireless	
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data	+-							

Project Name: VALLEYVIEW PROJECT	Department: 10.0 MAF	PLES DALA PROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT			
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-05		
Sign Off:	Date Issued:	2017-01-25	RoomName: CARE TEAM STATI	ON: DIRECT OVERSIGHT		
IBI	Client:	MTICS	m²: 13.5 m²			
RISK LEVEL:	Low		15.5			
ARCHITECTURAL REQUIREMENTS	LOW					
INTERIOR FINISHES: height	material	finish	remarks			
Ceiling: 2750 Aco	ustic Tile	Pre-Finished				
Wall: GW	В	Paint				
Floor:		Resilient				
Base: 100 Flas	h Cove					
Wall Protection: Corner Guards:	Sheet:	Remarks:				
Crash Rails: Standa						
Hand Rails: Standa Chair Rail: Standa						
	914 x 2135 Mate	rial: Solid Core	Finish: Plam			
Door(s): Clear Opening (W x H):	914 X 2133	John Core	Flairi			
Door Hardware: Door Protection	✓ Anti-Ligature &	Door Remarks:				
Automatic Opener	Tamperproof Hardy					
Access Control	✓ Locking					
Door Glazing: Upper glazi	ng ————————————————————————————————————					
Hardware Type:: OF-02						
Windows: Operable Windows: External Glazing and Frame:	✓ Standard ✓ Standard	Secure High Secur	Remarks: Maximize interior g	lazing for observation		
External Glazing Hardware:	✓ Standard	Secure High Secur	•			
Exterior Window Treatment Internal Glazing and Frame:	Standard Standard	Secure High Secur	•			
Blackout Blind		1 Way Mirror	Other			
Casework / Millwork: Casework Security:	✓ Regular S	ecure	Remarks: Desk coverage of g	lazed screen.		
Min Millwork /Counter Linear Length 4200		ter/ Work Surface 710				
(mm) or % of perimeter wall: ✓ Upper Cupboards	✓ Counter Top	Height (mm): ✓ Lockable				
✓ Lower Cupboards	Stainless Steel					
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45	R	T 60: 0.7	Remarks: Refer to Appendix	1D - Acoustics and		
NC Rating: 35-40			Noise Control			
GENERAL ROOM REMARKS: Coat Hool	ks: 🗸 Standard 🗌 Ar	nti-Ligature No of Coat 4	Mirrors: Standa	ard Vandal-Proof		
✓ Tackboard Dim: 30	@610mm wide x 915mm	Hooks: ☐	Whiteboard Dim: 3@610mm w	ide x 915mm high		
Remarks: Shall acco	mmodate 3 workstation	ns with computers				

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PRO	DGRAM	10B-LIVING UNIT
VALLET VIEW PROJECT			
Project Number:	Draft:	Program Number:	10.0-05
35/20	prepop 1 2 Final		10.0-05
Sign Off:	Date Issued:	RoomName: 7-01-25 CARE TEAM STAT	FIGN. DIDECT OVERCIOUT
IRI	201	CARE TEAM STATE	TION: DIRECT OVERSIGHT
101	Client:	MTICS m ² :	
		MITCS 13.5 m ²	
RISK LEVEL:	Low		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks.		
Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
	ton	Plu	mbing Remarks
sink mounting faucet	tap Urinal	Eyewash	IIIDIII REIII RI
Handwash Counter Goosene	II Hobbei	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		Emergency Shower	
Janitorial Floor Laborato		Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor Dr	ain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ □ □ □ □	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	ontrolled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	/et Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Mack Storage (2.411 High)	турсэ.		
EXHAUST: Pressure: equal	Positive Negative	Other:	
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncv & UPS	✓ Clock	
	,		
Receptacle Count: Conven	ience: 4 duplex. Workstations: 3 (2 guad	olexes per workstation, locate one above	counter and one
		larmed fridge, suction machine, compute	l l
Power Remarks: Switchk	oank for power outlet shutoff for each clie	ent room	
Patient Care Area Designation Basic			
(as per CSA Z32):			
□			
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting		Battery pack and remote heads for uninte	
Switch & Light Cont	rols Vanity Light	lighting. All lighting on emergency power	
Charting Light			
	<u>.</u>		

Project Name: VALLEYVIEW PROJEC	Department: 10.0 MAPLES DALA PROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT
Project Number: 35720	Draft: Draft: Final	Program Number: 10.0-05
Sign Off:	Date Issued: 2017-01-25	RoomName: CARE TEAM STATION: DIRECT OVERSIGHT
	Client: MTICS	m²: 13.5 m²
RISK LEVEL:	Low	
TECHNOLOGY REQUIREMENTS		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Intercom Station Video Intercom Station Intercom Master Station Intercom Master Station Intercom Master Station Intercom Master Station Intercom Master Station Intercom Intercom Intercom Intrusion Detection Intrusion Detection	Hands Free Room Status Telemetry Teleconferencing Staff Assist Duress - Wired Patient Assist Duress - Wireless
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VALI	EYVIEW PR	OJECT	Department: 10.0 MAPLES DALA PROGRAM					UB DEPARTN	MENT:		10B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ 2 Final	l	Pi	rogram Num	ber:		10.0-06
IBI	Sign Off:		Date Issued:		2	2017-01		oomName:			MEDICAL ROOM
			Client:			МТ		n²: 1	4. m²		
RISK LEVEL:			Mediun	n							
ARCHITECTURA	L REQUIREM	ENTS									
INTERIOR FINISHI			material			finish				remarks	
Ceiling:	2750	GWI	3 - Impact Resist	tant	Paint						
Wall:		GWI	3 - Impact Resist	tant	Paint						
Floor:					Resilient	t					
Base:	100	Flasi	n Cove								
Wall Protection:	Crash Rails:	Standa	d Anti-L	igature igature		Remar	·ks:				
Door(s):	Chair Rail: ear Opening (W x F Door Sidelig		rd Anti-Li	igature Material:	Solid Co	ore		Fil	nish: Plam	ı	
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	pener	Anti-Ligatu Tamperpro	ire & oof Hardware	Door Ren	narks: Prov		cond egres	s door wit	th integral bli	nd. Door size : 914
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing Blackout	ws: and Frame: Hardware: Treatment	Standard	✓ Sec	cure [cure [cure [High S	Security Security Security	/ /			
Casework / Millworl	c: Casewo	rk Security:	Regular	✓ Secu	re			Remarks:	Provide i	medical stora	ge cabinet
	ounter Linear Leng			Counter/	Work Surfa						
(mm) o	✓ Upper Cupbe ✓ Lower Cupbe	oards	Count	er Top ess Steel	Height (m	ım):∟ ✓ Lock	able				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:			RT 60	0.7			Remarks:	Refer to Noise Co		- Acoustics and
GENERAL ROOM		Coat Hook	s: Standard	✓ Anti-L	igature				Mirrors:	Standard	✓ Vandal-Proof
	Tackboard	Dim:				Hooks [iteboard	Dim:		
	Remarks:	WCB Regu	mmodate sink a Ilations for a Fir computer, AED								on, cot; must meet ge, suction

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT	TO.O IVIAP	LL3 DALA FROGRAM		TOP-FIAIING OIMII
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	MEDICAL ROOM
	Client:	MTICS	m²: 14. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/Cat to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Janitorial Floor Double Deep Equipment Other: single comp. sink Size:	✓ Standard	Hopper WC Barrier Free WC	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	mbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	·	on Isolation Patient Co	ontrolled
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Emerge	ncy		Clock	
	ience: 2 duplex, Worksta suction, blood pressure		Equipment (additional outlets):	fridge (on generator
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):	ediate			
LIGHTING:	In Use" Light	Lighting Rer Wall mou	marks: nted extendable exam light	

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT: 10B-LIVING UNIT			
Project Number:	35720	Draft: [[[] [] []]		✓ 2 Final		Program Number:		10.0-06	
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		MEDICAL ROOM	
IBI		Client:		ſ	MTICS	m²: 14. m	2		
RISK LEVEL:		Medium	1						
TECHNOLOGY REQ	UIREMENTS								
Communication Quantity (1 voice, Te Coax/ Data Tv IMIT Rema	1 data): 0 / Outlet: 0		_	Station rcom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Stat	tus	
SECURITY SYSTEMS: Security Can Security Can	nera Monitor CI	inical Camera inical Camera Monit	\equiv	Card Reader Intrusion Dete			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER									
Equipment Remarks:				perational emarks:					
Room Data Sheet Comn	nent:								

Project Name: VAL	LEYVIE	W PROJEC	Department: 10.	0 MAPLES	DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVING	UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nui	Program Number:			
	1	Sign Off:	Date Issued:	Date Issued: 2017-01-25						WASHROOM,	STAFF
IBI			Client:			MTICS	m²:	3.7 m²			-
RISK LEVEL:			Standar	d							
	44 050			u							
ARCHITECTUR		UIREMENTS	<u> </u>								
INTERIOR FINISH		height	material	 	finish				remarks		
Ceiling:	275	0	GWB - Moisture Res	istant	Paint						
Wall:			GWB - Moisture Res	istant	Paint						
Floor:					Resilient						
Base:	100		Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: 🗹 andard 🗌 Anti-Li	igature igature igature	Re	emarks:					
Door(s):	Clear Oper	ning (W x H):	914 x 2135	Material:	Solid Core			Finish: Plar	m		
2001(3).	□ Do	or Sidelight									
Door Hardware:	Door C	or Protection Itomatic Opener cess Control Glazing: Type:: WR-03	✓ Locking	ire & oof Hardware	Door Remarks:						
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fract al Glazing Hardw by Window Treatr al Glazing and Fract ackout	vare: Standard ment: Standard ame: Standard	Seco	ure Hi ure Hi ure Hi	gh Secur gh Secur gh Secur gh Secur	rity rity	5:			
Casework / Millwo	rk:	Casework Secu	ırity: 🗌 Regular	Secur	·e		Remark	s:			
Min Millwork /((mm) c	or % of per	near Length imeter wall: oper Cupboards wer Cupboards			Work Surface Height (mm):	Lockable					
ACOUSTICS:		ng Wall / 45 / Ceiling: 40-45	5	RT 60:	N/A		Remark	Refer to Noise C		- Acoustics and	i
GENERAL ROOM	REMAR	RKS: Coat	Hooks: 🗸 Standard	Anti-Li	gature No of			Mirrors	: 🗸 Standard	☐ Vandal-P	roof
	П	ckboard Dim:			Ho	ooks:	Vhiteboard	Dim:			
	Re	emarks:									

Project Name: VALLEYVIEW PROJECT	Department: 10.0 MAI	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	WASHROOM, STAFF
IBI	Client:	MTICS	m ² : 3.7 m ²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	oust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment Local Adjustm	ent Room F	on Isolation Patient Pressure Monitor ner:	Controlled
EXHAUST: Pressure:		egative Other: Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rei	t on emergency power.	

Project Name: VALLEYVIEW PROJEC	T Department: 10.0 MAPLES DALA PROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT
Project Number: 3572	Draft:	Program Number: 10.0-07
Sign Off:	Date Issued: 2017-01-25	RoomName: WASHROOM, STAFF
IBI	Client: MTICS	m²: 3.7 m²
RISK LEVEL:	Standard	
TECHNOLOGY REQUIREMENTS		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Status Telemetry Teleconferencing
SECURITY SYSTEMS: Security Camera Security Camera Monitor Security Remarks:	Clinical Camera Card Reader No.:	Staff Assist Duress - Wired Patient Assist Duress - Wireless
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment:		

Project Name: VAL	LEYVIEW PROJ	ECT Department: 10.	.0 MAPLES	S DALA PRO	GRAM	SUB DEPARTM	IENT:	10B-LIVING UNIT
Project Number:	35	Draft: prepop	1 2	✓ Final		Program Numl	oer:	10.0-08
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CONSULTATION ROOM
IBI		Client:		-	MTICS	m²:	2. m²	
RISK LEVEL:		Mediun	n					
	AL REQUIREMEN							
INTERIOR FINISH		material		finish			remark	s
Ceiling:	2750	GWB - Impact Resis	tant	Paint			reman	
\A/=!I.								
Wall:		GWB - Impact Resis	tant	Paint				
Floor:				Carpet				
Base:	100	Rubber						
Wall Protection:	Corner Guards:	Sheet:		Re	marks:	1200 mm hig	h.Fibre Reinforc	ed Laminate Panel (FRL)
	_	_	igature					
		_	igature					
		Standard Anti-L	igature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	✓ Door Sidelight							
Door Hardware:	Door Protection Automatic Open Access Control Door Glazing: Integ	ner Tamperpro	ure & oof Hardware			swing. Provide door is for sta		door. Door size : 914 mm
	Hardware Type:: OF-0							
Windows:	Operable Windows: External Glazing and		=	_	gh Secur	Remarks:		
	External Glazing Hard		=	_	gh Secur	•		
	Exterior Window Tre		=		gh Secur			
	Internal Glazing and		Shutter □	_	gh Secur	rity Other		
	_		Siluttei	1 Way Mirror				
Casework / Millwo	rk: Casework Se	ecurity: Regular	Secur	_		Remarks:		
	Counter Linear Length or % of perimeter wall:			Work Surface Height (mm):				
	Upper Cupboard	ds Count	er Top		Lockable			
	Lower Cupboard	ds Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 60:	0.7		Remarks:	Refer to Append	dix 1D - Acoustics and
	NC Rating: 30-	-35						
GENERAL ROOM	REMARKS: Co	oat Hooks: Standard	✓ Anti-Li	igature No of (Coat 2		Mirrors: Sta	ndard Vandal-Proof
	Tackboard Di	im:				Vhiteboard [Dim:	
	Remarks: Sha	all acccommodate sma	ll desk, comf	fortable seatin	g for 2-3	, phone, conf	fidential area	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA F	PROGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT	D	D	
Project Number:	Draft:	Program Number:	10.0-08
35720	prepop 1 2 Final		10.0-00
Sign Off:	Date Issued:	RoomName: 017-01-25	CONCLUTATION DOOM
IBI			CONSULTATION ROOM
101	Client:	MTICS m ² :	
		MTTCS 12. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	z.1-01 Remarks.		
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			Diversión - Demonstra
sink mounting faucet	tap Urin	al Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		ier Free WC Corrosion Resistant Fittings	;
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS: Room Temp Control	vith Room Relative Humidity with	☐ Infection Isolation ☐ □	
Local Adjustment	Local Adjustment	Room Pressure Monitor	ient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	/et Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Nuck Storage (2.411 high)	1,4563.		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncv	Clock	
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quad	plex	
,		F	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
□ ·			
LIGHTING: Workstation Task Li		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			
		-	

Project Name: VALLEYVIEW PROJECT		Department:	0 MAPLE	S DALA PRO		SUB DEPARTMENT: 10B-LIVING U		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		10.0-08
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	C	ONSULTATION ROOM
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	IREMENTS							
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (Coax/ Dat	data): Outlet: 0 Outlet: 0		Video	com Station Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Came Security Came		nical Camera nical Camera Monit	tor	Card Reader Intrusion De			Assist nt Assist	Duress - Wired Duress - Wireless
Security Remark	cs:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLI	YVIE	W PROJE	СТ	Depart		.0 MAPLES	S DALA	PROGRAM		B DEPARTM	IENT:		10B-LIVING UNIT
Project Number:			720	Draft:	prepop	1 2	Fina			Program Number: 10.0-09			10.0-09
IBI		Sign Off:		Date Is	ssued:		2	2017-01-25			TERVIEW/	PSYCHOLOG	GICAL TESTING ROOM
				CHETT.				MTICS			5. m²		
RISK LEVEL:				N	∕lediur	n							
ARCHITECTURAL	REO	UIREMEN	TS										
INTERIOR FINISHES		height			material			finish				remarks	
Ceiling:	275		GWI	3 - Imr	act Resis	tant	Paint	11111311				Telliarks	
eeg.	2,5			p	, 400 110010								
Wall:			GWI	3 - Imp	oact Resis	tant	Paint						
Floor:							Resilient	†					
11001.							resilien	•					
Base:	100		Flasi	h Cove									
Wall Protection: C	orner G	uards: 🗸	9	Sheet:	✓		_	Remarks:	120	00 mm hig	h.Fibre Re	einforced Lan	ninate Panel (FRL)
C	rash Ra	ils: S	tanda	rd [Anti-L	igature							
F	land Rai	ls: S	tanda	rd [Anti-L	igature							
C	hair Rai	l: S	tandaı	rd [Anti-L	igature							
Door(s):	ar Open	ing (W x H):		914 x 2	135	Material:	Solid Co	ore		Fir	nish: Plam		
D001(3).		or Sidelight					00.1.4.0						
Door Hardware:		or Protection tomatic Opene			Anti-Ligat Tamperpr	ure & oof Hardware	Door Ren	marks: Provide for staf	e sec	ond egres	s door. Do	oor size : 914	mm Second door is
	\equiv	cess Control	:1	✓	Locking			TOI Stai	ii eas	by exit			
		Glazing: Integ	ral blir	ıd									
11													
н	ardware	Type:: OF-02	<u>'</u>										
Windows:		ole Windows:	_		Standard					Remarks:			
		al Glazing and al Glazing Harc			Standard			High Secu					
		r Window Tre		_	Standard Standard	_		☐ High Secι ☐ High Secι	-				
		al Glazing and			Standard		ure	High Secu					
	Bla	ıckout 🗸	Blind	s	Roller	Shutter [1 Way	Mirror		Other			
Casework / Millwork:		Casework Se	curity:	□R	egular	Secu	re			Remarks:			
Min Millwork /Co						_	Work Surf	ace					
		imeter wall:				Countery	Height (m						
	Up	per Cupboard	;		Count	ter Top		Lockable	e				
	Lov	wer Cupboards			Stainl	ess Steel							
ACOUSTICS: S		g Wall / 55 / Ceiling:				RT 60	: 0.7			Remarks:	Refer to		- Acoustics and
		C Rating: 30-	35								Noise Co		
GENERAL ROOM R	EMAR	KS: Co	at Hook	ss:	Standard	d 🗸 Anti-L	igature	No of Coat 2	!		Mirrors:	Standard	Vandal-Proof
	Та	ckboard Dir	n:					1100KS: L	Whit	eboard	Dim:		
	Re	marks: Sha	II acon	nmoda	ate desk a	and chair, fili	ng cabine	et, bookcase	and i	round me	eting table	e for testing	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PR	OGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	10.0-09
35720	prepop 1 2 Final		10.0-05
Sign Off:	Date Issued:	RoomName: 7-01-25 INTERVIEW/ PSYCHO	LOCICAL TESTING BOOM
IBI		,	LOGICAL TESTING ROOM
101	Client:	MTICS m ² :	
		MTICS 15. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACUDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	pecial Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	mbing Remarks
Handwash Counter Goosene	ck Lever/Blades Hopper	Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Co	ontrolled
Room Control Remarks:	Via DDC	Noom ressure Monton	
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: V Equal	Positive Negative	Other:	
EXTROST.			
Air Temp: ✓ Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Emerge	ency	Clock	
Receptacle Count: Conven	ience: 4 duplex, Workstations: 1 quadple	x	
Power Remarks:			
Patient Care Area Designation Interme	ediate		
(as per CSA Z32):			
	ghting Nietro	Lighting Romarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
✓ Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 10.	0 MAPI	LES DALA PRO	GRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:	10.0-09
	Sign Off:	Date Issued:		2017	-01-25	RoomName: INTERVIEW/ PSYCHO	DLOGICAL TESTING ROOM
		Client:			MTICS	m²: 15. m²	
RISK LEVEL:		Medium	1				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Vide	ercom Station eo Intercom Station ercom Master Statio		Hands Free Room S Telemetry Teleconferencing	Status
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	✓ Card Reader ☐ Intrusion Det	L	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	5:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VAL	LEYVIE	EW PROJE	CT Department:	0.0 MAPLES	S DALA PRO	OGRAM	SUB DEPARTMENT: 10B-LIVING UN			
Project Number:		357	Draft: prepo	p 1 2	Final		Program Num	ber:	10.0-10	
[I	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		UNIT KITCHEN	
IBI	ı		Client:			MTICS	m²:	0. m²		
RISK LEVEL:			Mediu	ım						
	N DEO	LUDENAENT		1111						
ARCHITECTURA			3							
INTERIOR FINISH		height	materi		finish	1		remarks		
Ceiling:	275	U	GWB - Impact & N Resistant Secure	noisture	Paint					
Wall:			GWB - Impact & N Resistant Secure	Moisture	Paint					
Floor:					Resilient					
Base:	100	1	Flash Cove							
Wall Protection:	Corner G	Guards:	Sheet:		F L	Remarks:				
	Crash Ra	ils: St	andard 🗌 Ant	-Ligature						
	Hand Ra	ils: St	andard Ant	-Ligature						
	Chair Rai	il: St	andard Ant	-Ligature						
Door(s):	lear Oper	ning (W x H):	1525 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Do	or Sidelight								
Door Hardware:	☐ Au	oor Protection stomatic Opener cess Control Glazing: Upper	✓ Locking	ature & proof Hardware	Door Remarks:	Provide s	second door	to dining room. Door s	ize : 914 mm	
	Hardware	Type:: OF-02/	/ DA-01							
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	ware: Standa tment: Standa rame: Standa	rd Second	cure	High Secur High Secur High Secur High Secur or	rity rity rity	Maximize interior gla	zing for observation	
Casework / Millwor	k:	Casework Secu	urity: Regular	✓ Secu	re		Remarks:			
Min Millwork /0		near Length 720	00	Counter/	Work Surface S	915				
(IIIII) O	✓ Up	pper Cupboards wer Cupboards	=	nter Top nless Steel	•	Lockable				
ACOUSTICS:	STC Ratir Floor	ng Wall / / Ceiling:		RT 60	: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
	Ν	IC Rating: 35-4	10							
GENERAL ROOM	REMAR	RKS: Coat	t Hooks: Standa	rd 🗸 Anti-L		f Coat 2 Hooks:		Mirrors: Standard	Vandal-Proof	
	Та	ckboard Dim:	:			✓ v	Vhiteboard	Dim: 915mm wide X	915mm high	
	Re	pull o		ounter, lockab	le door, ; acce	ess to Foo	d Cart alcove	ge, stove, dishwasher, shall be provided. 1 sc		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES	DALA PROGRAM		10B-LIVING UNIT
7/12221112011103201	D		Durana Marahan	
Project Number: 35720	Draft:	V	Program Number:	10.0-10
	prepop 1 2	Final	Da Na	10.0 10
Sign Off:	Date Issued:	2017-01-25	RoomName:	UNIT KITCHEN
IRI			2	ONIT KITCHEN
	Client:	MTICS	m²: 20. m²	
			20.111	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Rer	marks: Exhaust		
nvac.				
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 1	
to System		,	'	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Plur Eyewash	mbing Remarks
☐ Handwash ✔ Counter ☐ Goosene	ck Lever/Blades	Hopper	Water Fountain pro	vide hot water for
✓ Lavatory ✓ Wall ✓ Standard	Standard	□ wc □	Emergency Shower	hwasher.
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
✓ Double	✓ Electronic Controls	Floor Drain	<u> </u>	
Deep Equipment				
Other: Hand Sink, splash mounted faucet				
Size:				
	_			
ROOM CONTROLS. Room Temp Control	with Room Relative Humio	lity with	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	·	ressure Monitor Patient Co	ontrolled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Stan	dpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🗸 Standa	rd Special	Other: Domestic Ra	nge Hood	
T-:				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
		duplexes along counte	er, Special Equipment (additiona	outlets): fridge, stove,
dishwa	sher			
Power Remarks:				
rower remarks.				
Patient Care Area Designation Basic				
Patient Care Area Designation Basic (as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light	Undercabi	net lighting	
✓ Switch & Light Cont	rols Vanity Light	2.100.000	U - U	
Charting Light				
		-		

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft:			Program Number:		10.0-10	
I D I	gn Off:	Date Issued:		2017	-01-25	RoomName:		UNIT KITCHEN
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Medium	ı					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle	a): et: 1			Station tercom Station Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	IS
SECURITY SYSTEMS: Security Camera Security Camera N		nical Camera nical Camera Monit	✓ tor	Card Reader Intrusion Det			aff Assist tient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:	Dishwasher CP0	CI		Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEY	VIEW PR	OJECT	Department:	10.0 MAPLES	S DALA PRO	OGRAM	SUB DEPARTI	MENT:	10B-LIVING UNIT
Project Number:		35720	, ,	Dop 1 2	Final		Program Nun	nber:	10.0-11
IBI	Sign Off:		Date Issued: Client:		2017	7-01-25	RoomName: m ² :		DINING AREA
						MTICS		25. m²	
RISK LEVEL:			Med	ium					
ARCHITECTURAL I	REQUIREN	IENTS							
INTERIOR FINISHES:	height		mate	erial	finish	1		remarks	
Ceiling:	2750	GV	NB - Impact R		Paint				
Wall:		GV	NB - Impact R	esistant	Paint				
Floor:					Resilient				
Base:	100	Fla	ash Cove			•			<u> </u>
Cra	ner Guards: [sh Rails: [nd Rails: [Stand Stand	_	nti-Ligature nti-Ligature	J F	Remarks:	1200 mm hi	gh.Fibre Reinforced La	minate Panel (FRL)
Cha	ir Rail:	Stand	dard 🗌 A	nti-Ligature					
Door(s): Clear	Opening (W x l		914 x 2135	Material:	Solid Core		F	inish: Plam	
	Door Protect Automatic C Access Cont Poor Glazing:	opener rol Jpper gla:	Tamp Lockii	igature & erproof Hardware ng	Door Remarks	: Double s	swing		
Windows: O E: E:	perable Windoxternal Glazing xternal Glazing xternal Glazing xterior Windov ternal Glazing	ows: and Framo Hardware v Treatmer	e: Standard: Sta	dard Secondard Secondard Secondard	cure	High Secur High Secur High Secur High Secur	rity rity rity	Maximize interior gla	izing for observation
Casework / Millwork:	Casewo	rk Security	y: Regula	r 🗸 Secu	re		Remarks	E: Provide counter and	lower cupboards for
Min Millwork /Coun (mm) or % c	of perimeter was	all: oards		Counter/ ounter Top tainless Steel	Work Surface S Height (mm):	915 Lockable		food trays.	
	Rating Wall / Floor / Ceiling: NC Rating:	50 35-40		RT 60	: 0.7		Remarks	Refer to Appendix 1E Noise Control	O - Acoustics and
GENERAL ROOM REI	MARKS:	Coat Ho	oks: Stand	dard Anti-L	igature No oʻ	f Coat 2		Mirrors: Standar	d 🗌 Vandal-Proof
	Tackboard	Dim:					Whiteboard	Dim:	
	Remarks:	Shall acc	commodate 1	0 at family style	dining table				

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DA	LA PROGRAM		10B-LIVING UNIT
VALLETVIEWTROSECT				
Project Number:		✓	Program Number:	10.0-11
35720		inal		10.0-11
Sign Off:	Date Issued:	2017-01-25	RoomName:	DINUNC AREA
IRI		2017 01 25		DINING AREA
101	Client:	MTICS	m²:	
		WITICS	25. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01 Remark	- Evhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	Z.1-U1 Remark	s: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
	1			
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborate	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity v Local Adjustment		on Isolation Patient Contr	olled
Room Control Remarks:	Via DDC	ROOM	Tessure Monitor	
Room Control Remarks.	VIA DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpip	e Oth	er.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:		
EXTROST:	• results			
Air Temp: ✓ Standa	rd Special Othe	r:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clask	
Types of Power: Norma	& Emergency		✓ Clock	
Receptacle Count: Conver	ience: 8 duplex			
Power Remarks: Overric	e switch at nurse base to shutoff	all power to all re	ceptacles	
Patient Care Area Designation Basic				
(as per CSA Z32):				
Workstation T1-1	ahting All-Lt Li-L	Lighting De-	marks:	
LIGHTING: Workstation Task L		Lighting Rer	narks.	
✓ Dimmable Lighting	In Use" Light		ch and override switch at nurse bas	
Switch & Light Conf	rols Vanity Light	lighting in	room. All lighting on emergency p	ower.
Charting Light				

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT	:	10B-LIVING UNIT
Project Number:	35720	Draft: ☐ ☐ ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Program Number:		10.0-11		
	ign Off:	Date Issued:		2017-	01-25	RoomName:		DINING AREA
		Client:		1	MTICS	m²: 25. m	₁ ²	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:	Г							
Communications Out Quantity (1 voice, 1 da Tel Out	ta):			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Sta	tus
Coax/ Data TV Out	let: 0				· Ш	relecontenenting		
IMIT Remarks:								
SECURITY SYSTEMS: Security Camera	Cli	nical Camera		Card Reader	No.:		Staff Assist	Duress - Wired
Security Camera	Monitor Cli	nical Camera Monit	tor	Intrusion Dete	ection	✓	Patient Assist	✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Iemarks:				
Room Data Sheet Comment:								

Project Name: VALI	LEYVIE	W PROJEC	Departm CT	nent: 10.0 MAPLE	S DALA P	ROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT			UNIT	
Project Number:		3572	Draft:	prepop 1	2 Final		Program Nu	ımber:		10.0-12	
<u> </u>	l :	Sign Off:	Date Issi	ued:	20)17-01-25	RoomName	2:	C	CLIENT PHONE STA	ATION
	ı		Client:			MTICS	m²:	1. m²			
RISK LEVEL:			M	ledium							
ARCHITECTURA	NI DEOI	IIDENAENIT									
INTERIOR FINISHI											
		height		material		nish			remarks		
Ceiling:	2750	1	GWB - Impa	ict Resistant	Paint						
Wall:			GWB - Impa	ct Resistant	Paint						
Floor:					Resilient						
Base:	100		Flash Cove								
Wall Protection:	Corner Gu	ıards:	Sheet:	✓		Remarks:	1200 mm h	nigh.Fibr	e Reinforced L	aminate Panel (FR	₹L)
	Crash Rail		indard	Anti-Ligature						(-,
	Hand Rails	s: Sta	ndard	Anti-Ligature							
	Chair Rail:	Sta	ndard	Anti-Ligature							
	laar Onani							Finish:			
Door(s):		ng (W x H):		Material				Finish:			
	Doo	or Sidelight									
Door Hardware:	Aut	or Protection omatic Opener ess Control azing:		nti-Ligature & amperproof Hardwar ocking	Door Rema e	rks:					
	Hardware ⁻	Туре::									
Windows:	Operabl	le Windows:	s	tandard Se	cure		Remark	ks:			
	Externa	l Glazing and Fr	ame: S	tandard Se	cure] High Secu	rity				
		l Glazing Hardw			cure	High Secu					
		Window Treat			cure	High Secu					
		Glazing and Fra	ame: S Blinds	tandard Se	cure _	High Secu	rity Othei	_			
	віас	kout	billius	Koller Shutter	1 Way M	iirror	Other	'			
Casework / Millwor	k:	Casework Secu	rity: Re	gular Secu	ıre		Remar	ks:			
Min Millwork /C (mm) o		ear Length meter wall:		Counter,	/ Work Surfac Height (mm						
		er Cupboards ver Cupboards		Counter Top Stainless Steel		Lockable					
ACOUSTICS:	STC Rating Floor /	Wall / 45 Ceiling:		RT 6	0: 0.7		Remar		to Appendix 1	ID - Acoustics and	
	NC	Rating: 30-35	5								
GENERAL ROOM	REMARI	KS: Coat	Hooks: S	tandard	Ligature N	o of Coat Hooks:		Mirro	ors: Standa	ard Vandal-Pr	roof
	Tac	kboard Dim:					Whiteboard	Dim:			
	Ren	narks:									=
	iten										

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA I	PROGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT	D4:	D. N.	
Project Number:	Draft:	Program Number:	10.0-12
35720	prepop 1 2 Final		10.0-12
Sign Off:	Date Issued:	RoomName:	CLIENT PHONE STATION
IBI			CLIENT PHONE STATION
101	Client:	MTICS m ² :	
		MITICS 1. m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.I-UI Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
			Diversión - Demonto
sink mounting faucet	tap Urin	al Eyewash	Plumbing Remarks
Handwash Counter Goosene		per Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		ier Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floo	r Drain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ Date	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	ent Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
	.,,,,,		
EXHAUST: Pressure: equal	Positive Negative	Other:	
_	_		
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: No rece	ptacles		
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
Workstation Tools	ghting Niels III	Lighting Pomarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM			SUB DEPARTMENT:		10B-LIVING UNIT	
Project Number:	35720	Draft: prepop	1 2	✓ Prinal		Program Number:		10.0-12
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	Cl	LIENT PHONE STATION
		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 1 utlet: 0		Video	om Station Intercom Station om Master Statio	· _	Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moni	[tor [Card Reader Intrusion De			taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name:	LLEYVIEW PROJEC	Department: 10.	0 MAPLES	DALA PROGRAM	SUB DEPARTMENT	: 10B-LIVING UNIT
Project Number:	3572	Draft: prepop	1 2	✓ Final	Program Number:	10.0-13
	Sign Off:	Date Issued:		2017-01-25	RoomName:	OFFICE, PROGRAM COORDINATOR
		Client:		MTICS	9.2 m	2
RISK LEVEL:		Low				
	RAL REQUIREMENTS					
INTERIOR FINIS	LIEC					
Ceiling:	e.g	Material Acoustic Tile		finish Pre-Finished		remarks
Ceiling.	2730	Acoustic Tile		rie-i illislieu		
Wall:		GWB		Paint		
Floor:				Resilient		
Base:	100	Flash Cove				
Wall Protection:	Corner Guards:	Sheet:		Remarks:	1200 mm high. Fi	bre Reinforced Laminate Panel (FRL)
		_	igature			
		_	igature			
	Chair Rail: Sta	ndard Anti-L	igature			
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core	Finish:	Plam
	Door Sidelight		•		<u> </u>	
Door Hardware:	Door Protection	✓ Anti-Ligatu	ıre &	Door Remarks:		
	Automatic Opener	Tamperpro Locking	oof Hardware			
	✓ Access Control					
	Door Glazing: Upper g	glazing				
	Hardware Type:: OF-02					
Windows:	Operable Windows:	✓ Standard	Sec	ure	Remarks: Ma	ximize interior glazing for observation
	External Glazing and Fra		_			
	External Glazing Hardwa Exterior Window Treatr	=	_			
	Internal Glazing and Fra	- Standard		_		
	☐ Blackout ✓	Blinds Roller	Shutter	1 Way Mirror	Other	
Casework / Millw	ork: Casework Secu	rity: 🗸 Regular	Secur	e	Remarks:	
	/Counter Linear Length) or % of perimeter wall:	5		Nork Surface 710 Height (mm):		
(11111)	Upper Cupboards	✓ Count		✓ Lockable		
	✓ Lower Cupboards	Stainle	ess Steel			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:		RT 60:	0.7		er to Appendix 1D - Acoustics and se Control
	NC Rating: 30-35				NOI	Se Control
GENERAL ROOM	M REMARKS: Coat	Hooks: 🗹 Standard	Anti-Li	gature No of Coat 2	Mir	rors: Standard Vandal-Proof
	✓ Tackboard Dim:	615mm x 915mm		Hooks: ✓	Whiteboard Dim:	615mm wide x 915mm high
	Remarks: Shall	accommodate desk	and chair, fil	ing cabinet, bookcase	, side chair	

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	10.0 MAPLES DALA PI	ROGRAM	10B-LIVING UNIT						
	Draft:	Program Number:							
Project Number: 35720	Draft:	riogiam Number.	10.0-13						
Sign Off:	Date Issued:	RoomName:							
		17 04 35	PROGRAM COORDINATOR						
IBI	Client:	m²:							
		MTICS 9.2 m ²							
RISK LEVEL:	Low								
	E000								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remarks:								
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0							
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tan	PI	umbing Remarks						
Handwash Counter Goosene	tap Urinal	Eyewasii	dinong remarks						
Lavatory Wall Standard	Ctandard III 110pps								
Janitorial Floor Laborato	Foot Bodol	Emergency Shower							
Double	Flostronic Controls	r Free WC Corrosion Resistant Fittings							
Deep Equipment	Floor	Orain Other:							
Other:									
	-								
Size:									
Local Adjustment Room Control Remarks:	Local Adjustment								
Air Temp: 📝 Standa	rd Special Other:								
ELECTRICAL REQUIREMENTS									
Types of Power: Normal	& Emergency	Clock							
Receptacle Count: Conven	ience: 2 duplex, Workstations: 1 quadp	lex							
Power Remarks:									
		7							
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:							
Dimmable Lighting	"In Use" Light								
Switch & Light Cont									
Charting Light	_								

Project Name:		Department:				SUB DEPARTMENT:		
1	W PROJECT	10.0 MAPLES DALA PROGRAM					10B-LIVING UNIT	
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-13
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	OFFICE, PROC	GRAM COORDINATOR
		Client:			MTICS	m²: 9.2 m²		
RISK LEVEL:		Low						·
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS: Security Camer	data): utlet: 0 : :	nical Camera	☐ Intercom	ercom Station Master Station	No.:		Room Status	Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	ıt:							

Project Name: VALL	EYVIE	W PROJEC	CT Department:	10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT: 10B-LIVING UNIT		
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	10.0-14	
		Sign Off:	Date Issued:		2017	-01-25	RoomName:		LIVING ROOM	
IBI			Client:			MTICS	m²:	1.5 m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURA	I DEO	IIIDENAENIT								
INTERIOR FINISHE					6 . 1					
Ceiling:	. 3. 2750	height	material GWB - Impact Resis	tant	finish			remarks		
ceiling.	2/30	,	GWD - Impact Nesis	.anc	i anic					
Wall:			GWB - Impact Resis	iant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
	Corner G Crash Rai Hand Rai Chair Rail	ls: Sta	andard Anti-L	igature igature igature	R	emarks:	1200 mm. Fik	ore Reinforced Lamina	te Panel (FRL)	
Door(s):	ear Open	ing (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
(-)-	□ Do	or Sidelight		l						
Door Hardware: H Windows:	Aut Acc Door G	or Protection tomatic Opener tess Control tilazing: Upper Type:: CR-01 tole Windows:	✓ Locking	oof Hardware	Door Remarks:	Double s	swing Remarks:			
	Externa Exterio Interna	al Glazing and Fr al Glazing Hardw r Window Treat Il Glazing and Fr ckout	rame: Standard ware: Standard tment: Standard rame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	igh Secui igh Secui igh Secui igh Secui	rity rity rity			
Casework / Millwork	:	Casework Secu	urity: Regular	✓ Secur	e		Remarks:	Built-in unit for game	es. 1200mm long X	
Min Millwork /Co (mm) or	% of peri	near Length 120 Imeter wall: per Cupboards wer Cupboards	✓ Count		Nork Surface 9 Height (mm):	15 Lockable		650mm deep		
ACOUSTICS:		g Wall / / Ceiling: C Rating: 35-40	0	RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	0 - Acoustics and	
GENERAL ROOM F	REMAR	KS: Coat	t Hooks: Standard	Anti-Li	gature No of			Mirrors: Standard	d Vandal-Proof	
	Па	ckboard Dim:	:		н	looks: L	Whiteboard I	Dim:		
	Re	marks: Shall	accommodate 9 in s	oft furniture						

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PR	OGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	10.0-14
35720	prepop 1 2 Final		10.0-14
Sign Off:	Date Issued:	7-01-25 RoomName:	LIVING BOOM
IRI			LIVING ROOM
101	Client:	MTICS m ² : 22.5 m ²	
		MTICS 22.5 m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Refficies.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash P	lumbing Remarks
Handwash Counter Goosene	□ порре	Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Room Pressure Monitor	Controlled
Room Control Remarks:	Via DDC		
	VIU DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal	& Emergency	✓ Clock	
Receptacle Count: Conven	ience: 8 duplex		
Power Remarks: Overrid	e switch at nurse base to shutoff all pow	er to all receptacles	
Patient Care Area Designation Basic			
(as per CSA Z32):			
Workstation T1:1	ighting Nicks Links	Lighting Pomarks	
LIGHTING: Workstation Task L		Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	Local switch and override switch at nurs	
Switch & Light Cont	rols Vanity Light	lighting in room. All lighting on emergen	icy power.
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:	10B-LIVING UNIT	
Project Number:	35720					Program Number:	10.0-14	
· ·	Sign Off:	Date Issued:		2017-		RoomName:	LIVING ROOM	
		Client:		Ŋ	MTICS	m²: 22.5 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS: Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou	ata): 0			tation rcom Station Master Station		Hands Free Room Stat Telemetry Teleconferencing	tus	
IMIT Remarks: SECURITY SYSTEMS:								
Security Camera Security Camera	_	inical Camera inical Camera Moni		Card Reader Intrusion Dete		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks:								
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comment	:							

Project Name: VALLE	YVIEW F	ROJEC		artment: 10	.0 MAPLES	S DALA P	PROGRAM	SUB DEP	PARTME	ENT:	10B-LIVING UNIT
Project Number:	1	3572		prepop	1 2	Final		Program		er:	10.0-15
IBI	Sign C	off:	Date	lssued:		20	017-01-25	RoomNa m²:	ame:		RECREATION ROOM
							MTICS		55	. m²	
RISK LEVEL:				Mediur	n						
ARCHITECTURAL	REQUIRE	MENTS	S								
INTERIOR FINISHES:	heig	ght		material		fi	inish			remarks	
Ceiling:	2750		GWB - Ir	npact Resis	tant	Paint					
Wall:			GWB - Ir	npact Resis	tant	Paint					
Floor:						Resilient					
Base:	100		Flash Co	ve							
Cra	rner Guards: ish Rails: nd Rails:	Sta	Sheet indard indard	Anti-L	igature igature		Remarks:	1200 mr	m high	ı.Fibre Reinforced L	aminate Panel (FRL)
Cha	air Rail:	Sta	ındard	Anti-L	igature						
Door(s): Clear	Opening (W		1220	x 2135	Material:	Solid Cor	re		Fini	ish: Plam	
	Door Production Automatic Access Co Door Glazing dware Type:	c Opener ontrol Upper (glazing	Tamperpr	ure & oof Hardware	Door Rema	Double	swing			
E E	Operable Wir external Glaz external Glaz exterior Wind external Glazi	ing and Fra ing Hardw dow Treati ng and Fra	are:	Standard Standard Standard Standard Standard Roller	Second Se	ure [ure [ure [High Secu High Secu High Secu High Secu High Secu	rity rity rity rity	narks: [Maximize interior ε	glazing for observation
Casework / Millwork:	Case	work Secu	rity:	Regular	✓ Secur	re		Ren	marks:		
· · ·	iter Linear Le of perimeter Upper Cu	wall:	0	✓ Count	Counter/ '	Work Surfac Height (mn					
	Lower Cu			Stainl	ess Steel						
	Rating Wall Floor / Ceili		1		RT 60	0.7		Ren		Refer to Appendix : Noise Control	1D - Acoustics and
GENERAL ROOM RE			Hooks:	Standard	l 🗌 Anti-L	igature N				Mirrors: Standa	ard Vandal-Proof
	Tackboar	d Dim:					Hooks: L	Whiteboar	rd D	im:	
	Remarks	Shall	accomm	odate nool	table ning n	ong table	and foosball				
		5.1011		- 2000	PIIIB P	one work					

Project Name:	Department:		SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT	TU.U MAF	PLES DALA PROGRAM		TOR-FINING ONLI
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-15
Sign Off:	Date Issued:	2017-01-25	RoomName:	RECREATION ROOM
	Client:	MTICS	m²: 55. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Additional co	poling demand and Exhaust	
Can Air be Returned Rate (A/o to System	C):	Special Exha	oust Air Required: 0	
PLUMBING FIXTURES:		I		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	with Room Relative Local Adjustme	·	on Isolation Patier Pressure Monitor	nt Controlled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)		Standpipe Oth	ner:	
EXHAUST: Pressure:	Positive Ne	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 12 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li Dimmable Lighting Workstation Task Li Charting Light Cont Charting Light	☐ "In Use" Ligh	Lighting Re	marks: g on emergency power.	

Project Name: VALLEYVIE	W PROJECT	Department:) MAPLES	DALA PRO	OGRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗾 Final		Program Number:		10.0-15
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		RECREATION ROOM
		Client:			MTICS	m²: 55. m²	2	
RISK LEVEL:		Medium						
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): O		Video Ir	n Station Itercom Statior n Master Statio		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	or	Card Reader			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALL I	EYVIE	W PROJEC		epartment: 10.	0 MAPLES	S DALA	A PROGRA		SUB DEPAR	TMENT	Γ:	10	OB-LIVING	UNIT
Project Number:		3572		raft: prepop	1 2	: Fin:		f	Program Nu	umber:			10.0-16	
<u> </u>		Sign Off:	D	ate Issued:			2017-01-2		RoomName	2:		T\	// E-GAMES	ROOM
			С	ient:			MTI		m²:	24. m	1 ²			
RISK LEVEL:				Mediun	1									
ARCHITECTURA	DEO	IIIDENAENIT												
INTERIOR FINISHES			<u>, </u>											
		height	CIMP	material	tant	Daint	finish				remarks			
Ceiling:	275	U	GWB	- Impact Resist	ldIIL	Paint								
Wall:			GWB	- Impact Resist	tant	Paint								
Floor:						Resilier	nt							
Base:	100		Flash	Cove										
(Corner G Crash Ra Iand Rai	ils: Sta	Sh andard andard	_	igature igature		Remarks	s: 1	.200 mm h	nigh.Fi	bre Reinforce	ed Lamir	nate Panel (F	RL)
C	hair Rai	l: Sta	andard	Anti-L	igature									
Door(s): Cle		ing (W x H): or Sidelight	91	4 x 2135	Material:	Solid (Core			Finish:	Plam			
Door Hardware: H	Au Door G	or Protection tomatic Opener cess Control Glazing: Upper	glazing	Locking	ire & oof Hardware	Door Re	emarks: Doub	ole sv	wing					
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fral Glazing Hardwor Window Treat al Glazing and France Color of the Color of t	rare: ment:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec	cure cure cure	High Se High Se High Se High Se	ecurit ecurit	ty ty ty		aximize interio	or glazin	g for observ	ation
Casework / Millwork:		Casework Secu	ırity: [Regular	✓ Secui	re			Remar		ilt-in unit for			
Min Millwork /Co (mm) or	% of per	near Length imeter wall: per Cupboards wer Cupboards			Counter/ er Top ess Steel	Work Sur Height (ble		-	ss screen and ounted high.	games	console.TV	o be
ACOUSTICS: S	Floor	g Wall / / Ceiling: C Rating: 35-40)		RT 60	: 0.7			Remar		fer to Append ise Control	lix 1D - <i>I</i>	Acoustics an	d
GENERAL ROOM R	EMAR	KS: Coat	Hooks:	Standard	Anti-L	igature	No of Coat			Mi	rrors: Sta	ndard	Vandal-	roof
	та	ckboard Dim:					Hooks:	WI	hiteboard	Dim:	:			
	Re	marks:												

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAP	LES DALA PROGRAM		10B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	10.0-16
35720	prepop 1	2 Final		10.0-10
Sign Off:	Date Issued:	2017-01-25	RoomName:	TV/ F CANAES DOOM
IRI		2017 01 23		TV/ E-GAMES ROOM
101	Client:	MTICS	m²:	
		WITICS	24. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks: Additional co	valing damand	
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks. Additional Co	ooling demand	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	mbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Local Adjustme		on Isolation Patient Co	ontrolled
Room Control Remarks:	Via DDC	nt Roomi	ressure Monitor	
Room Control Remarks.	VIA DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ier.	
TIME PROTECTION. Sprinner Type:		- Standpipe - Oth	ici.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: 🗸 Equal	Positive Ne	gative Other:		
EXHAUST: Pressure:	rositive ive	gative Unici.		
Air Temp: ✓ Standa	ord Special	Other:		
7th Temp. Stands	Б эресіці	other.		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 8 duplex, Special	Equipment (additional outl	ets): TV, audio equipment, gam	e console
Power Remarks: Overrid	e switch at nurse base to	shutoff all power to all re	ceptacles	
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L		Lighting Rer	marks:	
✓ Dimmable Lighting	"In Use" Light	Local swit	ch and override switch at nurse	base to shut off all
Switch & Light Cont	rols Vanity Light	lighting in	room. All lighting on emergend	cy power.
Charting Light				

Project Name: VALLEY	VIEW PROJECT	Department: 10.	0 MAPLES D	ALA PROC	SRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-16
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		TV/ E-GAMES ROOM
IBI		Client:		ľ	MTICS	m²: 24. m²		
RISK LEVEL:		Mediun	า					
TECHNOLOGY REC	UIREMENTS							
	rel Outlet: 0 TV Outlet: 1			tation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Ca Security Ca	amera Monitor CI	inical Camera inical Camera Moni		Card Reader Intrusion Dete			ff Assist ient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipmen Remarks:	t			perational emarks:				
Room Data Sheet Com								

Project Name: VAI	LLEYVIEW PI	ROJECT	Department: 10.0	O MAPLES	S DALA PRO	OGRAM	SUB DEPARTM	IENT:	10B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	10.0-17
IRI	Sign Of	f:	Date Issued:		2017	7-01-25	RoomName:		LAUNDRY ROOM
	<u>'</u>		Client:			MTICS	m²:	3. m²	
RISK LEVEL:			Medium	1					
ARCHITECTUR	RAL REOUIREI	MENTS							
INTERIOR FINISI			material		finish	1		remarks	
Ceiling:	2750	GW	/B - Impact & Mo	isture	Paint	-			
Wall:			sistant Secure /B - Impact & Mo	isture	Paint				
		Res	sistant Secure						
Floor:					Resilient				
Base:	100	Fla	sh Cove						
Wall Protection:	Corner Guards:	✓	Sheet:		F	Remarks:			
	Crash Rails: Hand Rails:	Standa		_					
	Chair Rail:	Standa Standa		_					
Door(s):	Clear Opening (W >		914 x 2135	Material:	Solid Core	L	Fi	nish: Plam	
Door(s).	Door Sideli		314 X 2133		Solid Corc			T tall	
Door Hardware:	Door Prote Automatic Access Cor Door Glazing:	Opener	Locking	re & of Hardware	Door Remarks		swing. Provid e : 914 mm	le second egress doc	or to Soiled Utility.
	Hardware Type::								
Windows:	Operable Wind External Glazin External Glazin Exterior Windo Internal Glazin Blackout	g and Frame g Hardware: ow Treatmen	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ─ Sec ─ Sec	ure	High Secur High Secur High Secur High Secur or	rity rity		
Casework / Millwo	ork: Casew	ork Security:	: Regular	✓ Secur	·e		Remarks:		
	Counter Linear Len	vall:			Work Surface Height (mm):				
	✓ Upper Cup✓ Lower Cup		✓ Counte Stainle	er Top ss Steel	✓	Lockable			
ACOUSTICS:	STC Rating Wall /			RT 60:	N/A		Remarks:	Refer to Appendix 2	ID - Acoustics and
	NC Rating	g: N/A							
GENERAL ROOM	1 REMARKS:	Coat Hoo	oks: Standard	Anti-Li	igature No o	f Coat Hooks:		Mirrors: Standa	ard Vandal-Proof
	Tackboard	Dim:				v	Vhiteboard	Dim:	
	Remarks:	Shall acc	ommodate large	capacity wa	sher and drye	er, folding	table and iro	ning area	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAP	LES DALA PROGRAM		10B-LIVING UNIT
7/12221112011103201	D		Dun man Ni wali aw	
Project Number: 35720	-Draft:		Program Number:	10.0-17
	prepop 1	2 Final	2 1	10.0 17
Sign Off:	Date Issued:	2017-01-25	RoomName:	LAUNDRY ROOM
IRI	Clinate		2.	D TOTAL ROOM
	Client:	MTICS	m²: 8. m²	
			0.111	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
nvac.				
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System		·	•	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
☐ Handwash ✔ Counter ☐ Goosene	ck Lever/Blades	Hopper	Water Fountain Provi	de commercial
☐ Lavatory ☐ Wall ✔ Standard	✓ Standard		stand	lard hot & cold water ections and drainage
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC		ie washing machine.
Double	Electronic Contr		Other:	0
Deep Equipment				
✓ Other: single comp. sink				
Size:	_			
ROOM CONTROLS. Room Temp Control	with Room Relative	Humidity with	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustme	·	ressure Monitor Patient Cont	rolled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive • Ne	gative Other:		
Air Tanana 🗔 Chan da		Other de O		
Air Temp: ✓ Standa	rd Special	Other: 1 - Commerc	cial Dryer - provide dryer exhaust	with separate lint trap
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			CIOCK	
		top: duplexes along counte	er, Special Equipment (additional o	outlets): washer,
dryer, i	ron			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task L		Lighting Ren	narks:	
Dimmable Lighting	In Use" Light			
✓ Switch & Light Cont	rols Vanity Light			
Charting Light				

Project Name: VALLEY\	/IEW PROJECT	Department:	0 MAPLES D	ALA PROC	GRAM	SUB DEPARTMENT	:	10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-17
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		LAUNDRY ROOM
IBI		Client:		N	MTICS	m²: 8. m²	1	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data Tv IMIT Rema	1 data): 0 / Outlet: 0		=	tation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	rus
SECURITY SYSTEMS: Security Car Security Car	nera Monitor CI	inical Camera inical Camera Monit		Card Reader Intrusion Dete			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comr	nent:							

Project Name: VAL	LEYVIEW	PROJEC	Departm T		PLES DALA	A PROG	SRAM	SUB DEPART	TMENT:		10B-LIVING UNIT
Project Number:		3572	Draft:	prepop 1	2 Fin			Program Nu	mber:		10.0-18
	Sign	n Off:	Date Issu	ied:		2017-0	01-25	RoomName		RNITURE AND E	QUIPMENT STORAGI
IBI			Client:				ATICC	m²:			
	ı					IN	MTICS		10. m²		
RISK LEVEL:			St	andard							
ARCHITECTUR	AL REQUIR	REMENTS	5								
INTERIOR FINISH	ES: he	eight	1	material		finish				remarks	
Ceiling:	2750		Acoustic Tile	2	Pre-Fin	ished					
Wall:			GWB		Paint						
			GWB		T dilit						
Floor:		L			Resilier	nt					
Dane	100		Flack Carra								
Base:	100		Flash Cove								
Wall Protection:	Corner Guard Crash Rails:		Sheet:	✓ Anti-Ligature		Rer	marks:				
	Hand Rails:	_	ndard	Anti-Ligature Anti-Ligature							
	Chair Rail:		ndard	Anti-Ligature							
D ()	Clear Opening (erial: Solid (^oro			Finish: PI		
Door(s):			914 x 21	35 IVIAU	50110 (Lore			FIIIISII. PI	am	
		idelight									
Door Hardware:		rotection		nti-Ligature & amperproof Hard	Door Re ware	emarks:					
		atic Opener Control	✓ L	ocking							
	Door Glazir	ng:									
	Hardware Typ	e:: OF-01									
Windows:	Operable V			tandard	Secure			Remark	s.		
windows:	·	azing and Fra	_	tandard	Secure	Hig	gh Securi		3.		
	External Gl	azing Hardw		tandard	Secure		, gh Securi				
		indow Treatr		tandard	Secure		sh Securi				
		azing and Fra	ıme: S Blinds	tandard Roller Shutter	Secure		sh Securi	ity \ Other			
	Blackou			Koller Silutter	I wa	y Mirror					
Casework / Millwor	rk: Cas	sework Secu	rity: 🗹 Re	gular S	Secure			Remark	ks: Provid shelvi	de 450mm deep	full height
Min Millwork /0 (mm) o	Counter Linear or % of perimet		<u> </u>	Cour	nter/ Work Sui Height (5.1.6.11	6.	
	Upper	Cupboards		Counter Top			ockable				
	Lower	Cupboards		Stainless Steel							
ACOUSTICS:	STC Rating W			-	RT 60: N/A			Remark			- Acoustics and
	Floor / Ce NC Ra	iling: N/A							Noise	Control	
GENERAL ROOM	REMARKS:	Coat	Hooks: S	tandard	nti-Ligature	No of C	oat		Mirro	rs: Standard	I ☐ Vandal-Proof
	Tackbo	oard Dim:			-		oks: W	/hiteboard	Dim:		
	Remar	K5:									

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA PR	OGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	10.0-18
35720	prepop 1 2 Final		10.0-18
Sign Off:	Date Issued:	RoomName: 7-01-25 FURNITURE AN	ID FOLUDATINE STORAGE
IBI			ND EQUIPMENT STORAGE
101	Client:	MTICS m ² :	
		MITCS 10. m²	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Remarks.		
Can Air be Returned Rate (A/	C):	pecial Exhaust Air Required: 0	
to system			
PLUMBING FIXTURES:			
	tan	DI.	mbing Remarks
sink mounting faucet	tap Urinal	Eyewash	IIIDIIIg Neilidiks
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	,	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	Infection Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	ontrolled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 4 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	ighting Au Lui L	Lighting Domogles	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYV	IEW PROJECT	Department:	0 MAPLE	S DALA PRO	GRAM	SUB DEPARTMENT		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 :	✓ 2 Final		Program Number:		10.0-18
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	FURNITURE AND E	QUIPMENT STORAGE
		Client:			MTICS	m²: 10. m	2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
Coax/ Data TV	Outlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Monit		Card Reader			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	YVIEW PF	ROJECT	Department:	0 MAPLES	S DALA PRO	GRAM	SUB DEPARTM	IENT:	10B-LIVING UNIT
Project Number:		35720	h -h -h	1 2	Final		Program Num	ber:	10.0-19
IBI	Sign Off	f:	Date Issued: Client:			'-01-25	RoomName: m²:	- •	HOUSEKEEPING CLOSET
						MTICS	3.	5 m²	
RISK LEVEL:			Standar	d					
ARCHITECTURAL	REQUIREN	MENTS							
INTERIOR FINISHES:	heigh	t	material		finish			remarks	
Ceiling:	2750	G	WB - Moisture Res	istant	Paint				
Wall:		G	WB - Moisture Res	istant	Paint				
Floor:					Resilient				
Base:	100	FI	ash Cove						
Cra Ha	rner Guards: ash Rails: nd Rails: air Rail:	Stand Stand	dard Anti-L	gature gature gature	R	emarks:			
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
Γ	Door Sideli								
[[Har	Door Prote Automatic Access Con Door Glazing: dware Type::	Opener atrol	Anti-Ligatu Tamperpro ✓ Locking Standard	oof Hardware	Door Remarks:		Remarks:		
E E	External Glazin External Glazin Exterior Windo Internal Glazin Blackout	g and Fram g Hardwan w Treatme g and Fram	ne: Standard re: Standard ent: Standard ne: Standard	Secondary Secondary Secondary Secondary Secondary Secondary Secondary Secondary Shutter	ure H ure H ure H	igh Secur igh Secur igh Secur igh Secur	rity rity rity		
Casework / Millwork:	Casew	ork Securit	ty: 🕢 Regular	Secur	·e		Remarks:		ljustable shelving-
Min Millwork /Cour (mm) or % [nter Linear Len of perimeter v Upper Cupl Lower Cupl	vall: boards	Count		Work Surface Height (mm):	Lockable			elf height not to exceed oom and mop hangers
ACOUSTICS: STO	Rating Wall / Floor / Ceiling			RT 60	NA		Remarks:	Refer to Appendi	x 1D - Acoustics and
	NC Rating	: NA							
GENERAL ROOM RE	MARKS: Tackboard	r	ooks: 🗹 Standard	Anti-L	gature No of H	looks:	Vhiteboard [Mirrors: Stan	dard Vandal-Proof
L									
	Remarks:		e shelf with mop ar d floor drain	nd broom ho	olders and hoo	oks, soap	dispenser, pa	per towel dispens	er. Shall include mop

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT	10.0 MAF	PLES DALA PROGRAM	10B-LIVING UNIT					
7/122211120011103201	Duriti		Description Mississis and					
Project Number: 35720	-Draft:		Program Number: 10.0-19					
	prepop 1	2 Final						
Sign Off:	Date Issued:	2017-01-25	RoomName: HOUSEKEEPING CLOSET					
IBI	Client:		m²:					
	Client.	MTICS	3.5 m ²					
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Exhaust						
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0					
to System								
PLUMBING FIXTURES:								
			Figures Plumbing Remarks					
sink mounting faucet Handwash Counter Goosene	tap	Urinal	Eyewash Plumbing Remarks					
		Hopper	Water Fountain					
		wc _	Emergency Shower					
✓ Janitorial ✓ Floor Laborato Double	. =	Barrier Free WC	Corrosion Resistant Fittings					
	Electronic Cont	V Floor Drain	Other:					
Deep Equipment	24 X 24 floor mounte janitors sink	a						
Other:	-							
Size: 24 X 24								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: Equal	Positive Ne	egative Other:						
Air Temp: 🕡 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Normal			CIOCK					
December 1 County 1								
Receptacle Count: Conven	ience: 1 duplex GFI							
Power Remarks: GFI								
Patient Care Area Designation								
(as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
Dimmable Lighting	"In Use" Ligh							
✓ Switch & Light Cont	_							
Charting Light								

Project Name: VALLEYVIE	W PROJECT	Department: 10.	0 MAPLES [DALA PRO		SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-19
	Sign Off:			2017-	01-25	RoomName:	НС	OUSEKEEPING CLOSET
		Client:		ı	MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou	-			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	S
Coax/ Data TV Ou	itlet: 0				· ш	releconnecenting		
IMIT Remarks:								
SECURITY SYSTEMS: Security Camera	ı Cli	nical Camera		Card Reader	No.:	St	aff Assist	Duress - Wired
Security Camera		nical Camera Moni	tor	Intrusion Det	ection	Pa	atient Assist	Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	t:							

Project Name: VAL	LEYVIEW PRO	DJECT	Department: 10.	0 MAPLES	S DALA PI	ROGRAM	SUB DEPARTI	MENT:		10B-LIVING UNI
Project Number:	·	35720	Draft: prepop	1 2	₹ Final		Program Nun	iber:		10.0-20
	Sign Off:		Date Issued:		20	17-01-25	RoomName:			CLEAN UTILIT
IBI			Client:			MTICS	m²:	.1. m²		
RISK LEVEL:			Standar	d						
ARCHITECTUR	AL REOUIREM	ENTS								
INTERIOR FINISH			material		fin	ish			remarks	
Ceiling:	2750	GW			Paint	11311			Temarks	
J										
Wall:		GW	3		Paint					
Floor:					Resilient					
Base:	100	Flas	n Cove							
Wall Protection:	Corner Guards: Crash Rails:	Standa Standa	_	igature igature	_	Remarks:				
	Chair Rail:	Standa	rd 🗌 Anti-L	igature						
Door(s):	Clear Opening (W x H		014 x 2135	Material:	Solid Core	2	F	nish: Plam	l	
Door Hardware:	Door Protecti Automatic Op Access Contro Door Glazing:	oener	☐ Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remar	ks:				
	Hardware Type:: O	F-02								
Windows:	Operable Windov External Glazing a External Glazing I Exterior Window Internal Glazing a Blackout	and Frame: Hardware: Treatment	Standard	Sec	cure cure cure cure cure cure dure	High Secu High Secu High Secu High Secu irror	rity rity			
Casework / Millwo	rk: Casewor	k Security:	✓ Regular	Secui	re		Remarks	: Floor to	ceiling shelvir	ng- 600mm depth.
	Counter Linear Lengtl or % of perimeter wal Upper Cupbo	l: ards		Counter/ er Top ess Steel	Work Surface Height (mm)			Shelf hei	ght not to ex	ceed 1.8m
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	40 N/A		RT 60	: N/A		Remarks	: Refer to Noise Co		- Acoustics and
GENERAL ROOM	REMARKS:	Coat Hook	s: 🗸 Standard	Anti-L	igature No	o of Coat 2		Mirrors:	Standard	☐ Vandal-Proof
	Tackboard	Dim:				Hooks:	Whiteboard	Dim: 122	20mm wide x	915mm high
	Remarks:	Shall acco	mmodate shelv	es for linens	and suppli	es, accomm	nodates linen	cart; shall	be accessible	e from off-unit

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DAL	A PROGRAM		10B-LIVING UNIT
TALLET VILLY I NOTECT	D		Description Name !	
Project Number:		/	Program Number:	10.0-20
35720	, , ,	nal		10.0-20
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLEAN UTILITY
IBI		2017 01 23		CLEAN UTILITY
101	Client:	MTICS	m²:	
		WITICS	11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-U1 Remarks			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
	<u>.</u>			: D
sink mounting faucet		Jrinal	Eyewash	ing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		vc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	loor Drain	Other:	
Deep Equipment				
Other:				
Size:				
Room Tomp Control	with Doom Polative Humidity wi	th Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	vith Room Relative Humidity wi Local Adjustment		Pressure Monitor Patient Contr	olled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type: V	/et Dry Standpipe	Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:		
Air Temp: Standa	rd Special Other	:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			Green	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Power Remarks. GFI				
Patient Care Area Designation (as per CSA Z32):				
(as per CSA 232).				
LIGHTING: Workstation Task L	ghting Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light	,ge.		
✓ Switch & Light Cont	. =			
Charting Light	rols Vanity Light			

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:	10.0-20
	Sign Off:	Date Issued:		2017-0		RoomName:	CLEAN UTILITY
		Client:		N	MTICS	m²: 11. m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel (Coax/ Data TV (Outlet: 0			Station ercom Station Master Station		Hands Free Room Sta Telemetry Teleconferencing	tus
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Monit	tor	Card Reader Intrusion Dete	L	Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	ent:						

<u> </u>			I				T		
Project Name: VALL	EYVIE	W PROJEC	Department: 10.	0 MAPLES	DALA PR	OGRAM	SUB DEPARTM	MENT:	10B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	nber:	10.0-21
	S	iign Off:	Date Issued:		201	7-01-25	RoomName:		SOILED UTILITY
IBI			Client:			MTICS	m²:	.1. m²	
RISK LEVEL:			Standar	d					
ARCHITECTURA	I RFOL	IIRFMFNTS							
INTERIOR FINISHE		height	material		fini	ch		remarks	
Ceiling:	2750		GWB - Moisture Res	istant	Paint	511		Terriarks	
Wall:			GWB - Moisture Res	istant	Paint				
Floor:		Ĺ			Resilient				
Base:	100		Flash Cove						
	Corner Gua Crash Rails Hand Rails Chair Rail:	s: Sta	ndard Anti-Li	igature igature igature		Remarks:			
Door(s):	ear Openin	ng (W x H):	914 x 2135	Material:	Solid Core		Fi	inish: Plam	
200.(0).	Doo	r Sidelight							
Door Hardware:	Auto	r Protection omatic Opener ess Control azing: Type:: OF-02	☐ Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remark	Provide s	second door	to Laundry . Door size	: 914 mm
Windows:	External External Exterior Internal	Glazing Hardwa Window Treath Glazing and Fra	ment: Standard	Secu Secu Secu	ure ure ure	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwork	:	Casework Secu	rity: 🕢 Regular	Secure	e		Remarks	:	
Min Millwork /Co			6		Work Surface				
(mm) or	✓ Upp	neter wall: er Cupboards er Cupboards	✓ Counto		Height (mm):	∮ Lockable			
ACOUSTICS:		Ceiling:		RT 60:	N/A		Remarks	Refer to Appendix 10 Noise Control	D - Acoustics and
	NC	Rating: N/A		I					
GENERAL ROOM F			Hooks: Standard	Anti-Li	gature No	Hooks:		Mirrors: Standar	d Vandal-Proof
	∐ Tack	dboard Dim:				∐ w	Vhiteboard	Dim:	
	Rem	narks:							

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT		
VALLEYVIEW PROJECT	TO.U IVIAI	LL3 DALA FROGRAM	TOP-LIVING OINT			
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-21		
Sign Off:	Date Issued:	2017-01-25	RoomName:	SOILED UTILITY		
	Client:	MTICS	m²: 11. m²			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust				
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0			
PLUMBING FIXTURES:		J				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	nbing Remarks		
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	·	on Isolation Patient Co Pressure Monitor	ntrolled		
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Types:	Standpipe Oth	ner:			
EXHAUST: Pressure: Equal	Positive N	egative Other:				
Air Temp: ✓ Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal			Clock			
Receptacle Count: Conven	ience: 1 duplex GFI					
Power Remarks: GFI						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING:	☐ "In Use" Ligh	Lighting Rer	marks:			

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	10.0-21
Sig	gn Off:	Date Issued:		2017	-01-25	RoomName:	SOILED UTILITY
		Client:			MTICS	m²: 11. m²	
RISK LEVEL:		Standar					
TECHNOLOGY REQUIRE	MENTS						
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	t: 0			n Station tercom Station n Master Statio		Hands Free Room Sta Telemetry Teleconferencing	tus
SECURITY SYSTEMS: Security Camera Security Camera M Security Remarks:	=	nical Camera nical Camera Monit	or _	Card Reader	L_	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

Project Name: VALLE	VIEW PROJE	CT Department: 10.0 MA	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	357	Draft:	2 Final	Program Number:	10.0-22-01
[-	Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI		Client:	MTICS	m²: 13. m²	
RISK LEVEL:	<u> </u>	Medium			
ARCHITECTURAL	REOUIREMENT				
INTERIOR FINISHES:	height	material	finish	rema	arks
Ceiling:	2750	GWB - Impact Resistant	Paint	-	
Wall:		GWB - Impact Resistant	Paint		
Floor:			Resilient		
Base:	100	Flash Cove			
Cra Hai	nd Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature			
	Opening (W x H):		erial: Solid Core	Finish: Plam	
	Door Protection Automatic Opener Access Control Door Glazing: Integrational Integration (CR-01)	✓ Locking	Door Remarks: Double s	swing	
E E E	perable Windows: xternal Glazing and F xternal Glazing Hardv xterior Window Trea nternal Glazing and Fi Blackout	rame: Standard ware: Standard tment: Standard	Secure Secure High Secure Secure High Secure Secure High Secure Secure High Secure Migh Secure High Secure	rity rity	
Casework / Millwork: Min Millwork /Coun	Casework Sec		Secure nter/ Work Surface 710	Remarks: Provide built	-in bed,wardrobe and desk
	of perimeter wall: Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Height (mm): Lockable		
	Rating Wall / 50 Floor / Ceiling: 30-3		RT 60: 0.7	Remarks: Refer to Appr Noise Contro	endix 1D - Acoustics and
GENERAL ROOM REI	MARKS: Coa	t Hooks: Standard 🗸 A	nti-Ligature No of Coat 2	Mirrors:	Standard 🗹 Vandal-Proof
	Tackboard Dim	:	Hooks: ✓ v	Whiteboard Dim: 915mm	wide x 915mm high
	Remarks: Prov	ide magnetic whiteboard			

Project Name:	Department:	DIEC DALA DROCRASA	SUB DEPARTMENT:					
VALLEYVIEW PROJECT	10.0 MAI	PLES DALA PROGRAM		10B-LIVING UNIT				
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-22-01				
Sign Off:	Date Issued:		RoomName:					
IBI		2017-01-25		CLIENT ROOM				
	Client:	MTICS	m²: 13. m²					
RISK LEVEL:	Medium			,				
MECHANICAL REQUIREMENTS								
Type: CCA 7217 2 10 ACLIDAT C	2.1-01	Remarks:						
HVAC: CSA 2317.2-10, ASHRAE 0.								
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0					
to system								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain					
Lavatory Wall Standard		□ wc	Emergency Shower					
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings					
Double	Electronic Con	trols Floor Drain	Other:					
Deep Equipment								
Other:	=							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks: Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Pressure Monitor								
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:					
Rack Storage (2.4m high)	Types:							
		🗆						
EXHAUST: Pressure: Pressure: Equal	Positive N	egative Other:						
Air Temp: 🗸 Standa	ord Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Normal	& Emergency		CIOCK					
Receptacle Count: Quadpl	ex at desk, duplex besid	e bed, duplex at door						
Power Remarks: Each ro	om to utilize separate ci	rcuit w/ AFCI protection.Eac	ch room's outlets shall be sep	arated switched from				
	ank located in Staff Sta	·						
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li		Lighting Ren	narks:					
✓ Dimmable Lighting	"In Use" Ligh	Annending	g on emergency power. Nurs					
✓ Switch & Light Cont Charting Light	rols Vanity Light		with separate momentary swoor. Light switches beside be					
Charting Light		by entry a	oor. Light switches beside be	La ana beside entry door.				

Project Name: VALLEYVIEW PROJECT		Department:	Department: 10.0 MAPLES DALA PROGRAM			SUB DEPARTMENT: 10B-LIVING UNIT		
Project Number:	35720	Draft: prepop	1 2	F inal		Program Number:		10.0-22-01
	Sign Off:	Date Issued:		2017-0	1-25	RoomName:		CLIENT ROOM
		Client:		N	ITICS	m²: 13. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice Te Coax/ Data Ti IMIT Rema	1 data): Outlet: Outlet: O		☐ Intercom St☐ Video Intercom M			Hands Free Telemetry Teleconferencing	Room State	us
		inical Camera inical Camera Moni		Card Reader Intrusion Detec			aff Assist atient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER				-				
Equipment Remarks:				erational marks:				
Room Data Sheet Comr	nent:							

Project Name: VALLE	VIEW PR	OJECT	Department: 10.0	O MAPLES	DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Final		Program Nur	mber:		10.0-22-02
ΙΒΙ	Sign Off:		Date Issued: Client:		2017	'-01-25	RoomName: m²:	-		CLIENT ROOM
]						MTICS	:	13. m²		
RISK LEVEL:			Medium	1						
ARCHITECTURAL	REQUIREN	IENTS								
INTERIOR FINISHES:	height		material		finish	1			remarks	
Ceiling:	2750	GW	VB - Impact Resist	ant	Paint					
Wall:		GW	VB - Impact Resist	ant	Paint					
Floor:					Resilient					
					1					
Base:	100	_	sh Cove			-				
Cra	rner Guards: sh Rails: [nd Rails:	✓ Standa		_	R	lemarks:				
Cha	air Rail:	Standa	_	_						
Door(s): Clear	Opening (W x I		1220 x 2135	Material:	Solid Core		F	Finish: P	lam	
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:)pener rol	Locking	re & of Hardware	Door Remarks:	Double	swing			
Windows: C E E	dware Type:: Coperable Windo External Glazing External Glazing Exterior Windov Internal Glazing	ows: and Frame Hardware: v Treatmen	Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity	5:		
Casework / Millwork:	 Casewo	rk Security:	: Regular	✓ Secur			Remark	s: Provi	de built-in bed w	ardrobe and desk
Min Millwork /Cour (mm) or %	iter Linear Leng of perimeter w Upper Cupb Lower Cupb	all: oards	✓ Counte	Counter/ \	Work Surface 7 Height (mm):	210 Lockable				
ACOUSTICS: STO	Rating Wall / Floor / Ceiling: NC Rating:	50 30-35		RT 60:	0.7		Remark		r to Appendix 1D e Control	- Acoustics and
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirro	ors: Standard	✓ Vandal-Proof
	Tackboard	Dim:			<u> </u>		Whiteboard	Dim:	915mm wide x 9	15mm high
	Remarks:	Provide I	magnetic whitebo	ard						

Project Name:	Department:	DIEC DALA DROCRASA	SUB DEPARTMENT:	100 10 (010 100)
VALLEYVIEW PROJECT	10.0 MAI	PLES DALA PROGRAM		10B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-22-02
Sign Off:	Date Issued:		RoomName:	
IBI		2017-01-25		CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium		<u> </u>	
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks:		
HVAC: CSA 2317.2-10, ASRIKAE 6	0.1			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	d Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Local Adjustm	·	n Isolation Patient ressure Monitor	Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Norma	l & Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex besid	le bed, duplex at door		
·				
Power Remarks: Each ro	om to utilize separate ci	ircuit w/ AFCI protection.Eac	ch room's outlets shall be sepa	arated switched from
	oank located in Staff Sta	•	·	
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	In Use" Ligh	All lighting	on emergency power. Nurse	e inspection light
Switch & Light Cont	trols Vanity Light	controlled	with separate momentary sw	vitch located outside room
Charting Light		by entry d	oor. Light switches beside be	ed and beside entry door.

Project Name: VALLEYV	IEW PROJECT	Department: 10.	0 MAPLES D	ALA PROC		SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	10.0-22-02
	Sign Off:	Date Issued:		2017-		RoomName:	CLIENT ROOM
в]		Client:		ſ	MTICS	m²: 13. m²	
RISK LEVEL:		Mediun	า				
TECHNOLOGY REQU	JIREMENTS						
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: Outlet:			tation rcom Station Master Station		Hands Free Room St Telemetry Teleconferencing	atus
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Moni		Card Reader Intrusion Dete	<u> </u>	Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:				perational emarks:			
Room Data Sheet Comm	nent:						

Project Name:			Danastmanti				SUB DEPARTM	ACNIT.	
	LEYVIE	W PROJEC	Department: 10.	0 MAPLES	DALA PR		JOB DEPARTIV	MEINT.	10B-LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	10.0-22-03
	I	Sign Off:	Date Issued:		201	7-01-25	RoomName:		CLIENT ROOM
IBI	ı		Client:			MTICS	m²:	3. m²	
RISK LEVEL:			Mediun	n					
ARCHITECTURA	AL REO	UIREMENTS							
INTERIOR FINISH		height	material		finis	sh		remarks	
Ceiling:	275		GWB - Impact Resist	ant F	Paint			Temano	
Wall:			GWB - Impact Resist	ant F	Paint				
Floor:		,		F	Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature		Remarks:			
Door(s):	lear Open	ning (W x H):	1220 x 2135	Material:	Solid Core		Fir	nish: Plam	
.,	_ Do	or Sidelight							
Door Hardware:	Au Door G	oor Protection Itomatic Opener Itomatic Opener Itomatic Opener Integra Integra Integra Integra Integra	Locking	ire & [poof Hardware	Door Remark	s: Double s	wing		
Windows:	Externa Externa Exterio	ble Windows: al Glazing and Fra al Glazing Hardw or Window Treatr al Glazing and Fra ackout	rare: Standard ment: Standard ame: Standard	Secu Secu Secu	re	High Securi High Securi High Securi High Securi ror	ity ity		
Casework / Millwor	k:	Casework Secu	ırity: 🗌 Regular	✓ Secure	:		Remarks:	Provide built-in bed,v	vardrobe and desk
Min Millwork /C		-			ork Surface	710			
(mm) o	Up	imeter wall: Loper Cupboards	✓ Counte		Height (mm):	Lockable			
ACOUSTICS:		/ Ceiling:		RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	N	IC Rating: 30-35	Ď.	I					
GENERAL ROOM		RKS: Coat		✓ Anti-Lig		Hooks:	/hiteboard		Vandal-Proof
						Ų W	cooai u	Dim: 915mm wide x	ATAIIIII IIIRII
	ке	emarks: Provi	de magnetic whitebo	oard					

Project Name:	Department:	DIEC DALA DROCRASA	SUB DEPARTMENT:	100 11/4/00 11/4/
VALLEYVIEW PROJECT	10.0 MAI	PLES DALA PROGRAM		10B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-22-03
Sign Off:	Date Issued:		RoomName:	
IBI		2017-01-25		CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			,
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks:		
HVAC: Type: CSA 2317.2-10, ASRRAE 6				
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene	eck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	trols Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Local Adjustm Via DDC		n Isolation Patien' ressure Monitor	t Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Norma	& Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex besid	e bed, duplex at door		
·				
Power Remarks: Each ro	om to utilize separate ci	rcuit w/ AFCI protection.Eac	ch room's outlets shall be sep	arated switched from
	pank located in Staff Staf	·		
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Ren	narks:	
✓ Dimmable Lighting	In Use" Ligh	All lighting	g on emergency power. Nurs	e inspection light
Switch & Light Conf	rols Vanity Light	controlled	with separate momentary sv	witch located outside room
Charting Light		by entry d	oor. Light switches beside be	ed and beside entry door.

Project Name: VALLEY\	/IEW PROJECT	Department: 10.	0 MAPLES D	ALA PROC	GRAM	SUB DEPARTMENT		10B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		10.0-22-03
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
		Client:		ſ	MTICS	m²: 13. m	2	
RISK LEVEL:		Medium	1					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data T	1 data): Outlet: Outlet: O			station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Staf	tus
		inical Camera inical Camera Moni		Card Reader Intrusion Dete			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comr	nent:							

Project Name: VAL	LEYVIE	W PROJEC	Department: 10.	0 MAPLES	DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVIN	G UNIT
Project Number:		3572	Draft: prepop	1 2] 🗸 Final		Program Nur	nber:		10.0-2	2-04
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:			CLIEN	IT ROOM
IBI	,		Client:			MTICS	m²:	13. m²			
RISK LEVEL:			Mediun	า							
ARCHITECTUR	ΔI RFO	IIIRFMFNT									
INTERIOR FINISH		height	material		finish				remarks		
Ceiling:	275		GWB - Impact Resist	ant	Paint				Telliaiks		
		-									
Wall:			GWB - Impact Resist	:ant I	Paint						
Floor:					Resilient						
Base:	100		Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: Anti-Lindard Anti-Lindard Anti-Lindard	igature igature igature	R	emarks:					
Door(s):		or Sidelight	1220 x 2135	Material:	Solid Core		F	inish: Pla	am		
Door Hardware:	Au Door 6	or Protection tomatic Opener cess Control Glazing: Integra	Locking	oof Hardware	Door Remarks:	Double s	swing				
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fr al Glazing Hardw or Window Treate al Glazing and Fra ackout	rare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ıre	igh Secur igh Secur igh Secur igh Secur	rity rity				
Casework / Millwo	rk:	Casework Secu	ırity: 🗌 Regular	✓ Secure	e		Remark	s: Provid	e built-in bed,w	ardrobe and	l desk
Min Millwork / (mm) o	or % of per	near Length imeter wall: per Cupboards wer Cupboards	✓ Count	ı	Vork Surface 7 Height (mm):	10 Lockable					
ACOUSTICS:		ng Wall / 40 / Ceiling: 30-35	5	RT 60:	0.7		Remark		to Appendix 1D Control	- Acoustics a	ind
GENERAL ROOM	REMAR	KKS: Coat	Hooks: Standard	✓ Anti-Lig	gature No of	Coat 2		Mirror	s: Standard	✓ Vanda	l-Proof
	∐ Ta	ckboard Dim:				✓ w	Vhiteboard	Dim: 9	915mm wide x 9	15mm high	
	Re	marks: Provi	de magnetic whitebo	oard							

Project Name:	Department:		SUB DEPARTMENT:	400 10/00/00/00/00
VALLEYVIEW PROJECT	10.0 MAPLE	S DALA PROGRAM		10B-LIVING UNIT
Project Number: 35720	-Draft: [[[Y Final	Program Number:	10.0-22-04
Sign Off:	Date Issued:	2017-01-25	RoomName:	0.15NT 20.014
IBI	Client:	2017-01-23	m²:	CLIENT ROOM
نت	Cheffe.	MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 R	emarks:		
✓ Can Air be Returned Rate (A/	CI.	Special Eyba	ust Air Poquirod:	
✓ Can Air be Returned Rate (A/ to System	С).	эресіаі Ехііа	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet	tap	1	□ Plumbii	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Water Fountain	
Lavatory Wall Standard	Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment Other:				
Size:	-			
3126.				
ROOM CONTROLS: Room Temp Control	with Room Relative Hun	nidity with Infection	on Isolation Patient Contro	olled
Local Adjustment	Local Adjustment	Room F	Pressure Monitor	oned
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Sta	andpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negati	ve Other:		
Air Temp: Standa	ord Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Recentacle Count: Ouadal	ex at desk, duplex beside be	ud duploy at door		
neceptatie count. Quaupi	ex at desk, duplex beside be	eu, duplex at door		
Power Remarks: Each ro	om to utilize separate circui	t w/ AFCI protection.Ea	ch room's outlets shall be separated	d switched from
switchb	oank located in Staff Station			
Patient Care Area Designation (as per CSA Z32):				
	ighting	1: 1 =	marke.	
LIGHTING: Workstation Task Li ✓ Dimmable Lighting		Lighting Rer		
Switch & Light Cont	"In Use" Light rols Vanity Light		g on emergency power. Nurse insp I with separate momentary switch I	
Charting Light			loor. Light switches beside bed and	

Project Name: VALLEYV	IEW PROJECT	Department: 10.	0 MAPLES D	ALA PROC	GRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-22-04
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		CLIENT ROOM
		Client:		1	MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	1					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: Outlet:		_	Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	rus
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Moni 3		Card Reader Intrusion Dete			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comn	nent:							

Project Name: VALLI	EYVIEW PR	OJECT	Department: 10.0 I	MAPLES	S DALA PRO	OGRAM	SUB DEPARTI	MENT:	:	10B-LIVINO	3 UNIT
Project Number:		35720	Draft: prepop	1 2	Final		Program Nun	nber:		10.0-22	2-05
	Sign Off		Date Issued:		2017	7-01-25	RoomName:			CLIEN	T ROOM
IBI			Client:			MTICS	m²:	.3. m²			
RISK LEVEL:			Medium								
ARCHITECTURAL	RFOUIRFM	IFNTS									
INTERIOR FINISHES			material		finisl	h			remarks		
Ceiling:	2750		/B - Impact Resistan	t	Paint	''		<u> </u>	Telliaiks		
Wall:		GW	/B - Impact Resistan	t	Paint						
Floor:					Resilient						
Base:	100	Flas	sh Cove]						
Wall Protection: C			Sheet: Anti-Liga	ture	ı	Remarks:					
Door(s):	ar Opening (W x	H):	1220 x 2135	Material:	Solid Core		F	inish: Plam			
	Door Sidelig	ht									
Door Hardware:	Door Protect Automatic C Access Conf Door Glazing:	Opener rol ntegral bli	Anti-Ligature Tamperproof Locking		Door Remarks	Double s	swing				
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	; and Frame ; Hardware: w Treatmen	Standard Standard Standard	Sec Sec Sec Sec Sec stter	ture	High Secur High Secur High Secur High Secur or	rity rity				
Casework / Millwork:	Casewo	ork Security:	Regular	✓ Secur	re		Remarks	Provide b	uilt-in bed,w	ardrobe and	desk
Min Millwork /Co (mm) or s	unter Linear Leng % of perimeter w Upper Cupb Lower Cupb	all: oards	Counter T	ор	Work Surface Height (mm):	710					
ACOUSTICS: S	TC Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	: 0.7		Remarks	Refer to A Noise Cor	Appendix 1D antrol	- Acoustics a	nd
GENERAL ROOM R	EMARKS:	Coat Hoo	oks: Standard	∕ Anti-Li	igature No o	of Coat 2		Mirrors: [Standard	✓ Vandal	-Proof
	Tackboard	Dim:					Whiteboard	Dim: 915	mm wide x 9	15mm high	
	Remarks:	Provide r	nagnetic whiteboar	d							

Project Name:	Department:	DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT	TO.O IVIAPLES L	DALA FRUURAIVI		TOP-FIAIING CIAIL
Project Number: 35720	Draft:	✓ Final	Program Number:	10.0-22-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	Wicaraiii			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	.1-01 Rem	arks:		
Can Air be Returned Rate (A/G to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Humidi Local Adjustment via DDC		n Isolation Patient Contr	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Negative	lpipe Oth	er:	
Air Temp: 📝 Standa	rd Special C	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed,	duplex at door		
	om to utilize separate circuit w ank located in Staff Station	/ AFCI protection.Eac	ch room's outlets shall be separated	d switched from
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li ✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light	controlled	narks: g on emergency power. Nurse insp with separate momentary switch l oor. Light switches beside bed and	ocated outside room

Project Name: VALLEY\	/IEW PROJECT	Department: 10.	0 MAPLES D	ALA PROG	GRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-22-05
	Sign Off:	Date Issued:		2017-0	01-25	RoomName:		CLIENT ROOM
		Client:		N	MTICS	m²: 13. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQ	<u>UIREMENTS</u>							
Communication Quantity (1 voice, Te Coax/ Data T	, 1 data): el Outlet: 0 V Outlet:		=	tation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Stat	us
		inical Camera inical Camera Moni	\equiv	Card Reader Intrusion Dete			aff Assist atient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comr								

Project Name: VAL	VALLEYVIEW PROJECT		Department: 10.	0 MAPLES	DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVIN	IG UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nun	nber:		10.0-2	2-06
	ı	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIE	NT ROOM
IBI	ı		Client:			MTICS	m²:	13. m²			
RISK LEVEL:			Mediun	n							
ARCHITECTURA	AI DEO	IIIDENAENIT									
INTERIOR FINISH					6						
Ceiling:	27 5	height O	material GWB - Impact Resist	tant	finish Paint				remarks		
cennig.	273	O	GVVB - Impact Resis	.airc	anit						
Wall:			GWB - Impact Resist	iant I	Paint						
Floor:				-	Resilient						
Base:	100		Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	R	emarks:					
Door(s):	_	ing (W x H): or Sidelight	1220 x 2135	Material:	Solid Core		F	inish: Pla	am		
Door Hardware:	Au Door G	or Protection tomatic Opener cess Control Glazing: Integra	✓ Locking	ire & loof Hardware	Door Remarks:	Double s	swing				
Windows:	Operal Extern Extern Exterio	ole Windows: al Glazing and Fral Glazing Hardwor Window Treat al Glazing and France	vare: Standard cment: Standard rame: Standard	✓ Secu ✓ Secu ✓ Secu	ıre	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity	:			
Casework / Millwor	·k:	Casework Secu	urity: Regular	✓ Secure	9		Remarks	s: Provid	e built-in bed,w	ardrobe an	d desk
Min Millwork /0 (mm) c	or % of per	near Length imeter wall: per Cupboards wer Cupboards	✓ Count	ŀ	Vork Surface 7 Height (mm):	Lockable					
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-3!	5	RT 60:	0.7		Remark		to Appendix 1D Control	- Acoustics	and
GENERAL ROOM	REMAR	Coat	: Hooks: Standard	✓ Anti-Li _ξ	gature No of H	Coat 2		Mirror	s: Standard	✓ Vanda	ıl-Proof
	Па	ckboard Dim:	:				Vhiteboard	Dim:	915mm wide x 9	15mm high	
	Re	marks: Provi	ide magnetic whitebo	oard							

Project Name:	Department:	DIEC DALA DROCCIA:	SUB DEPARTMENT:	100 10000
VALLEYVIEW PROJECT	10.0 MA	PLES DALA PROGRAM		10B-LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-22-06
Sign Off:	Date Issued:		RoomName:	
I D I		2017-01-25		CLIENT ROOM
IBI	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium		<u> </u>	
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks:		
HVAC: CSA 2317.2-10, ASRIKAE 6	0.1			
Can Air be Returned Rate (A/	(C):	Special Exha	ust Air Required: 0	
·				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic con	Floor Drain	Other:	
Other:				
	-			
Size:				
Doom Toma Control	with Doom Polative	. U worldity with	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustm	·	n Isolation Patient ressure Monitor	Controlled
Room Control Remarks:	Via DDC			
_		_		
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
Air Temp: 📝 Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:	10.5		Clock	
Types of Power: Norma	i & Emergency			
Receptacle Count: Quadpl	ex at desk, duplex besid	le bed. duplex at door		
	en de desn, dapien sesio	ie sea, aupien at acc.		
Dower Demorks - Took ve		::		anata dan itaha dan sa
	om to utilize separate cl	•	ch room's outlets shall be sepa	arated switched from
SMICH				
Patient Care Area Designation Basic				
(as per CSA Z32):				
	tabata a Daniela a			
LIGHTING: Workstation Task L		Lighting Ren		
✓ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Ligh	Annenda	on emergency power. Nurse	
Switch & Light Conf	trols Vanity Light		with separate momentary sw oor. Light switches beside be	
		by chary a		22222 2324 4 40011

Project Name: VALLEY\	/IEW PROJECT	Department:	0 MAPLES D	ALA PROC	SRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-22-06
[-	Sign Off:	Date Issued:		2017-0	01-25	RoomName:		CLIENT ROOM
		Client:		ľ	MTICS	m²: 13. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data T	1 data): Outlet: Outlet: O		=	tation com Station Aaster Station		Hands Free Telemetry Teleconferencing	Room Stat	eus
		inical Camera inical Camera Moni		Card Reader Intrusion Dete			itaff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comr	nent:							

Project Name: VAL	LEYVIEW PF	ROJECT	Department: 10.0	O MAPLES	S DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVING	UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nur	nber:		10.0-23	-01
	Sign Off	:	Date Issued:		2017	-01-25	RoomName:			WC/ SH	HOWER
IBI			Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium	1							
ARCHITECTUR	AI RECHIREN	/FNTS									
INTERIOR FINISH	IEC.				6 . 1						
Ceiling:	1 ES: heigh		material B - Impact & Mo	ictura	finish				remarks		
ceiling.	2730		istant Secure	Starc	l dille						
Wall:			/B - Impact & Mo	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100	Flas	sh Cove]						
Wall Protection:	Corner Guards:	✓	Sheet:		R€	emarks:					
Train i roccocioni	Crash Rails:	Standa		gature							
	Hand Rails:	Standa	ard Anti-Li	gature							
	Chair Rail:	Standa	ard Anti-Li	gature							
Door(s):	Clear Opening (W x	н):	914 x 2135	Material:	Solid Core		-	inish: Pla	m		
D001 (s).	Door Sideli		314 X 2133		John Core			1 10			
					ŗ	Г					
Door Hardware:	✓ Door Prote Automatic		✓ Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks:	Door sw	ing outward	s. Door	to be slope at t	op and lower o	cut.
	Access Con	•	✓ Locking								
	Door Glazing:										
	Hardware Type::	C\\\ 01									
	riaidwaie Type	CVV-UI									
Windows:	Operable Wind		Standard	\equiv	cure		Remarks	::			
	External Glazin		Standard Standard			igh Secur igh Secur					
	Exterior Windo	_		=	_	igh Secur	-				
	Internal Glazing	g and Frame:	Standard	Sec		igh Secur					
	Blackout	Bline	ds Roller	Shutter	1 Way Mirro	r	Other				
Casework / Millwo	rk: Casew	ork Security:	Regular	Secur	re		Remark	s:			
Min Millwork /	Counter Linear Len	gth		Counter/	Work Surface						
(mm)	or % of perimeter w			_	Height (mm):						
	Upper Cupl Lower Cupl		Counte	er Top ss Steel		Lockable					
	Lower cupi	Joarus	Stanne	33 31001							
ACOUSTICS:	STC Rating Wall / Floor / Ceiling			RT 60	: N/A		Remark		o Appendix 1D	- Acoustics an	d
	NC Rating							Noise (Control		
GENERAL ROOM	_	Coat Hoo	ks: Standard	✓ Anti-L		Coat 2		Mirror	s: Standard	✓ Vandal-l	Proof
	Tackboard	Dim:			H	ooks: L	Vhiteboard	Dim:			
	Remarks:	Provide	vashroom Access	ories: 1 soa	n dispenser at	sink 1 t	toilet naner	holder 1	naner towel die	snenser 1 rece	essed
			enser in shower								.55Cu

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAP	LES DALA PROGRAM		10B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	10.0-23-01
35720	prepop 1	2 Final		10.0-23-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWED
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Tuno: CCA 7317 3 10 ACLIDAT C	2 1 01	Remarks: Exhaust		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks: Exhaust		
	-1			
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlumki	ng Domostic
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Contr	ols Floor Drain	Other:	
Deep Equipment		Shower to meet	code	
Other:				
Size:	_			
Room Tomp Control	with Doom Polative b	Jumidity with Infactio	n Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative F Local Adjustmen	·	Pressure Monitor Patient Contr	olled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Neg	gative Other:		
		_		
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
			Clock	
Types of Power: Norma	& Emergency			
Receptacle Count: Conver	ience: 1 duplex GFI			
Power Remarks: GFI				
rower Kemarks. GFI				
Dationt Comp Arra David				
Patient Care Area Designation Basic (as per CSA Z32):				
(05 pci 65/1252).				
LIGHTING: Workstation Task L	ighting Vight Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	. =	Night light	t on emergency power.	
Charting Light	rols Vanity Light			
Grading Light				

Project Name: VALLEYN	/IEW PROJECT	Department: 10.	0 MAPLES D	ALA PROC	GRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-23-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		WC/ SHOWER
IBI		Client:		ſ	MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediun	1					
TECHNOLOGY REQU	<u> UIREMENTS</u>							
Communication: Quantity (1 voice, Te Coax/ Data TV	1 data): I Outlet: O / Outlet:			itation rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	ıs
SECURITY SYSTEMS: Security Can Security Can	nera Monitor CI	inical Camera inical Camera Moni		Card Reader Intrusion Dete			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comn	nent:							

Project Name: VAL	LEYVI	EW PROJEC	Department: 10.	0 MAPLES	S DALA PRO	GRAM	SUB DEPART	TMENT:		10B-LIVIN	G UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		10.0-2	3-02
- 1	1	Sign Off:	Date Issued:		2017	-01-25	RoomName	:		WC/S	SHOWER
IBI	,		Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium	1							
	AL DEO	LUDENAENT		-							
ARCHITECTUR											
INTERIOR FINISH		height	material		finish	Ī			remarks		
Ceiling:	275	U	GWB - Impact & Mo Resistant Secure	isture	Paint						
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100	1	Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Ra Chair Ra	ils: Sta	andard Anti-Li	gature gature gature	J Ri	emarks:					
Door(s):	Clear Oper	ning (W x H):	914 x 2135	Material:	Solid Core			Finish: Pla	am		
Door Hardware:	Door (oor Sidelight oor Protection utomatic Opener cess Control Slazing:	✓ Locking	ire & oof Hardware	Door Remarks:	Door swi	ing outward	ds. Door	to be slope at t	op and lower	cut.
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard tment: Standard rame: Standard	Sec Sec Sec Sec Sec Shutter	ure	igh Secur igh Secur igh Secur igh Secur	ity ity				
Casework / Millwo	rk:	Casework Secu	urity: Regular	Secur	re		Remark	ks:			
Min Millwork / (mm) (or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60:	N/A		Remark		to Appendix 1D Control	- Acoustics a	nd
GENERAL ROOM				✓ Anti-Li	igature No of	looks:		Mirror	s: Standard	✓ Vandal	-Proof
	∟ Та	ckboard Dim:				∐ v	Vhiteboard	Dim:			
	Re		ide washroom access dispenser in shower							penser, 1 red	essed

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT		LLS DALA FROGRAM		TOD-FIAIIAG OIAII
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-23-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
	Client:	MTICS	m²: 4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	nbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustm	·	on Isolation Patient Cor Pressure Monitor	ntrolled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Positive N	Standpipe Other: Other:	ner:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency			
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	TAIGHT HEI	marks: t on emergency power.	

Project Name: VALLEYV	IEW PROJECT	Department:	0 MAPLES D	ALA PROC	GRAM	SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-23-02
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		WC/ SHOWER
IBI		Client:		ſ	MTICS	m²: 4.6 m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: Outlet:			station rcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor	inical Camera inical Camera Moni		Card Reader Intrusion Dete			taff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comm	nent:							

Project Name: VAL	LEYVIEW PR	OJECT	Department: 10.0) MAPLES	S DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVING	UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nui	mber:		10.0-23	-03
	Sign Off:	:	Date Issued:		2017	-01-25	RoomName:			WC/ SI	HOWER
IBI			Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium								
ARCHITECTUR	AI RECHIREN	IFNTS									
INTERIOR FINISH	IEC.				6 : 1						
Ceiling:	2750 height		material B - Impact & Mo	ictura	finish				remarks		
ceiling.	2730		istant Secure	Stare	T direc						
Wall:			B - Impact & Moistant Secure	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100	Flas	sh Cove]	l					
Wall Protection:	Corner Guards:	<u>✓</u>	Sheet:		R€	emarks:					
Train i roccocioni	Crash Rails:	Standa		gature							
	Hand Rails:	Standa	ard Anti-Li	gature							
	Chair Rail:	Standa	ord Anti-Li	gature							
Door(s):	Clear Opening (W x	н):	914 x 2135	Material:	Solid Core			Finish: Plan	n		
D001 (s).	Door Sidelig		314 X 2133		John Core			i idi			
					·	Г					
Door Hardware:	✓ Door Protect		✓ Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks:	Door sw	ing outward	ls. Door to	be slope at to	op and lower	cut.
	Access Cont	•	✓ Locking								
	Door Glazing:										
	Hardware Type:: (N/ 01									
	naruware rype	74A-01									
Windows:	Operable Windo		Standard	\equiv	cure		Remarks	5:			
	External Glazing External Glazing		Standard Standard			igh Secui igh Secui					
	Exterior Windov		=	=	_	igh Secui	-				
	Internal Glazing	and Frame:	Standard	Sec		igh Secui					
	Blackout	Bline	ds Roller	Shutter	1 Way Mirro	r	Other				
Casework / Millwo	rk: Casewo	ork Security:	Regular	Secur	re		Remark	s:			
Min Millwork /	Counter Linear Leng	th		Counter/	Work Surface						
	or % of perimeter w	all:			Height (mm):						
	Upper Cupb Lower Cupb		Counte	er Top ss Steel		Lockable					
	Lower caps	ourus	Stanie	33 31001							
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:			RT 60	: N/A		Remark		Appendix 1D	- Acoustics ar	ıd
	NC Rating:							Noise C	ontroi		
GENERAL ROOM	I REMARKS:	Coat Hoo	ks: Standard	✓ Anti-L		Coat 2		Mirrors:	Standard	✓ Vandal-	Proof
	Tackboard	Dim:				ooks: L	Whiteboard	Dim:			
	Remarks:	Provide v	vashroom access	ories: 1 soa	p dispenser at	sink. 1 t	toilet naner l	holder.1 n	aper towel dis	penser. 1 rece	essed
			enser in shower						-pc. torrer als	- cci, 1 icci	.3554

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPL	ES DALA PROGRAM		10B-LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	10.0-23-03
35720	prepop 1	2 Final		10.0-23-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI		2017 01 25		WC/ SHOWER
101	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks: Exhaust		
HVAC: CSA 2317.2-10, ASHRAE 6.	2.1-01	LAHaust		
	0)	C :151	. 4: 5	
Can Air be Returned Rate (A/	C):	Special Exna	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
	ton		Plumbi	ng Remarks
sink mounting faucet	tap	Urinal	Eyewash	ing itematiks
Handwash Counter Goosene		Hopper	Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard		wc [Emergency Shower	
Janitorial Floor Laborato		✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Contro	ols Floor Drain	Other:	
Deep Equipment		Shower to meet	code	
Other:	_			
Size:				
POOM CONTROLS. Room Temp Control	with Room Relative H	umidity with Infectio	n Isolation	
ROOM CONTROLS: Local Adjustment	Local Adjustment		Pressure Monitor Patient Contr	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Nega	ative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
	0.5		Clock	
Types of Power: Normal	& Emergency			
2				
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Tower Remarks. GTT				
Dationt Core Arra D				
Patient Care Area Designation Basic (as per CSA Z32):				
(05 pci 65/1252).				
LIGHTING: Workstation Task L	ighting V Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont	. =	Night light	t on emergency power.	
Charting Light	rols Vanity Light			
Charting Light				
				Į.

Project Name: VALLEYVIEW I	VALLEYVIEW PROJECT	Department: 10.0) MAPLE	S DALA PRO	OGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	Draft: prepop	<u> </u>	2 Final		Program Number:	10.0-23-03
Sign (Off:	Date Issued:		2017	7-01-25	RoomName:	WC/ SHOWER
		Client:			MTICS	m²: 4.6 m²	
RISK LEVEL:		Medium					
TECHNOLOGY REQUIREM	ENTS						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Video	om Station Intercom Statior om Master Statio		Hands Free Room Sta	atus
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Monit	cor	Card Readel	L	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

Project Name: VAI	LLEYVIEW PR	OJECT	Department:	O MAPLES	S DALA PRO	GRAM	SUB DEPART	MENT:		10B-LIVING	UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nui	mber:		10.0-23	-04
- 1	Sign Off	:	Date Issued:		2017	-01-25	RoomName:			WC/ SH	OWER
IBI	J		Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium								
ARCHITECTUR	AL RECUIREN	MENTS									
INTERIOR FINISH	IEC.		matarial		finish				romorks		
Ceiling:	1 ES: height 2750		material B - Impact & Mo	isture	finish				remarks		
ceiling.	2750		istant Secure	Starc	l dille						
Wall:			B - Impact & Mo	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100	Flas	h Cove			l					
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		Re	emarks:					
wan i rotection.	Crash Rails:	Standa		gature		cinario.					
	Hand Rails:	Standa		_							
	Chair Rail:	Standa	rd Anti-Li	gature							
Dec. (a)	Clear Opening (W x	н/-	014 v 212E	Material:	Solid Coro			inish: Plam			
Door(s):			914 x 2135	iviateriai.	Solid Core			mism. Plam			
	Door Sidelig	gnt									
Door Hardware:	✓ Door Prote		✓ Anti-Ligatu Tamperpro	re & of Hardware	Door Remarks:	Door sw	ing outward	s. Door to	be slope at to	op and lower o	ut.
	Automatic (•	✓ Locking								
	Door Glazing:										
	Hardware Type:: (CW-01									
Windows:	Operable Windo		Standard	\equiv	cure		Remarks	s:			
	External Glazing External Glazing		Standard Standard			igh Secui igh Secui					
	Exterior Windo		=	=	_	igh Secui igh Secui	-				
	Internal Glazing	and Frame:	=	=		igh Secui					
	Blackout	Bline	ds Roller:	Shutter	1 Way Mirro	r	Other				
Casework / Millwo	ork: Casewo	ork Security:	Regular	Secur	re		Remark	s:			
	Counter Linear Leng	yth .		Counter/	Work Surface						
	or % of perimeter w			,	Height (mm):						
	Upper Cupb		Counte			Lockable					
	Lower Cupb	oaras	Stainle	ss Steel							
ACOUSTICS:	STC Rating Wall /			RT 60	: N/A		Remark			- Acoustics an	b
	Floor / Ceiling NC Rating							Noise Co	ontrol		
		33 10									
GENERAL ROOM	I REMARKS:	Coat Hoo	ks: Standard	✓ Anti-L		Coat 2		Mirrors:	Standard	✓ Vandal-F	roof
	Tackboard	Dim:				v	Whiteboard	Dim:			
	Remarks:		vashroom access						aper towel dis	penser, 1 rece	ssed
		soap disp	enser in shower	room. All w	vashroom acce	essories a	are to be ant	i-ligature			

Project Name: VALLEYVIEW PROJECT	Department: 10.0 MAI	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT				
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-23-04				
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER				
IBI	Client:	MTICS	m²: 4.6 m²					
RISK LEVEL:	Medium							
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust						
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0					
PLUMBING FIXTURES:		J						
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal [Hopper [WC [Barrier Free WC [Floor Drain [Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings ✓ Other:	oing Remarks				
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:								
Air Temp: ✔ Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
Types of Power: Normal Receptacle Count: Conven			Clock					
Power Remarks: GFI								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING:	In Use" Ligh	Lighting Re Night ligh	emarks: nt on emergency power.					

Project Name: VALLEYVIEW PI	ROJECT	Department: 10.0	MAPLES D	ALA PROG		SUB DEPARTI	√ENT:		10B-LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Num	nber:		10.0-23-04
Sign Of	f:	Date Issued:		2017-0		RoomName:			WC/ SHOWER
		Client:		N	/ITICS	m²: 4	1.6 m²		
RISK LEVEL:		Medium							
TECHNOLOGY REQUIREME	NTS								
IMIT SYSTEMS: Communications Outlet 0 Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 0 IMIT Remarks: SECURITY SYSTEMS:				station rcom Station Master Station		Hands Free Telemetry Teleconferend	sing	Room Statu	s
Security Camera Security Camera Monit	\equiv	nical Camera nical Camera Monito		Card Reader Intrusion Detec			Staff /	Assist nt Assist	Duress - Wired Duress - Wireless
Security Remarks:									
OTHER									
Equipment Remarks:				perational emarks:					
Room Data Sheet Comment:									

Project Name: VALLEYVIEW PROJE	Department: 10.0 MAPLES	S DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number: 357	720 Draft:	✓ Final	Program Number:	10.0-23-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	MTICS	m²: 4.6 m²	
RISK LEVEL:	Medium			
ARCHITECTURAL REQUIREMEN				
INTERIOR FINISHES		finish	**************************************	
Ceiling: 2750	material GWB - Impact & Moisture	finish	remarks	
2730	Resistant Secure			
Wall:	GWB - Impact & Moisture Resistant Secure	HIHF panel		
Floor:		Slip Resistant		
Base: 100	Flash Cove			
	Sheet: Standard Anti-Ligature	Remarks:		
	Standard Anti-Ligature Standard Anti-Ligature			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Sidelight				
Door Hardware: ✓ Door Protection ☐ Automatic Opene ☐ Access Control Door Glazing: Hardware Type:: CW-0	✓ Locking	Door Remarks: Door sw	ring outwards. Door to be slop	e at top and lower cut.
Windows: External Glazing and External Glazing Hard Exterior Window Treat Internal Glazing and F	dware: Standard Sec atment: Standard Sec		rity	
Casework / Millwork: Casework See	curity: Regular Secur	re	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards		Work Surface Height (mm): Lockable		
Lower Cupboards				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-		: N/A	Remarks: Refer to Append Noise Control	ix 1D - Acoustics and
	at Hooks: Standard 🗸 Anti-Li		Mirrors: Star	ndard 🗹 Vandal-Proof
Tackboard Din	m:	Hooks: L	Whiteboard Dim:	
	vide washroom accessories: 1 soa p dispenser in shower room. All w			rel dispenser, 1 recessed

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT	10.0 MAPLES DALA	PROGRAM		10B-LIVING UNIT				
VALLETVIEWTROJECT								
Project Number:	-Draft:		Program Number:	10.0-23-05				
35720	prepop 1 2 Final			10.0-23-03				
Sign Off:	Date Issued:	017-01-25	RoomName:	WC/ SHOWED				
IBI				WC/ SHOWER				
101	Client:	MTICS	m²:					
		IVITICS	4.6 m²					
RISK LEVEL:	Medium							
MECHANICAL REQUIREMENTS								
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:	Exhaust						
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.1-U1 Remarks.	EXIIduSt						
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0					
to system								
PLUMBING FIXTURES:								
			Dlumbi	og Domorks				
sink mounting faucet	tap Urii	nal	Eyewash	ng Remarks				
Handwash Counter Goosene		per	Water Fountain					
✓ Lavatory ✓ Wall ✓ Standard			Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal 🕢 Bar	rier Free WC	Corrosion Resistant Fittings					
Double	Electronic Controls Floo	or Drain	Other:					
Deep Equipment		ower to meet o	code					
Other:								
Size:	-							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:							
EXHAUST: Pressure: Equal	Positive Negative	Other:						
LAHAGSI.								
Air Temp: 🗸 Standa	rd Special Other:							
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Normal	& Emergency							
Receptacle Count: Conven	ience: 1 duplex GFI							
Dawner Dawnerden CEL								
Power Remarks: GFI								
Patient Care Area Designation Basic								
(as per CSA Z32):								
Morkstation Took I	ghting A Night Light	Lighting Dow	narks:					
LIGHTING: Workstation Task L		Lighting Rem	iidi No.					
Dimmable Lighting	In Use" Light	Night light	on emergency power.					
Switch & Light Cont	rols Vanity Light							
Charting Light								

Project Name: VALLEYVIEW I	PROJECT	Department: 10.0) MAPLES [)ALA PRO	GRAM	SUB DEPARTM	IENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		10.0-23-05
Sign (Off:	Date Issued:		2017-	-01-25	RoomName:			WC/ SHOWER
		Client:		!	MTICS	m²:	.6 m²		
RISK LEVEL:		Medium							
TECHNOLOGY REQUIREM	ENTS								
IMIT SYSTEMS:			_						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0			Station ercom Station Master Station		Hands Free Telemetry Teleconferenc		Room Status	
SECURITY SYSTEMS: Security Camera Security Camera Mon		nical Camera nical Camera Monit	or	Card Reader Intrusion Det			Staff Assis		Duress - Wired Duress - Wireless
Security Remarks:									
OTHER								,	
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment:									

Project Name: VALLEYVIEW PROJE	CT Department: 10.0 MAPLES	DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
Project Number: 357	Draft:	✓ Final	Program Number:	10.0-24
Sign Off:	Date Issued:	2017-01-25	RoomName: WC/ Sh	HOWER, BARRIER FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
ARCHITECTURAL REQUIREMENT				
INTERIOR FINISHES.		finish.		
Ceiling: 2750	material GWB - Impact & Moisture	finish HIHF panel	remarks	
Z730	Resistant Secure	Tilli pallel		
Wall:	GWB - Impact & Moisture Resistant Secure	HIHF panel		
Floor:		Slip Resistant		
Base: 100	Flash Cove		I	
	Sheet: Sheet: Anti-Ligature tandard Anti-Ligature	Remarks:	Anti-ligature grab bars as per code	
Chair Rail: St	tandard Anti-Ligature			
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam	
Door Hardware: ✓ Door Protection Automatic Opene Access Control Door Glazing: Hardware Type:: CW-0:	r Tamperproof Hardware ✓ Locking	Door Remarks: Door sw	ving outwards. Door to be slope at	top and lower cut.
Windows: Operable Windows: External Glazing and F External Glazing Hards Exterior Window Trea Internal Glazing and F	ware: Standard Sec tment: Standard Sec	ure High Secuure High Secuure High Secuure	rity rity	
Casework / Millwork: Casework Sec	curity: Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards		Work Surface Height (mm): Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / 50 Floor / Ceiling: NC Rating: 35-4	RT 60:	N/A	Remarks: Refer to Appendix 11 Noise Control	D - Acoustics and
GENERAL ROOM REMARKS: Coa	t Hooks: Standard 🗹 Anti-Li		Mirrors: Standar	d 🗸 Vandal-Proof
Tackboard Dim	:	Hooks: L	Whiteboard Dim:	
		•	aper holder, grab bars, 1 paper tow cessories are to be anti-ligature and	

Project Name: VALLEYVIEW PROJECT	Department: 10.0 MAI	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT					
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-24					
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER, BARRIER FREE					
	Client:	MTICS	5 m ² : 5.6 m ²						
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust							
Can Air be Returned Rate (A/ to System	C):	Special Exh	naust Air Required: 0						
PLUMBING FIXTURES:		J							
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain Shower to mee	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fitting Other:	Plumbing Remarks					
Local Adjustment Room Control Remarks:	FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) Types:								
Air Temp: 🗹 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:			Clock						
Types of Power: Normal	& Emergency		G.33						
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI								
Patient Care Area Designation (as per CSA Z32):									
LIGHTING:	In Use" Ligh	Lighting Ri Night lig	emarks: ht on emergency power.						

						,			
Project Name: VALLEYVII	VALLEYVIEW PROJECT	Department: 10.	0 MAPLES	DALA PRO	GRAM	SUB DEPARTMENT: 10B-LIVING UNIT			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-24	
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	WC/ SH	OWER, BARRIER FREE	
		Client:			MTICS	m ² : 5.6 m ²			
RISK LEVEL:		Medium	1						
TECHNOLOGY REQUI	REMENTS								
Communications C Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remarks	data): 0 outlet: 0		Video I	m Station ntercom Station m Master Static		Hands Free Telemetry Teleconferencing	Room Statu	s	
Security Camer Security Remark	ra Monitor Cli	nical Camera nical Camera Moni	tor [Card Reader Intrusion De			aff Assist atient Assist	Duress - Wireless	
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commei	nt:								

Project Name: VAL	LEYVIEW F	ROJECT	Department:	0 MAPLES	S DALA PRO	OGRAM	SUB DEPARTMENT: 10B-LIVING UNIT			
Project Number:		35720	Draft: prepop	1 2	Final		Program Nur	nber:	10.0-25-01	
[1 Sign C	Off:	Date Issued:		2017	7-01-25	RoomName:	TC	DILETS, BARRIER-FREE	
IBI			Client:			MTICS	m²:	5.6 m²		
RISK LEVEL:			Medium							
	A. D. O		Medium							
ARCHITECTUR	IEC.									
INTERIOR FINISH			material	ant	finish	h		remarks		
Ceiling:	2750	G	WB - Impact Resist	diil	Paint					
Wall:		G/	WB - Impact Resist	ant	Paint		Water resist	ant		
Floor:					Resilient					
Base:	100	Fla	ash Cove]					
Wall Protection:	Corner Guards:	_	Sheet:		J I	Remarks:	Anti-ligature	e grab bars as per code		
	Crash Rails: Hand Rails:	Stand		_						
	Chair Rail:	Stand		_						
			dalu Allu-Li	_						
Door(s):	Clear Opening (W	x H):	914 x 2135	Material:	Solid Core		F	Finish: Plam		
	Door Side	elight								
Door Hardware:	Door Pro Automati	c Opener	✓ Anti-LigatuTamperpro✓ Locking	re & oof Hardware	Door Remarks	:				
	Door Glazing	:								
	Hardware Type:	: WR-03								
Windows:	Operable Wir	ndows:	Standard	Sec	ure		Remarks	::		
	External Glaz	ing and Fram	ne: Standard	Sec	ure 🗌 I	High Secu	rity			
	External Glaz	-			=	High Secu	•			
	Exterior Wind Internal Glazi			=		High Secu High Secu				
	Blackout	_		Shutter [ure I 1 Way Mirr	-	Other			
Casework / Millwo		work Securit	y:	Secui	Г		Remark	S:		
	Counter Linear Le or % of perimeter			Counter/	Work Surface Height (mm):					
	Upper Cu		Counte	er Top		Lockable				
	Lower Cu	pboards	Stainle	ss Steel						
ACOUSTICS:	STC Rating Wall			RT 60	: N/A		Remark	s: Refer to Appendix 1D Noise Control	- Acoustics and	
	NC Ratir	ng: 35-40						Tolice Control		
GENERAL ROOM	REMARKS:	Coat Ho	ooks: Standard	✓ Anti-L		f Coat 2 Hooks:		Mirrors: Standard	I ✓ Vandal-Proof	
	Tackboar	d Dim:				□ \	Whiteboard	Dim:		
	Remarks	1						grab bars, 1 sanitary n e to be anti-ligature an		

VALLEYVIEW PROJECT 10.0 MAPLES DALA PROGRAM 10B-LIVING Project Number: 35720 Draft:	111111							
Project Number: Draft:	UIVII							
Project Number: 35720 prepop 1 2 Final 10.0-25								
property of the state of the st	-01							
	<u> </u>							
Sign Off: Date Issued: RoomName: 2017-01-25 TOILETS, BARRIE	R-FREE							
IBI Client: m²:								
MTICS MTICS 5.6 m ²								
RISK LEVEL: Medium								
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 62.1-01 Remarks: Exhaust								
Can Air be Returned Rate (A/C): Special Exhaust Air Required: 0	,							
to System								
PLUMBING FIXTURES:								
sink mounting faucet tap Urinal Eyewash Plumbing Remarks								
Handwash Counter Gooseneck Lever/Blades Hopper Water Fountain								
✓ Lavatory ✓ Wall ✓ Standard WC Emergency Shower								
☐ Janitorial ☐ Floor ☐ Laboratory ☐ Foot Pedal ☐ Barrier Free WC ☐ Corrosion Resistant Fittings								
□ Double								
Deep Equipment								
Other:								
Size:								
ROOM CONTROLS. Room Temp Control with Room Relative Humidity with Infection Isolation								
ROOM CONTROLS: Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Patient Controlled								
Room Control Remarks:								
FIRE PROTECTION: Sprinkler Type: ✓ Wet Dry Standpipe Other:	FIRE PROTECTION: Sprinkler Type: ✓ Wet Dry Standpipe Other:							
Rack Storage (2.4m high) Types:								
Rack Storage (2.4m high) Types: EXHAUST: Pressure: ☐ Equal ☐ Positive ✔ Negative ☐ Other:								
EXHAUST: Pressure: Equal Positive Negative Other:								
EXHAUST: Pressure: Equal Positive Negative Other:								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other:								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER:								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Clock								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER:								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Clock								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Clock								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Clock								
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 GFI								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Clock								
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 GFI								
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 GFI								
EXHAUST: Pressure:								
EXHAUST: Pressure:								
EXHAUST: Pressure:								
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 GFI Power Remarks: GFI Patient Care Area Designation (as per CSA 232): LIGHTING: Workstation Task Lighting Night Light Light Night light on emergency power.								
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 GFI Power Remarks: GFI Patient Care Area Designation (as per CSA 232): LIGHTING: Workstation Task Lighting Night Light Light Night light on emergency power. Switch & Light Controls Vanity Light Night light on emergency power.								
EXHAUST: Pressure: Equal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REOUIREMENTS GENERAL POWER: Types of Power: Normal & Emergency Receptacle Count: Convenience: 1 duplex GFI Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light User Light Night light on emergency power.								
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 GFI Power Remarks: GFI Patient Care Area Designation (as per CSA 232): LIGHTING: Workstation Task Lighting Night Light Light Night light on emergency power. Switch & Light Controls Vanity Light Night light on emergency power.								

Project Name: VALLEYVIEW P	VALLEYVIEW PROJECT	Department: 10.0	MAPLES [DALA PROG		SUB DEPARTMENT:		10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		10.0-25-01
Sign C	off:	Date Issued:		2017-0	01-25	RoomName:	Т	TOILETS, BARRIER-FREE
ВІ		Client:		N	NTICS	m²: 5.6 m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIREME	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: (Coax/ Data TV Outlet: (IMIT Remarks:)			ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room State	
Security Camera Moni		nical Camera nical Camera Monito	or	Card Reader Intrusion Dete			atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data								

Project Name: VALI	LEYVIEW PR	OJECT	Department:	0 MAPLE	S DALA PF	ROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT		
Project Number:		35720	Draft: prepop	1 2	₹ Final		Program Nur	mber:	10.0-25-02
	Sign Off:		Date Issued:		20:	17-01-25	RoomName:	:	TOILETS, BARRIER-FREE
IBI	ı		Client:			MTICS	m²:	5.6 m²	
RISK LEVEL:			Mediun	2					
		- LANGE	Mediun						
ARCHITECTURA									
INTERIOR FINISHI			material	ant	fin	ish		remarks	
Ceiling:	2750	Gw	B - Impact Resist	ldiil	Paint				
Wall:		GW	B - Impact Resist	tant	Paint		Water resist	tant	
Floor:					Resilient				
Base:	100	Flas	h Cove		1				
Wall Protection:	,	_	Sheet:		1	Remarks:	Anti-ligature	e grab bars as per coo	de
	Crash Rails:	Standa Standa	_	igature igature					
	Chair Rail:	Standa		igature					
	·	_	IIU AIIU-LI	_ 					
Door(s):	lear Opening (W x	H):	914 x 2135	Material:	Solid Core	!	F	Finish: Plam	
	Door Sidelig	ht							
Door Hardware:	Door Protect Automatic C Access Cont	pener	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remar	ks:			
	Door Glazing:								
	Hardware Type:: \	VR-03							
Windows:	Operable Windo	ows:	Standard	Sec	cure		Remarks	5:	
	External Glazing	and Frame	: Standard	Sec	cure 🗌	High Secu	rity		
	External Glazing		Standard	_	cure 🗌	High Secu	•		
	Exterior Windov Internal Glazing			=	cure	High Secu High Secu			
	Blackout	Bling		Shutter [cure 1 Way Mi	_	Other		
Casework / Millwor		rk Security:	Regular	Secu			Remark	:S:	
	ounter Linear Leng r % of perimeter w			Counter/	Work Surface Height (mm)				
	Upper Cupb		Count	er Top		Lockable			
	Lower Cupb	oards	Stainle	ess Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	50		RT 60	N/A		Remark	Refer to Appendix Noise Control	1D - Acoustics and
	NC Rating:	35-40							
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	✓ Anti-L	igature No	of Coat 2		Mirrors: Stand	ard 🗸 Vandal-Proof
	Tackboard	Dim:				<i>'</i>	Whiteboard	Dim:	
	Remarks:							, grab bars, 1 sanitary re to be anti-ligature	

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT	10.0 WA	FEES DALA FROGRAM		10B-LIVING OINT
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-25-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	TOILETS, BARRIER-FREE
	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	·	on Isolation Patie Pressure Monitor	ent Controlled
FIRE PROTECTION: Sprinkler Type:		Standpipe Oth	ner:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive No.	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Ligh	Lighting Rer Night light	marks: t on emergency power.	

Project Name: VALLEYVIEW I	PROJECT	Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT: 10B-LIVING UNI		
Project Number:	35720	Draft: prepop	1 2	✓ Final	í	Program Number	:	10.0-25-02
''	Sign Off:			2017-0		RoomName:		TOILETS, BARRIER-FREE
IB I		Client:		M	TICS	m²: 5.6 r	m²	
RISK LEVEL:		Medium						
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		_	itation rcom Station Master Station	T	Hands Free Telemetry Teleconferencing	☐ Room Sta	itus
SECURITY SYSTEMS: Security Camera Security Camera Mon		nical Camera nical Camera Moniton	_	Card Reader Intrusion Detec			Staff Assist Patient Assist	☐ Duress - Wired ☐ ☐ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				perational emarks:				
Room Data								

Project Name: VALLEYVIEW PROJEC	Department: 10.0 MAPLES	5 DALA PROGRAM	SUB DEPARTMENT: 10B-LIVING UNIT		
Project Number: 3572	Draft:	✓ Final	Program Number:	10.0-26	
Sign Off:	Date Issued:	2017-01-25	RoomName:	BATH/SHOWER	
IBI	Client:	MTICS	m²: 3.5 m²		
RISK LEVEL:	Medium				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material	finish	ram	narks	
ne.g	GWB - Impact & Moisture	Paint	Ten	idiks	
	Resistant Secure				
Wall:	GWB - Impact & Moisture Resistant Secure	HIHF panel			
Floor:		Slip Resistant			
Base: 100	Flash Cove				
Hand Rails: Sta	Sheet:	Remarks:	Anti-ligature grab bars as p	per code	
Chair Rail: Sta	ndard Anti-Ligature				
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam		
Door Sidelight					
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Hardware Type:: WR-03	✓ Anti-Ligature & Tamperproof Hardware ✓ Locking	Door Remarks:			
Windows: Operable Windows: External Glazing and Fra External Glazing Hardw Exterior Window Treatr Internal Glazing and Fra Blackout	ame: Standard Sections. Standard Sections. Standard Sections.	ure ure High Secu ure High Secu ure High Secu ure High Secu ure High Secu	rity rity		
Casework / Millwork: Casework Secu	rity: Regular 🗸 Secui	re	Remarks:		
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	Counter/	Work Surface Height (mm):			
✓ Upper Cupboards✓ Lower Cupboards	✓ Counter Top Stainless Steel	✓ Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60	: 0.7	Remarks: Refer to App Noise Contro	pendix 1D - Acoustics and ol	
GENERAL ROOM REMARKS: Coat	Hooks: ☐ Standard ✔ Anti-L	igature No of Coat 2 Hooks:	Mirrors:	Standard 🗹 Vandal-Proof	
Tackboard Dim:			Whiteboard Dim:		
	de washroom accessories: 1 soanser at bathtub .All washroom a				

Project Name:	Department:	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT
VALLEYVIEW PROJECT		LLS DALA FROGRAM		TOD-FIAIING OIMI
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-26
Sign Off:	Date Issued:	2017-01-25	RoomName:	BATH/SHOWER
	Client:	MTICS	m²: 3.5 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Bathtub	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	mbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	with Room Relative Local Adjustm	·	on Isolation Patient Co Pressure Monitor	ontrolled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry Types:	Standpipe Oth	ner:	
EXHAUST: Pressure: Equal	Positive N	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	TAIGHT HEI	narks: t on emergency power.	

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	Draft:				Program Number:	10.0-26
Sign	Off:	Date Issued:		2017	7-01-25	RoomName:	BATH/SHOWER
		Client:			MTICS	m²: 3.5 m²	
RISK LEVEL:		Medium					
TECHNOLOGY REQUIREM	ENTS						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Video II	m Station ntercom Station m Master Statio		Hands Free Room Telemetry Teleconferencing	Status
SECURITY SYSTEMS: Security Camera Security Camera Mor		nical Camera nical Camera Monit		Card Reade	L	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

Project Name: VALLE	YVIE	W PROJE		epartment: 10.	0 MAPLES	S DALA PRO	OGRAM	SUB DEPA	ARTME	ENT:		10B-LIVI	NG UNIT
Project Number:		357		raft: prepop	1 2	✓ Final		Program	Numbe	er:		10.0-	27
[]	:	Sign Off:	D	ate Issued:		2017	7-01-25	RoomNar	me:	BA	RRIER-FREE	TUB/ SHOW	VER ROOM
IBI			C	lient:			MTICS	m²:	4.5	i m²			
RISK LEVEL:				Medium	2								
	250			Mediun									
ARCHITECTURAL		JIREMENT.	<u> </u>										
INTERIOR FINISHES		height	01110	material		finish	h	I			remarks		
Ceiling:	2750	1		- Impact & Mo ant Secure	isture	Paint							
Wall:				- Impact & Mo ant Secure	isture	HIHF panel							
Floor:						Slip Resistan	t						
Base:	100		Flash	Cove									
	orner Gu rash Rail		Sh	eet: Anti-Li	igature	J F	Remarks:	Anti-ligat	ture g	rab bars	as per code		
	and Rails		andard andard	Anti-Li	igature igature								
Door(s): Clea	_	ng (W x H):		4 x 2135	Material:	Solid Core			Fini	sh: Plam			
	Doc	or Sidelight											
Door Hardware:	Aut	or Protection omatic Opener ess Control lazing:		✓ Anti-Ligatu Tamperpro ✓ Locking	ire & oof Hardware	Door Remarks	:						
На	rdware	Type:: WR-03											
Windows:	Externa Externa Exterior Internal	le Windows: I Glazing and Fr I Glazing Hardw · Window Treat I Glazing and Fr ckout	vare: ment:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secu High Secu High Secu High Secu or	rity rity					
Casework / Millwork:		Casework Secu	ırity: [Regular	✓ Secur	re		Rem	narks:				
	of perion	ear Length meter wall: per Cupboards ver Cupboards		✓ Counte		Work Surface Height (mm):	Lockable						
ACOUSTICS: ST		Wall / Ceiling: 50 Rating: 35-40)		RT 60	0.7		Rem		Refer to A	Appendix 1D ntrol	- Acoustic	s and
GENERAL ROOM R	EMARI	KS: Coat	Hooks:	Standard	✓ Anti-Li	igature No o				Mirrors:	Standard	l ✓ Vand	dal-Proof
	Tac	kboard Dim:				' '	Hooks: L	Whiteboard	d Di	im:			
	Rer	pape	r holde	shroom access er, recessed so proof. Waste re	ap dispense								

Project Name: VALLEYVIEW PROJECT	Department: 10.0 MAI	PLES DALA PROGRAM	SUB DEPARTMENT:	10B-LIVING UNIT				
Project Number: 35720	Draft:	2 Final	Program Number:	10.0-27				
Sign Off:	Date Issued:	2017-01-25	RoomName: BARRIE	ER-FREE TUB/ SHOWER ROOM				
	Client:	MTICS	m ² : 4.5 m ²					
RISK LEVEL:	Medium							
MECHANICAL REQUIREMENTS								
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust						
Can Air be Returned Rate (A/ to System	C):	Special Exh	aust Air Required: 0					
PLUMBING FIXTURES:		J						
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain Bath Tub	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks				
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:								
Air Temp: 📝 Standa	rd Special	Other:						
ELECTRICAL REQUIREMENTS								
GENERAL POWER: Types of Power: Normal			Clock					
Receptacle Count: Conven Power Remarks: GFI	ience: 1 duplex GFI							
Patient Care Area Designation (as per CSA Z32):								
LIGHTING:	In Use" Ligh	Lighting Re Night ligh	emarks: nt on emergency power.					

Project Name:		Department:				SUB DEPARTMEN	Т:	
	W PROJECT	10.0	0 MAPLES D	ALA PRO	GRAM			10B-LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number		10.0-27
	Sign Off:			2017-	01-25	RoomName:	BARRIER-FREE	TUB/ SHOWER ROOM
		Client:		ı	MTICS	m²: 4.5 r	n²	
RISK LEVEL:		Medium	า					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): O utlet: O		=	itation rcom Station Master Station		Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS:								
Security Camera Security Camera		inical Camera inical Camera Moni		Card Reader Intrusion Det		✓	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW PROJEC	Department: 10.	0 MAPLES	DALA PRO	OGRAM	SUB DEPARTMENT: 10B-LIVING UNIT		
Project Number:	3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	10.0-28
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		COMFORT ROOM
IBI		Client:			MTICS	m²:	3. m²	
RISK LEVEL:		Medium	<u> </u>					
ARCHITECTURAL	REOUIREMENTS							
INTERIOR FINISHES		material		finis	h		remarks	
Ceiling:		GWB - Impact Resist	ant	Paint				
Wall:		GWB - Impact Resist	ant	Paint				
Floor:				Resilient				
11001.				nesmerit				
Base:	100	Flash Cove						
Wall Protection: Co	orner Guards:	Sheet:]	Remarks:			
			gature					
На	and Rails: Sta	ndard Anti-Li	gature					
Ch	nair Rail: Sta	ndard 🗌 Anti-Li	gature					
Door(s): Clea	r Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
[Door Sidelight							
Door Hardware: [✓ Door Protection Automatic Opener Access Control	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks	s:			
	Door Glazing:							
На	rdware Type:: CR-01							
	Operable Windows: External Glazing and Fra External Glazing Hardw Exterior Window Treatr Internal Glazing and Fra Blackout	are: Standard ment: Standard mene: Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	High Secur High Secur High Secur High Secur	rity rity rity	Maximize interior glaz	ing for observation
Casework / Millwork:	Casework Secu	rity: Regular	Secur	re		Remarks:		
Min Millwork /Cou				Work Surface				
(mm) or % [[of perimeter wall: Upper Cupboards Lower Cupboards	Counte		Height (mm):L	Lockable			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:		RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating: 30-35	i						
GENERAL ROOM RE	MARKS: Coat	Hooks: Standard	✓ Anti-Li	0	of Coat Hooks:		Mirrors: Standard	Vandal-Proof
[Tackboard Dim:					Whiteboard [Dim:	
	Remarks: Shall	be located in quiet a	rea, with hig	gh acoustic se	eparation		L	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	10.0 MAPLES DALA P	ROGRAM	10B-LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	10.0-28
35720	prepop 1 2 Final		10.0-20
Sign Off:	Date Issued:	RoomName:	COMPORT ROOM
IBI			COMFORT ROOM
101	Client:	MTICS m²: 13. m²	
		MTICS 13. m²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	Z.I-UI Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0	
to System			
PLUMBING FIXTURES:			
		7	
sink mounting faucet	tap Urina	Eyewash	Plumbing Remarks
Handwash Counter Goosene	cck Lever/Blades Hopp	er Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrie	r Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	Drain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patie	nt Controlled
Room Control Remarks:	Via DDC	Noom ressure Monton	
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
TIRETROTECTION. Sprinner type:			
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:	
EXHAUST: Pressure:	1 Ositive Negative	Other.	
Air Temp: ✓ Standa	ord Special Other:		
7th Temp. Stande	Special Strict.		
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks: Overrid	e switch at nurse base to shutoff all por	wer to all receptacles	
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	Local switch and override switch at nu	urse base to shut off all
Switch & Light Cont	rols Vanity Light	lighting in room	
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department: 10.0 MAPLES DALA PROGRAM				SUB DEPARTMENT:	10B-LIVING UNIT
Project Number:	35720	—Draft: ☐ ☐ ☑ ☑ Frepop 1 2 Final				Program Number:	10.0-28
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	COMFORT ROOM
		Client:			MTICS	m²: 13. m²	
RISK LEVEL:		Medium	1				
TECHNOLOGY REQUIR	REMENTS						
Coax/ Data TV Ou	ata): 0			n Station tercom Station n Master Statio		Hands Free Room S Telemetry Teleconferencing	tatus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	tor	Card Reader Intrusion De	L	Staff Assist Patient Assist	Duress - Wired ✔ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment	:						

Project Name: VAI	LLEYVIEW PROJE	Department: 11.0 MA	APLES CROSSROADS PROGRAM	SUB DEPARTMENT:	11A-OFF LIVING UNIT
Project Number:	35	Draft:	2 Final	Program Number:	11.0-01
	Sign Off:	Date Issued:	2017-01-25	RoomName:	FOOD CART ALCOVE
IBI	' .	Client:	MTICS	m²: 2.5 m²	
RISK LEVEL:		Standard			
	RAL REQUIREMEN				
INTERIOR FINISH		material	finish		remarks
Ceiling:	2750	GWB - Moisture Resistant	Paint		Temans
Wall:		GWB - Moisture Resistant	Paint		
Floor:			Resilient		
Base:	100	Flash Cove			
Wall Protection:	Corner Guards:	Sheet:	Remarks:		
		standard Anti-Ligature			
		standard Anti-Ligature			
		standard Anti-Ligature			
Door(s):	Clear Opening (W x H):	Mater	ial:	Finish:	
	☐ Door Sidelight		<u> </u>		
Door Hardware:	Door Protection Automatic Opene Access Control	Anti-Ligature & Tamperproof Hardw	Door Remarks: are		
	Door Glazing:				
	Hardware Type::				
Windows:	Operable Windows:		Secure	Remarks:	
	External Glazing and External Glazing Hard		Secure High Secu Secure High Secu		
	Exterior Window Trea		Secure High Secu	rity	
	Internal Glazing and F	Frame: Standard Standard Standard Standard	Secure High Secu	rity Other	
Casework / Millwo	_		cure	Remarks:	
	Counter Linear Length or % of perimeter wall:	Counte	er/ Work Surface Height (mm):		
	Upper Cupboards	= '	Lockable		
	Lower Cupboards	Stainless Steel		<u></u>	
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4		60: 0.7	Remarks: Refer to Noise C	Appendix 1D - Acoustics and ontrol
GENERAL ROOM			ti Ligatura No of Coat	Mirroro	Ctandard Vandal Dra-f
GLIVERAL ROUN			ti-Ligature No of Coat Hooks:	Mirrors:	Standard Vandal-Proof
	Tackboard Din			Whiteboard Dim:	
	Remarks: Sha	II be located adjacent to Kitche	n Unit		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	11.0 MA	PLES CROSSROADS	1	1A-OFF LIVING UNIT
VALLETVIEWTROJECT		PROGRAM	D N 1	
Project Number:	Draft:		Program Number:	11.0-01
35720	prepop 1	2 Final		11.0-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	FOOD CART ALCOVE
IBI		2017 01 25		FOOD CART ALCOVE
101	Client:	MTICS	m²:	
		WITICS	2.5 m ²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	0.1.01	Remarks: Additional co	oling domand	
HVAC: CSA Z317.2-10, ASHRAE 6.	2.1-01	Additional co	oning demand	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
			Dlan	mbing Domarks
sink mounting faucet	tap	Urinal	Eyewash	mbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Control	S Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS. Room Temp Control	vith Room Relative Hu	midity with	n Isolation	
ROOM CONTROLS: Room Temp Control v	Local Adjustment	·	ressure Monitor Patient Co	ontrolled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	/et Dry S	tandpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
Nack Storage (2.4111 High)	Types.			
EXHAUST: Pressure: Equal	Positive • Nega	tive Other:		
Air Temp: ✔ Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
TYPE OF THE				
Receptacle Count: Conven	ience: 4 dunley			
Conven	ierice. 4 dupiex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
_	_			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light			
✓ Switch & Light Cont	rols Vanity Light			
Charting Light	_			

Project Name: VALLEYVIEW PROJECT		Department:	11.0 M	IAPLES CROSSR	OADS GRAM	SUB DEPARTMENT:	11A-	OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	JIVAIVI	Program Number:		11.0-01
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		FOOD CART ALCOVE
		Client:			MTICS	m²: 2.5 m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0		Vio	tercom Station deo Intercom Station tercom Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mor	nitor	✓ Card Reader ☐ Intrusion Det	L		off Assist tient Assist	Duress - Wired Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VA I	LLEYVIEW PR	OJECT	Department:	11.0 MAP	LES CROSSR PRO	OADS GRAM	SUB DEPARTM 11B-SE	ENT: CURE PI	ROGRAM A	AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	oer:		11.0-02
	Sign Off:		Date Issued:		2017	-01-25	RoomName:		SECURE LIV	ING UNIT VESTIBULE
IBI	<u>,</u>		Client:			MTICS	m²:	. m²		
RISK LEVEL:	l l		Mediur	n						
			IVICUIUI							
	AL REQUIREM	ENTS								
INTERIOR FINISH	g.i.c		material		finish				remarks	
Ceiling:	2750	GW	B - Impact Resis	tant	Paint					
Wall:		GW	B - Impact Resis	tant	Paint					
Floor:					Resilient					
Base:	100	Flas	h Cove]					
Wall Protection:			Sheet:		D.	emarks:	1200 mm high	h EDI		
wan Frotection.	-	✓ Standa		.igature	T.C.	ciliarks.	1200 Hilli Higi	I. I IXL		
	Hand Rails:	Standa	_	igature						
	Chair Rail:	Standa	_	igature						
	GL 0 : ///	_		7		L				
Door(s):	Clear Opening (W x I		830 x 2135	Material:	Solid Core		Fin	nish: Plam		
	Door Sidelig	ht								
Door Hardware:	✓ Door Protec	tion	Anti-Ligat		Door Remarks:					
	✓ Automatic C		Tamperpr ✓ Locking	oof Hardware						
	Access Cont									
	Door Glazing:	Jpper glazi	ng 							
	Hardware Type:: X	C-01								
Windows:	Operable Windo	ws:	Standard	l Sec	cure		Remarks:			
	External Glazing	and Frame:	Standard	_		igh Secur	ity			
	External Glazing		Standard		_	igh Secur				
	Exterior Windov Internal Glazing			_		igh Secur				
	Blackout	Blind	Standard S Roller	· Shutter [cure	igh Secur r	Other			
						•				
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secui	re 		Remarks:			
	Counter Linear Leng			Counter/	Work Surface Height (mm):					
()	Upper Cupb		Coun	ter Top		Lockable				
	Lower Cupb	oards	Stainl	ess Steel	_					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	55		RT 60	: 0.7					- Acoustics and
	NC Rating:	30-35						Noise Co	ntroi	
GENERAL ROOM	1 REMARKS:	Coat Hook	s: Standard	I Anti-L	igature No of			Mirrors:	Standard	☐ Vandal-Proof
	Tackboard	Dim:			H	ooks:	Vhiteboard D	Dim:		
	Remarks:									

Project Name:	Department:	14 DI EC CDOCCO	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
VALLEYVIEW PROJECT	11.0 N	1APLES CROSSROADS	11B-SECURE PRO	UGKAMI AND LIVING UNIT		
	-Draft:	PROGRAM	Program Number:			
Project Number: 35720	prepop 1	2 Final	rogram vamber.	11.0-02		
Sign Off:	Date Issued:		RoomName:			
· ·		2017-01-25		SECURE LIVING UNIT VESTIBULE		
IBI	Client:		m²:			
		MTICS	3. m²			
RISK LEVEL:	Medium		I			
	Wiedidiii					
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks:				
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0			
to system						
PLUMBING FIXTURES:						
sink mounting faucet	tap		7 5	Plumbing Remarks		
Handwash Counter Goosene		Urinal	Eyewash Water Fountain			
Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato	=	WC Barrier Free WC	Emergency Shower Corrosion Resistant Fitting			
Double	Electronic Con		Other:	gs		
Deep Equipment		TIOOI DIAIII	_ Other.	٦		
Other:						
Size:	-					
ROOM CONTROLS. Room Temp Controls	with Poom Pelative	Humidity with	n Isolation			
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustme		Pressure Monitor	atient Controlled		
Room Control Remarks:						
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
		🗆 🗆				
EXHAUST: Pressure:	Positive N	egative Other:				
Air Temp: 🕡 Standa	ird Special	Other:				
All Temp.	Бресіаі	other.				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal			Clock			
Types of Fower. INormal			_			
Receptacle Count: No rece	entacles					
Westplaste estimate 140 feet	ptacies					
Power Remarks:						
Patient Care Area Designation						
(as per CSA Z32):						
(as per CSA Z32):						
(as per CSA Z32): USGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:			
	ighting Night Light In Use" Ligh		narks:			
LIGHTING: Workstation Task Lighting Dimmable Lighting Switch & Light Cont	☐ "In Use" Ligh		narks:			
LIGHTING: Workstation Task Li Dimmable Lighting	☐ "In Use" Ligh		narks:			
LIGHTING: Workstation Task Lighting Dimmable Lighting Switch & Light Cont	☐ "In Use" Ligh		narks:			

VALLEYVIEW PROJECT		Department:	11.0 M	APLES CROSSR		SUB DEPARTMENT: 11B-SECURI	PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-02
	Sign Off:	Date Issued:		2017-	01-25	RoomName:	SECURE LI	VING UNIT VESTIBULE
		Client:			MTICS	m²: 3. m²		
RISK LEVEL:		Mediu	n					
TECHNOLOGY REQUI	REMENTS							
Coax/ Data TV O IMIT Remarks SECURITY SYSTEMS:	data): 0 utlet: 0 utlet: 0		Vic	ercom Station deo Intercom Station ercom Master Station		Hands Free Telemetry Teleconferencing	Room Statu	
Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mor	nitor	Card Reader Intrusion Det	L		tient Assist	Duress - Wired ✓ Duress - Wireless
,								
OTHER			1					
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name:	Department:	Ι1 Ο ΜΔΡΙ	ES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT
VALLEYVIEW PROJEC	СТ	LI.O WALL	PROGRAM	
Project Number: 3572	Draft: prepop	1 2	✓ Final	Program Number: 11.0-03
Sign Off:	Date Issued:		2017-01-25	RoomName: CARE TEAM STATION: CONFIDENTIAL COORD
IBI	Client:		2017 01 23	m ² :
			MTICS	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS	S			
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:	
		igature		
Hand Rails: Sta	andard 🗌 Anti-Li	igature		
Chair Rail: Sta	andard Anti-Li	igature		
Door(s): Clear Opening (W x H):	914 x 2135	Material:	Solid Core	Finish: Plam
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligatu	ire & oof Hardware	Door Remarks:	
✓ Automatic Opener✓ Access Control	Locking	on Haruware		
Door Glazing: Upper	glazing			
Hardware Type:: OF-02				
Windows: Operable Windows:	Standard	Sec	ure	Remarks: Maximize interior glazing for observation
External Glazing and Fr		=		
External Glazing Hardw				
Exterior Window Treat	- Standard	_	= -	
		Shutter [1 Way Mirror	Other
Casework / Millwork: Casework Secu	ırity: 🗸 Regular	Secur	re	Remarks: Provide 10 lockers. Desk coverage of
Min Millwork /Counter Linear Length 600 (mm) or % of perimeter wall:			Nork Surface 710	glazed screen
Upper Cupboards	✓ Counte		✓ Lockable	
✓ Lower Cupboards	Stainle	ess Steel		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45		RT 60:	0.7	Remarks: Refer to Appendix 1D - Acoustics and Noise Control
NC Rating: 35-40)			
GENERAL ROOM REMARKS: Coat	Hooks: 🗹 Standard	Anti-Li	gature No of Coat Hooks:	Mirrors: Standard Vandal-Proof
✓ Tackboard Dim:	1220mm wide x 9	15mm high	✓	Whiteboard Dim: 1220mm wide x 915mm high
Remarks: Provi	de pass through hato	ch in glazed s	screen. Shall include n	neeting space for 10

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	11.0 MAPLES CROSS PR	ROADS 11B-SECURE PROGRAM AND LIVING UNI OGRAM
Project Number: 35720	-Draft:	Program Number: 11.0-03
Sign Off:	Date Issued:	RoomName:
IBI	Client:	7-01-25 CARE TEAM STATION: CONFIDENTIAL COOR
نت	onen.	MTICS 22. m²
RISK LEVEL:	Low	
MECHANICAL REQUIREMENTS		
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01 Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Eyewash Plumbing Remarks
Handwash Counter Goosene		
Lavatory Wall Standard		Emergency Shower
Janitorial Floor Laborato	Toot Dodal	Free WC Corrosion Resistant Fittings
Double	Electronic Controls Floor D	
Deep Equipment		
Other:		
Size:	-	
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
Air Temp: 🕡 Standa	ard Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		_
Types of Power: Emerge	ency & UPS	✓ Clock
		exes per workstation, locate one above counter and one below),
Special	Equipment (additional outlets): Security	video monitor, fire alarm annunicator, intercom station
Power Remarks:		
Patient Care Area Designation (as per CSA Z32):		
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:
✓ Dimmable Lighting	"In Use" Light	
✓ Switch & Light Cont		Battery pack and remote heads for emergency lighting. All lighting on emergency power.
Charting Light	valiity Light	ingriting on emergency power.

Project Name: VALLEYVIEW PROJECT		Department:	11.0 N	1APLES	CROSSR PRO	OADS GRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AN	D LIVING UNIT
Project Number:	35720	Draft: prepor	1	2	✓ Final		Program Number:	11.0-03
	Sign Off:	Date Issued:			2017	-01-25	RoomName: CARE TEAM STATION: CON	FIDENTIAL COORD
		Client:				MTICS	m²: 22. m²	
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Coax/ Data TV Or IMIT Remarks SECURITY SYSTEMS: Security Camer.	lata): utlet: 0 : Cli	nical Camera	Vi ✓ In	tercom M	com Station Master Station	No.:	Hands Free Room Status Telemetry Teleconferencing Staff Assist	Duress - Wired
Security Camer		nical Camera Mo	nitor		Intrusion Det	ection	✓ Patient Assist ✓	Duress - Wireless
OTHER								
Equipment Remarks:					perational emarks:			
Room Data Sheet Commen	t·							

Project Name: VALLEYVIEW PROJE	Department: 11.0 MAP	PLES CROSSROADS PROGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number: 35	720 Draft:	✓ 2 Final	Program Number: 11.0-04 RoomName:		
İBİ	Client:	2017-01-25 MTICS	m ² : 13.5 m ²		
RISK LEVEL:	Low		15.5 111		
ARCHITECTURAL REQUIREMEN					
INTERIOR FINISHES: height	material	finish	remarks		
Ceiling: 2750	Acoustic Tile	Pre-Finished			
Wall:	CIMID	Daint			
· · ·	GWB	Paint			
Floor:		Resilient			
Base: 100	Flash Cove				
Hand Rails:	Sheet: tandard	Remarks:			
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam		
Door Hardware: □ Door Protection □ Automatic Opens ✓ Access Control Door Glazing: □ Uppe Hardware Type:: ○F-02	✓ Locking r glazing	Door Remarks:			
Windows: Operable Windows: External Glazing and External Glazing Hard Exterior Window Tre- Internal Glazing and I	Frame: Standard See Seatment: Standard See Standard See Standard See	cure cure High Secur cure High Secur cure High Secur cure High Secur 1 Way Mirror	rity rity		
Casework / Millwork: Casework Se	curity: 🗸 Regular 🗌 Secu	ire	Remarks: Desk coverage of glazed screen		
Min Millwork /Counter Linear Length 4. (mm) or % of perimeter wall: Upper Cupboard: Lower Cupboard:	Counter Top	Work Surface 710 Height (mm): Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-		0.7	Remarks: Refer to Appendix 1D - Acoustics and Noise Control		
GENERAL ROOM REMARKS: Co.	at Hooks: 🗸 Standard 🗌 Anti-I	Ligature No of Coat 4	Mirrors: Standard Vandal-Proof		
✓ Tackboard Dir	n: 3@610mm wide x 915mm hi	Hooks: ☐ gh ✔ V	Whiteboard Dim: 3@610mm wide x 915mm high		
Remarks: Sha	Il accommodate 3 workstations v	vith computers			

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	11.0 M	APLES CROSSROADS					
TALLET VIEW I NOSECT	Droft:	PROGRAM	Drogram Number				
Project Number: 35720	Draft:		Program Number:	11.0-04			
	prepop 1	2 Final	DoomName:	11.0 07			
Sign Off:	Date Issued:	2017-01-25	RoomName: CARF TFAM ST	ATION: DIRECT OVERSIGHT			
IBI				ATION: DIRECT OVERSIGHT			
	Client:	MTICS	m²: 13.5 m²				
			15.5 111				
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01	Remarks:					
HVAC: CSA 2317.2-10, ASTRAE 6.							
✓ Can Air be Returned Rate (A/	C).	Snecial Exhau	ust Air Required: 0				
to System	5 ,.	Special Extra	useriii nequireui 0				
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Fyewash	Plumbing Remarks			
Handwash Counter Goosene		Urinal	Lyewasii				
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain				
Janitorial Floor Laborato		WC _	Emergency Shower				
Double	✓ Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings				
Deep Equipment	•	Floor Drain	Other:				
Other:							
	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks:							
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	еі.				
Rack Storage (2.4m high)	Types:						
EXHAUST: Pressure: Fqual	Positive Ne	gative Other:					
LAIROSI.		5 55					
Air Temp: 🗸 Standa	ard Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
	0 LIDC		Clock				
Types of Power: Emerge	ency & UPS						
			workstation, locate one abov dge, suction machine, compu				
Power Remarks: Switch	oank for power outlet sh	utoff for each client room					
- Switchi	. ,, 2 2						
Patient Care Area Designation Basic							
(as per CSA Z32):							
_							
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:				
Dimmable Lighting	"In Use" Light	Battery pa	ck and remote heads for unir	nterrupted emergency			
Switch & Light Cont	rols Vanity Light	7.7	all lighting on emergency pow				
Charting Light							

Project Name:	Project Name: VALLEYVIEW PROJECT		11.0 N	1APLES	S CROSSR	OADS	SUB DEPARTMENT: 11B-SECURE PROGRAM A	ND LIVING UNIT
	W I NOJECI					GRAM		
Project Number:	35720	-Draft: prepor	1	2	✓ Final		Program Number:	11.0-04
	Sign Off:	Date Issued:			2017	-01-25	RoomName: CARE TEAM STATION	: DIRECT OVERSIGHT
IBI		Client:				MTICS	m²: 13.5 m²	
RISK LEVEL:		Low						
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 utlet: 0		Vi		station rcom Station Master Statio		Hands Free Room Status Telemetry Teleconferencing	
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	a Monitor Cli	nical Camera nical Camera Mc	onitor		Card Reader Intrusion Det	_	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
	•							
OTHER								
Equipment Remarks:					perational emarks:			
Room Data Sheet Commen	+							

D :			<u> </u>				le le	UD DEDART			
Project Name:	LLEYVIEW P	ROIFCT	Department:	1.0 MAPI	LES CR		ADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
		NOJEC I	Draft:			PROGF		Program Nur	nber:		
Project Number:		35720	prepop	prepop 1 2 Final							11.0-05
	Sign Of	f:	Date Issued:	Date Issued: 2017-01-25							MEDICAL ROOM
I B			Client:					n²:			
	1					M	TICS		14. m	2	
RISK LEVEL:			Medium								
ARCHITECTUR	RAL REQUIRE	MENTS									
INTERIOR FINISI			material			finish				remarks	
Ceiling:	2750	GV	WB - Impact Resista	ant	Paint						
Wall:		GV	WB - Impact Resista	ant	Paint						
Floor:					Resilien	nt					
Base:	100	Fla	ash Cove								
Wall Protection:	Corner Guards:	✓	Sheet:			Rema	arks:				
	Crash Rails:	Stand	lard Anti-Li	gature							
	Hand Rails:	Stand	lard 🗌 Anti-Li	gature							
	Chair Rail:	Stand	lard	gature							
Door(s):	Clear Opening (W		914 x 2135	Material:	Solid C	Core		F	inish:	Plam	
Door Hardware:	Door Prote Automatic Access Con Door Glazing:	Opener	Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Re	marks: Pro mr		econd egre	ss do	or with integral blii	nd. Door size : 914
	Hardware Type::	OF-02									
Windows:	Operable Wind External Glazir External Glazir Exterior Windo Internal Glazin Blackout	ng and Framong Hardware	e: Standard nt: Standard e: Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure ure ure ure	High	Securit Securit Securit Securit	y y			
Casework / Millwo	ork: Casew	ork Security	/: Regular	✓ Secur	e			Remark	s: Pro	vide medical stora	ge cabinet
	/Counter Linear Ler or % of perimeter v	wall: boards	✓ Counte Stainle:	Counter/ \er Top ss Steel	Work Sur Height (r		kable				
ACOUSTICS:	STC Rating Wall /			RT 60:	0.7			Remark		er to Appendix 1D se Control	- Acoustics and
	NC Rating	g: 30-35									
GENERAL ROOM	1 REMARKS:	Coat Ho	oks: Standard	✓ Anti-Li	gature				Mir	rors: Standard	✓ Vandal-Proof
	Tackboard	l Dim:				Hook		niteboard	Dim:		
	Remarks:		ions for a First Aid							, refrigeration, cot; alarmed fridge, su	

Project Name:	Department:	SUB DEPARTMENT:							
VALLEYVIEW PROJECT	11.0 MAPLES CROSS		11B-SECURE PROGRAM AND LIVING UNIT						
31.122.11.121.11.11.11.11.11.11.11.11.11.		OGRAM Program Number:							
Project Number: 35720	-Draft:	riogiani Number.	11.0-05						
Sign Off:	Date Issued:	RoomName:							
J. S. S. S. S. S. S. S. S. S. S. S. S. S.		7-01-25	MEDICAL ROOM						
IBI	Client:	m²:							
		MTICS 14. m²							
RISK LEVEL:	Medium								
	Medium								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remarks:								
Can Air be Returned Rate (A/	C):	pecial Exhaust Air Required: 0							
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Plumbing	Remarks						
✓ Handwash ✓ Counter Goosene	lover/Plades	Eyewasn	, nemano						
Lavatory Wall Standard	Standard I I I I I I I I I I I I I I I I I I I	Water Fountain							
Janitorial Floor Laborato	Foot Podal	Emergency Shower							
Double	Electronic Controls	Free WC Corrosion Resistant Fittings							
Deep Equipment	Floor Di	rain Other:							
✓ Other: single comp. sink									
-	-								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:									
Air Temp: 🗹 Standa	ord Special Other:								
	L_								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:		Clark							
Types of Power: Emerge	ency	Clock							
	ience: 2 duplex, Workstations: 1 quadple , suction, blood pressure, AED	x, Special Equipment (additional outlets): fridg	e (on generator						
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):	ediate								
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Remarks:							
Dimmable Lighting									
Switch & Light Cont		Wall mounted extendable exam light							

Project Name: VALLEYV	IEW PROJECT	Department:	11.0 MAI	PLES CROSS PR	SROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNI		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-05
	Sign Off:	Date Issued:		201	.7-01-25	RoomName:		MEDICAL ROOM
IB I		Client:			MTICS	m²: 14. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: 0 Outlet: 0		Video	com Station o Intercom Stati com Master Sta		Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Cam Security Remai	era Monitor CI	inical Camera inical Camera Mor	nitor	Card Read	_		taff Assist atient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALLE	YVIEW I	PROJE		artment:	11.0 MAP		ROADS OGRAM		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:		3572	Draf	t: prepop	1 2	✓ Final		Program Nur	nber:		11.0-06
	Sign (Off:		Issued:		201	7-01-25	RoomName:			WASHROOM, STAFF
]			Clier	nt:			MTICS	m²:	3.7 m²		
RISK LEVEL:				Standa	rd						
ARCHITECTURAL	RFOLIIRI	FMFNT	ς								
INTERIOR FINISHES		ght		material		finis	:h			remarks	
Ceiling:	2750	БПС	GWB - N	loisture Res	sistant	Paint				Terriarks	
	2730			.0.500.0.100							
Wall:			GWB - M	loisture Res	sistant	Paint					
Floor:						Slip Resistar	nt				
Base:	100		Flash Co	ve							
Wall Protection: Co	orner Guards	: 🗸	Sheet	: 🗸			Remarks:				
	ash Rails:	_	andard	_	igature		remarks.				
H	and Rails:		andard	_	igature						
CI	nair Rail:	_	andard	_	igature						
s () Class	r Opening (V	/ v H):	014	. 2125	Material:	Solid Core	<u> </u>		inish: Plam		
Door(s):			914)	2135	iviateriai.	Solid Core			illisii. Piam		
	Door Sid	elight									
Door Hardware:	Door Pro Automat Access C Door Glazing	cic Opener control	•	_	ure & oof Hardware	Door Remark	s:				
На	rdware Type	:: WR-03									
	Operable Wi External Glaz External Glaz Exterior Win Internal Glaz	zing and Fr zing Hardw dow Treat ing and Fr	rare:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secui High Secui High Secui High Secui	rity rity			
Casework / Millwork:	Case	work Secu	ırity:	Regular	Secur	re		Remark	5:		
Min Millwork /Cou		-			Counter/	Work Surface					
(mm) or %		r wall: upboards upboards		=	er Top ess Steel	Height (mm):	Lockable				
ACOUSTICS: ST	C Rating Wal				RT 60	N/A		Remark	Refer to		- Acoustics and
	NC Rati	ng: 40-4	5								
GENERAL ROOM RE	MARKS:	Coat	Hooks:	Standard	Anti-L	gature No	of Coat 2 Hooks:		Mirrors:	✓ Standard	☐ Vandal-Proof
	Tackboa	rd Dim:						Vhiteboard	Dim:		
	Remarks	s:									

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	11.0 MA	PLES CROSSROADS			
	Draft:	PROGRAM	Program Number:		
Project Number: 35720	prepop 1	2 Final	. rogium rumberi	11.0-06	
Sign Off:	Date Issued:	2017.01.05	RoomName:		
IRI		2017-01-25		WASHROOM, STAFF	
	Client:	MTICS	m²: 3.7 m²		
			3.7 111		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust			
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Urinal	Plur	nbing Remarks	
Handwash Counter Goosene		Hopper	Eyewash Water Fountain		
✓ Lavatory ✓ Wall ✓ Standard	Standard	wc □	Emergency Shower		
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	✓ Electronic Control	Floor Drain	Other:		
Deep Equipment					
Other:	_				
Size:					
ROOM CONTROLS: Room Temp Control v	1 1		n Isolation Patient Co	ntrolled	
Local Adjustment	Local Adjustment	Room P	ressure Monitor		
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: W	√et □ Dry □ S	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
Mack Storage (2.411111gH)	Types.				
EXHAUST: Pressure: Equal	Positive Nega	tive Other:			
Air Temp: 🗸 Standa	rd Special	Other:			
	·				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:			Clock		
Types of Power: Normal			CIOCK		
Receptacle Count: Conven	ience: 1 duplex GFI				
	·				
Power Remarks: GFI					
rowel Remarks. GFI					
Patient Care Area Designation					
(as per CSA Z32):					
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:		
Dimmable Lighting	"In Use" Light				
✓ Switch & Light Cont		Night light	on emergency power.		
Charting Light	▼ Variity Ligit				
_					

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		11.0 N	1APLES CROSSR PRO	ROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		11.0-06	
''	Sign Off:			2017	-01-25	RoomName:		WASHROOM, STAFF	
IBI		Client:			MTICS	m²: 3.7 m²			
RISK LEVEL:		Standa	ırd						
TECHNOLOGY REQUIR	EMENTS								
IMIT SYSTEMS:									
Communications Ou Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ita): 0		Vi	itercom Station ideo Intercom Station itercom Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	is	
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mo	nitor	Card Reader			aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks:									
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comment									

Project Name: VA l	LLEYVIEW PR	OJECT	Department:	.1.0 MAP	LES CROSSF PRO	ROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numl	oer:	11.0-07
	Sign Off:	:	Date Issued:		2017	'-01-25	RoomName:		CONSULTATION ROOM
	<u>.</u>		Client:			MTICS	m²:	2. m²	
RISK LEVEL:			Medium	1					
ARCHITECTUR	RAL REQUIREN	1ENTS							
INTERIOR FINISI	HES: height		material		finish			remark	S
Ceiling:	2750	GW	/B - Impact Resist	ant	Paint				
Wall:		GW	/B - Impact Resist	ant	Paint				
Floor:					Carpet				
Base:	100	Rub	ber						
Wall Protection:		✓	Sheet:		R	temarks:	1200 mm hig	h Fibre Reinforce	ed Laminate Panel (FRL)
	Crash Rails: Hand Rails:	Standa Standa	_	_					
	Chair Rail:	Standa							
Door(s):	Clear Opening (W x	H):	914 x 2135	Material:	Solid Core	L	Fir	nish: Plam	
2001(3).	✓ Door Sidelig								
Door Hardware:	Door Protect Automatic C ✓ Access Cont Door Glazing:	Opener trol	Locking	re & of Hardware	Door Remarks:		swing. Provide door is for sta		door. Door size : 914 mm
	Hardware Type:: (OF-02							
Windows:	Operable Windo External Glazing External Glazing Exterior Windox Internal Glazing Blackout	g and Frame g Hardware: w Treatmen	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity		
Casework / Millwo	ork: Casewo	ork Security:	Regular	Secur	re		Remarks:		
	/Counter Linear Leng or % of perimeter w Upper Cupb Lower Cupb	all:	Counte		Work Surface Height (mm):	Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:			RT 60	0.7		Remarks:	Refer to Append Noise Control	dix 1D - Acoustics and
GENERAL ROOM	1 REMARKS:	Coat Hoo	ks: Standard	✓ Anti-L	igature No of			Mirrors: Sta	ndard Vandal-Proof
	Tackboard	Dim:			H	looks: L	Vhiteboard [Dim:	
	Remarks:	Shall incl	ude small desk, c	omfortable	seating for 2-	3, phone,	confidential	area	

Project Name:	Department:	AADLEC CDOCCDOADC	SUB DEPARTMENT: ADS 11B-SECURE PROGRAM AND LIVING UNIT			
VALLEYVIEW PROJECT	11.0 M	1APLES CROSSROADS	TTR-2FCOKF 5KO	JKAIVI AND LIVING UNIT		
	Draft:	PROGRAM □ ✓	Program Number:			
Project Number: 35720	prepop 1	2 Final		11.0-07		
Sign Off:	Date Issued:		RoomName:			
IDI		2017-01-25		CONSULTATION ROOM		
IBI	Client:	MTICS	m²:			
		IVITICS	12. m²			
RISK LEVEL:	Medium					
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:				
✓ Can Air be Returned Rate (A/	C):	Special Exhai	ust Air Required: 0			
to System						
PLUMBING FIXTURES:		1				
sink mounting faucet	tap			Plumbing Remarks		
Handwash Counter Goosene	_	Urinal	Eyewash	Transing remarks		
Lavatory Wall Standard		Hopper _	Water Fountain			
Janitorial Floor Laborato		WC _	Emergency Shower			
Double	Electronic Con	trols	Corrosion Resistant Fittings			
Deep Equipment		Floor Drain	Other:			
Other:						
	-					
Size:						
Decay Town Control	uith — Daam Dalatin		- II-ti			
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustm	·	n Isolation Patie	ent Controlled		
Room Control Remarks:	Via DDC					
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Fqual	Positive	egative Other:				
Air Temp: 🗸 Standa	ard Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	ency		Clock			
	•					
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex				
	·					
Power Remarks:						
rowel heliaiks.						
Patient Care Area Designation Basic						
(as per CSA Z32):						
LIGHTING: Workstation Task L		Lighting Ren	narks:			
Dimmable Lighting	"In Use" Ligh	nt				
✓ Switch & Light Cont	rols Vanity Light					
Charting Light						

Project Name: VALLEYVIEW PROJECT		Department:	11.0 MAPL		ROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	35720	Draft: prepop	0 1 2	Final	<u> </u>	Program Number:	11.0-07	
	Sign Off:			2017	-01-25	RoomName:	CONSULTATION ROOM	
		Client:			MTICS	m²: 12. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): 0 utlet: 0			Station ercom Station Master Statio		Hands Free Room Sta Telemetry Teleconferencing	tus	
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mo	_	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	ıt:							

Project Name:	Department:	1.0 MAPI	ES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	1 AND LIVING UNIT
VALLEYVIEW PROJECT			PROGRAM	1	
Project Number: 35720	—Draft: prepop	1 2		Program Number:	11.0-08
Sign Off:	Date Issued:		2017-01-25	RoomName:	PSYCHIATRIST OFFICE
IBI	Client:		2017 01 2	m²:	F3TCHIATRI3T OFFICE
			MTIC	S 15. m²	
RISK LEVEL:	Low				
ARCHITECTURAL REQUIREMENTS					
INTERIOR FINISHES: height	material		finish	remarks	
Ceiling: 2750 Acc	oustic Tile		Pre-Finished		
Wall: GW	VB - Impact Resist	ant	Paint		
Floor:			Carpet		
Base: 100 Rul	bber				
	Sheet:		Remarks:	1200 mm high Fibre Reinforced La	ominata Danal (FDI)
Wall Protection: Corner Guards: Crash Rails: Stand		gature	Remarks.	1200 mm nign Fibre keimorceu La	ammate Paner (FRL)
Hand Rails: Stand	_	_			
Chair Rail: Stand	ard 🗌 Anti-Li	gature			
Door(s): Clear Opening (W x H):	914 x 2135	Material:	Solid Core	Finish: Plam	
Door Sidelight					
Door Hardware: Door Protection	✓ Anti-Ligatu		Door Remarks: Double	e swing. Provide second egress door	. Door size : 914 mm
Automatic Opener	Tamperpro Locking	of Hardware		d door is for staff easy exit	
Access Control Door Glazing: Integral bl	ind				
Hardware Type:: OF-01					
Windows: Operable Windows:	Standard	✓ Sec	ura	Remarks:	
External Glazing and Frame		✓ Sec			
External Glazing Hardware		✓ Sec			
Exterior Window Treatmer Internal Glazing and Frame		✓ Sec ✓ Sec	= -		
Blackout Blin		Shutter [1 Way Mirror	Other	
Casework / Millwork: Casework Security	: Regular	Secur	e	Remarks:	
Min Millwork /Counter Linear Length			Work Surface		
(mm) or % of perimeter wall: Upper Cupboards	Counte		Height (mm): Lockable	e	
Lower Cupboards	=	ss Steel			
ACOUSTICS: STC Rating Wall / 55		RT 60:	0.7	Remarks: Refer to Appendix 1	D - Acoustics and
Floor / Ceiling: NC Rating: 30-35				Noise Control	
			_		
	oks: 🗹 Standard	Anti-Li	gature No of Coat 2 Hooks:		rd Vandal-Proof
Tackboard Dim:				Whiteboard Dim:	
Remarks: Shall acc	commodate desk a	and chair, fil	ing cabinet, bookcase	e and round meeting table for testir	ng

Project Name:	Department:	14 DUEC CD 0000 5 : 5 : 5	SUB DEPARTMENT:						
VALLEYVIEW PROJECT	11.0 N	IAPLES CROSSROADS	11B-SECURE PROC	GRAM AND LIVING UNIT					
	Droft:	PROGRAM	Drogram Number						
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-08					
Sign Off:	prepop 1	2 Final	PoomNamo:	11.0 00					
Sign Off:	Date Issued:	2017-01-25	RoomName:	PSYCHIATRIST OFFICE					
IBI	eli .		2	TSTCHIATRIST OFFICE					
	Client:	MTICS	m²: 15. m²						
			15.111						
RISK LEVEL:	Low								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACLIDAT C	2.1-01	Remarks:							
HVAC: CSA 2317.2-10, ASTRAE 6.									
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0						
to System	C).	Special Exhau	useriii nequireu.						
PLUMBING FIXTURES:									
sink mounting faucet	tap	Hrinal	Evowash	Plumbing Remarks					
Handwash Counter Goosene		Urinal	Eyewash						
Lavatory Wall Standard		Hopper _	Water Fountain						
Janitorial Floor Laborato		WC _	Emergency Shower						
Double	Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings						
	Liectronic com	Floor Drain	Other:						
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pressure: Standard Special Other:									
ELECTRICAL REQUIREMENTS									
GENERAL POWER:			Clock						
Types of Power: Normal	& Emergency								
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex							
Power Remarks:									
Dation Court Court									
Patient Care Area Designation Basic (as per CSA Z32):									
(65 pc. 65/1252).									
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:						
Dimmable Lighting	☐ "In Use" Ligh								
Switch & Light Cont	_								
Charting Light									
		L							

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		11.0 MAPL			SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
		- · · -			GRAM	2 11		
Project Number:	35720	Draft: prepop	b 1 2	✓ Final		Program Number:	11.0-08	
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	PSYCHIATRIST OFFICE	
IBI		Client:			MTICS	m²: 15. m²		
RISK LEVEL:		Low						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): 0 utlet: 0		Video Ir	n Station tercom Station n Master Statio	n 🔲	Hands Free Room State Telemetry Teleconferencing	tus	
SECURITY SYSTEMS: Security Camera Security Camera	a Monitor Cli	nical Camera nical Camera Mo	_	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALL	EYVIE	EW PROJE	Department:	11.0 MAP	LES CROSS	ROADS OGRAM	SUB DEPARTM 11B-SE	ENT: CURE PROGRAM A	AND LIVING UNIT
Project Number:		357	Draft: prepo	p 1 2	Final		Program Num	ber:	11.0-09
[-		Sign Off:	Date Issued:		201	7-01-25	RoomName:		UNIT KITCHEN
IBI			Client:			MTICS	m²:	D. m²	
RISK LEVEL:			Mediu	ım					
	, pro	LUDENAENT		4111					
ARCHITECTURA			3						
INTERIOR FINISHE		height	materi		finish	h		remarks	
Ceiling:	275	U	GWB - Impact & N Resistant Secure	vioisture	Paint				
Wall:			GWB - Impact & N Resistant Secure	Moisture	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G	iuards:	Sheet:			Remarks:			
	Crash Ra		_	i-Ligature					
	Hand Rai		_	i-Ligature					
	Chair Rai	: St	andard Ant	i-Ligature 					
Door(s):	ear Oper	ning (W x H):	1525 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Do	or Sidelight							
Door Hardware:	☐ Au	or Protection stomatic Opener cess Control Glazing: Upper	✓ Locking	proof Hardware	Door Remarks	Provide :	second door t	o dining room. Door s	ize : 914 mm
ŀ	Hardware	Type:: OF-02/	/ DA-01						
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fi al Glazing Hardw or Window Treat al Glazing and Fr ackout	ware: Standa tment: Standa rame: Standa	ird Second	cure	High Secur High Secur High Secur High Secur or	rity rity rity	Maximize interior glaz	ring for observation
Casework / Millwork	:	Casework Secu	urity: Regular	✓ Secu	re		Remarks:		
Min Millwork /Co			00	Counter/	Work Surface	915			
(mm) or	✓ Up	imeter wall: per Cupboards wer Cupboards	=	unter Top inless Steel	Height (mm):∟	Lockable			
ACOUSTICS:	STC Ratir Floor	ng Wall / 45 / Ceiling:		RT 60	: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	Ν	IC Rating: 35-4	.0					Troise Control	
GENERAL ROOM I	REMAR	RKS: Coat	t Hooks: Standa	ırd 🗹 Anti-L		f Coat 2 Hooks:		Mirrors: Standard	☐ Vandal-Proof
	Та	ckboard Dim:	:				Vhiteboard [Dim: 915mm wide X	915mm high
	Re	pull o		ounter, lockab	le door, ; acce	ess to Foo	d Cart alcove	ge, stove, dishwasher, shall be provided. 1 so	

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	11.0 MAPLES		11B-SECURE PROGRA	AM AND LIVING UNIT
31.122.11.121.11.11.11.11.11.11.11.11.11.	Draft:	PROGRAM	Program Number:	
Project Number: 35720		✓ Final	riogiam Number.	11.0-09
Sign Off:	Date Issued:	· mai	RoomName:	
J. S. S. S. S. S. S. S. S. S. S. S. S. S.	Date issuedi	2017-01-25	nooniname.	UNIT KITCHEN
IBI	Client:		m²:	
		MTICS	20. m²	
RISK LEVEL:	Medium			
	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remark	s: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 1	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		- Plu	ımbing Remarks
✓ Handwash ✓ Counter Goosene		=	pr	ovide hot water for
Lavatory Wall Standard		Hopper		shwasher.
Janitorial Floor Laborato		WC	Emergency Shower	
✓ Double	·	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	✓ Electronic Controls	Floor Drain	Other:	
✓ Other: Hand Sink, splash mounted fauce				
	-			
Size:				
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity v Local Adjustment		on Isolation Patient C	ontrolled
Room Control Remarks:	Via DDC		Tessure Monitor	
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpip	oe Oth	ner:	
Rack Storage (2.4m high)	Types:			
Mack Storage (2.4m mgm)	турсз.			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: ✓ Standa	ord Special Other	er: Domestic Ra	ange Hood	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal			Clock	
	ience: 2 duplex, Countertop: dup	lexes along count	er, Special Equipment (addition	al outlets): fridge, stove,
dishwa	sner			
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
The second secon	ighting	Liebaie e B	marke.	
LIGHTING: Workstation Task Lighting		Lighting Rer	тагкs:	ī
Dimmable Lighting	In Use" Light	Undercab	inet lighting	
✓ Switch & Light Cont Charting Light	rols Vanity Light			
Charting Light				
		1		

Project Name: VALLEY\	/IEW PROJECT	Department:	11.0 MA	PLES CROS	SROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-09
	Sign Off:	Date Issued:		20:	17-01-25	RoomName:		UNIT KITCHEN
IBI		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQ	UIREMENTS							
IMIT SYSTEMS: Communication			Inter	com Station		Hands Free	Room Statu	ıs
Quantity (1 voice,	1 data):		Vide	o Intercom Stati	on	Telemetry		
			Inter	com Master Sta	tion	Teleconferencing		
Coax/ Data TV	/ Outlet: 0							
IMIT Rema	arks:							
SECURITY SYSTEMS:								
Security Car Security Car		inical Camera inical Camera Moi	nitor	Card Read	L		taff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Rema	arks:							
OTHER								
Equipment Remarks:	Dishwasher CP	CI		Operationa Remarks:				
Room Data Sheet Comr	nent:							

Project Name: VAI	LLEYVIEW PROJEC	Department:	l1.0 MAPL	ES CROSSRC PROG	DADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UN	1IT
Project Number:	3572	Draft: prepop	1 2	Final		Program Number: 11.0-10	
	Sign Off:	Date Issued:		2017-0		RoomName: DINING AR	₹EA
IBI		Client:		N	/ITICS	m ² : 22. m ²	
RISK LEVEL:		Mediun	1				
	RAL REQUIREMENTS	s					=
INTERIOR FINISH		material		finish		remarks	
Ceiling:	2750	GWB - Impact Resist	ant I	Paint			
Wall:		GWB - Impact Resist	ant I	Paint			
Floor:			1	Resilient			
Base:	100	Flash Cove					
Wall Protection:	Corner Guards:	Sheet:		Ren	narks: 1	1200 mm high Fibre Reinforced Laminate Panel (FRL)	
	Crash Rails: Sta	andard 🗌 Anti-Li	gature				
		_	gature				
			gature				
Door(s):	Clear Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Core		Finish: Plam	
Door Hardware:	✓ Door Protection✓ Automatic Opener✓ Access Control	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Remarks: D	ouble sv	wing	
	Door Glazing: Upper (glazing					
	Hardware Type:: CR-01						
Windows:	Operable Windows: External Glazing and Fractions External Glazing Hardw		✓ Secu ✓ Secu ✓ Secu	ıre 🔲 Hig	h Securii h Securii		n
	Exterior Window Treati	ment: Standard	✓ Secu	ıre 🗌 Hig	h Securi	ity	
	Internal Glazing and Fra		✓ Secu Shutter	ıre ∐ Hig	h Securi	Other	_
Casework / Millwo			✓ Secure			Remarks: Provide counter and lower cupboards for)r
	Counter Linear Length 240			Vork Surface 915	5	food trays.	"
	or % of perimeter wall: Upper Cupboards	✓ Count	er Top	Height (mm):	ockable		
ACOUSTICS:	✓ Lower Cupboards STC Rating Wall / 50	Stainle	ess Steel RT 60:	0.7		Remarks: Refer to Appendix 1D - Acoustics and	
	Floor / Ceiling: NC Rating: 35-40)				Noise Control	
GENERAL ROOM	1 REMARKS: Coat	Hooks: Standard	Anti-Lig	gature No of Co	oat	Mirrors: Standard Vandal-Proo	f
	Tackboard Dim:			Hoo		/hiteboard Dim:	
	Remarks: Shall	accommodate 12 at	family-style s	seating			=
							\Box

Project Nai	me:					Departn	nent:	44.5.5	44	F.C		2455	SUB DEPARTMENT:		MB 11,
	V	ΑLI	EYVII	EW PR	OJECT			11.0 N	/IAPL	LES C	ROSSR		11B-SECURE PRO	KAM A	AND LIVING UNIT
	•			11		Droft				7 -		SRAM			
Project Nui	mber:				35720	Draft:	nrenan	1			✓ inal		Program Number:		11.0-10
				Sign Off:		Date Icc	prepop	' 1		FL	IIIai		PoomName:		
		7		Sign Off:		Date Iss	ueu:				2017-	01-25	RoomName:		DINING AREA
	В	1				Cliente							m²:		J
	_	٠.				Client:					1	MTICS			
_															
RISK LE	VEL:					N	lediu	m							
MECHA	ANICA	AL F	REQUII	REMEN	ITS										
HVAC:	Тур	e:	CSA Z31	17.2-10,	ASHRAE 6	2.1-01			Re	marks	: Exha	ust			
	✓	Can	Air be Re	eturned	Rate (A/	C):			1		Spe	cial Exha	aust Air Required: 0		
		to S	ystem												
PLUMBI	NG FI	ΧŤŪ	KES:							_				,	
sink	_		mount	ting	faucet		tap				Urinal	Ī	Eyewash	Plumbin	g Remarks
Hand	wash		Counte	er	Goosene	ck [Leve	r/Blades		ا 🗍	Hopper	Ī	Water Fountain		
Lavato	ory		Wall		Standard		Stan	dard			WC	Ī	Emergency Shower		
Janito	rial		Floor		Laborato	ry	Foot	Pedal			Barrier Fre	e WC	Corrosion Resistant Fittings		
Doubl	le						Elect	tronic Cor	itrols	F	Floor Drai	- ا	Other:		
Deep	Equipm	ent													
Other	:														
Size:						-									
_													·		
				Poom Ter	mp Control v	with [□ Poo	m Relative	a Humi	idity wi	ith	Infacti	on Isolation		
ROOM C	ONTE	ROL		Local Adju		with [ıl Adjustm		iuity wi			Pressure Monitor	ent Contro	lled
			Roo	m Control	Remarks:	Via D	DC								
FIRE PRO	OTECT	ION	: Spri	nkler Type	e: 🗸 V	/et	Dr	у	Sta	ndpipe	9	Ot	her:		
			Rack Sto	rage (2.4r	m high)	Types:									
		ш	Nack Sto	11 age (2.41	ii iiigii)	Types.									
EXHAUS	T:		Pres	ssure:	Equal	✓ Po	ositive	N	legativ	е		ther:			
			Air 1	Гетр:	✓ Standa	rd	Spe	cial		Other	r:				
															-
ELECTR	RICAL	RE	QUIRE	MENTS	S										
GENERA	L POV	VER	:										_		
			Туре	s of Powe	r: Normal	& Emer	rgency						✓ Clock		
							- '								
			Recept	acle Coun	it: Conven	ience: 8	duplex	(
			Powe	er Remark	s: Overrid	e switch	n at nur	se base	to shu	itoff a	all power	to all re	eceptacles		
	Patie	nt Ca		Designatio											
			(as pe	er CSA Z32	· /·										
LIGHTIN	e.			Worksta	ation Task Li	ghting	Ni	ght Light			Lie	hting Re	marks:		
LIGHTIN	J.			_	ble Lighting	_ 0	_	n Use" Ligi	ht						
			<u>∨</u>	_	& Light Cont	rols		nity Light					tch and override switch at n n room. All lighting on emer		
				Charting			∟ va	uncy Light			ווצ	iitiiig II	Troom. An iightilig on emei	Perich ho	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

Project Name: VALLEYV	IEW PROJECT	Department:	11.0 MAP	LES CROSS PRO	ROADS OGRAM	SUB DEPARTMENT: 11B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2			Program Number:		11.0-10
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		DINING AREA
IBI		Client:			MTICS	m²: 22. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQU	IREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	Outlet: 0		Video	om Station Intercom Statio om Master Stati		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cl	inical Camera inical Camera Moi	[nitor	Card Reade			aff Assist atient Assist	□ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VA l	LLEYVIEW PRO	DJECT	Department:	11.0 MAP	LES CROSS PR	ROADS OGRAM	SUB DEPARTM 11B-SE	ENT: CURE PROGRA	AM AND LIVING UNIT
Project Number:	:	35720	Draft: prepop	1 2	✓ Final		Program Numl	oer:	11.0-11
-	Sign Off:		Date Issued:		201	7-01-25	RoomName:		CLIENT PHONE STATION
IB	<u>.</u>		Client:			MTICS	m²:	. m²	
RISK LEVEL:			Mediun	1					
ARCHITECTUR	RAL REQUIREM	ENTS							
INTERIOR FINISI	HES: height		material		finis	sh		remarks	
Ceiling:	2750	GW	B - Impact Resist	tant	Paint				
Wall:		GW	B - Impact Resist	tant	Paint				
Flaa					Resilient				
Floor:					Resilient				
Base:	100	Flas	h Cove						
Wall Protection:	Corner Guards:	_	Sheet:			Remarks:	1200 mm hig	h Fibre Reinforce	d Laminate Panel (FRL)
	Crash Rails:	Standa □ Standa		igature igature					
	Chair Rail:	Standa		igature					
Door(s):	Clear Opening (W x H):		Material:		·	Fir	nish:	
	Door Sideligh	ıt							
Door Hardware:	Door Protect	ion	Anti-Ligatu		Door Remark	s:			
	Automatic Op		Tamperpro Locking	oof Hardware					
	Door Glazing:								
	Hardware Type::								
Windows:	Operable Windov	ws:	Standard	Sec	cure		Remarks:		
	External Glazing			_		High Secui			
	External Glazing I Exterior Window		Standard Standard	_		High Secui High Secui			
	Internal Glazing a		Standard		cure	High Secui	rity		
	Blackout	Blind	s Roller	Shutter [1 Way Mir	ror	Other		
Casework / Millwo		k Security:	Regular	Secu	,		Remarks:		
	Counter Linear Lengtl or % of perimeter wal			Counter/	Work Surface Height (mm):				
	Upper Cupbo Lower Cupbo		=	er Top ess Steel		Lockable			
ACOUSTICS:	STC Rating Wall /	45		RT 60	. 0.7		Remarks:	Refer to Annend	lix 1D - Acoustics and
Acoustics.	Floor / Ceiling:				0.7			Noise Control	IX 15 Acoustics and
CENEDAL DOOR	L			 					
GENERAL ROOM		Coat Hook	s: Standard	Anti-L	igature No	Hooks:	A/h:4-h		ndard Vandal-Proof
	Tackboard	Dim:				v	Whiteboard [Dim:	
	Remarks:								
	L								

Project Name:	Department:	ADJEC CROSSES	SUB DEPARTMENT:	NA AND 111/1810 1111
VALLEYVIEW PROJECT	11.0 MA	APLES CROSSROADS	11B-SECURE PROGRA	IVI AND LIVING UNIT
Project Number: 35720	-Draft:	PROGRAM	Program Number:	11.0-11
Sign Off:	prepop 1 Date Issued:	2 Final	RoomName:	11.0 11
IBI		2017-01-25		CLIENT PHONE STATION
	Client:	MTICS	m²: 1. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS	suru			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:		
HVAC.				
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:			21	
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewasii	mbing Remarks
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower Corrosion Resistant Fittings	
Double	Electronic Contro		Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative H Local Adjustmen		n Isolation Patient Co Pressure Monitor	ontrolled
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Neg	gative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: No rece	ptacles			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li		Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont Charting Light	rols Vanity Light			

Project Name:	roject Name: VALLEYVIEW PROJECT	Department:	11.0 M	IAPLES CROSSR		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
VALLEYVII	EW PROJECT				GRAM			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-11
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	CL	IENT PHONE STATION
IBI		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 · Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 1 utlet: 0		Vio	tercom Station deo Intercom Station tercom Master Statio		Hands Free L Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Mor	nitor	Card Reader			Assist ent Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VA	LLEYVIEW PR	OJECT	Department:	11.0 MAP	LES CROSSF PRO	ROADS IGRAM	SUB DEPARTM 11B-SE		PROGRAM A	AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Final		Program Numl	ber:		11.0-12
ΙB	Sign Off:		Date Issued:		2017	-01-25	RoomName:		OFFICE, PROG	RAM COORDINATOR
	<u> </u>		Client:			MTICS	m²: 9.	2 m²		
RISK LEVEL:			Low							
ARCHITECTUR	RAL REQUIREM	ENTS								
INTERIOR FINIS		LIVIO	material		finish				remarks	
Ceiling:	2750	Aco	ustic Tile		Pre-Finished					
Wall:		GW	В		Paint					
Floor:					Resilient					
Base:	100	Flas	h Cove]					
Wall Protection:	Corner Guards:	<u>/</u>	Sheet:		J R	emarks:	1200 mm hig	h Fibre f	Reinforced Lam	inate Panel (FRL)
	Crash Rails: Hand Rails:	Standa Standa	_	igature						
	Chair Rail:	Standa	_	igature igature						
Door(s):	Clear Opening (W x F	H):	914 x 2135	Material:	Solid Core	· L	Fir	nish: Plar	n	
	Door Sideligh	nt								
Door Hardware:	Door Protect Automatic O Access Conti	pener	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remarks:					
	Door Glazing: U		ng							
	Hardware Type::	F-02								
Windows:	Operable Windo External Glazing		✓ Standard	_	ure	:-b C		Maximi	ze interior glaz	ing for observation
	External Glazing		✓ Standard✓ Standard	_	ure 🗌 H	igh Secur igh Secur	rity			
	Exterior Window Internal Glazing		Standard Standard	=	_	igh Secur igh Secur				
	Blackout	✓ Blind		Shutter [1 Way Mirro		Other			
Casework / Millwo	ork: Casewoi	k Security:	✓ Regular	Secui	re		Remarks:			
	/Counter Linear Lengt or % of perimeter wa			Counter/	Work Surface 7 Height (mm):	10				
	Upper Cupbo ✓ Lower Cupbo		Count	er Top ess Steel	•	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating:	45 30-35		RT 60	: 0.7		Remarks:	Refer to Noise C		- Acoustics and
GENERAL ROON		Coat Hool	s: Standard	✓ Anti-l	igature No of	Coat 2		Mirrors:	Standard	Vandal-Proof
	✓ Tackboard	_	.5mm x 915mm			looks:	Whiteboard [_	15mm wide x 9	
	Remarks:									

Project Name:	Department:	14 DI EC CD 2007 7 : 7 :	SUB DEPARTMENT:	2004444415				
VALLEYVIEW PROJECT	11.0 N	IAPLES CROSSROADS	11B-SECURE PRO	OGRAM AND LIVING UNIT				
	Draft:	PROGRAM	Program Number:					
Project Number: 35720	prepop 1	2 Final		11.0-12				
Sign Off:	Date Issued:		RoomName:					
· ·		2017-01-25		FICE, PROGRAM COORDINATOR				
IBI	Client:		m²:					
		MTICS	9.2 m²					
RISK LEVEL:	Low							
MECHANICAL REQUIREMENTS								
Type: CCA 7217 2 10 ACUBAE 63	2 1-01	Remarks:						
HVAC: (CSA 2317.2-10, ASHRAE 62	01	nemano.						
✓ Can Air be Returned Rate (A/0	C):	Special Exha	ust Air Required: 0					
to System	-,							
D								
PLUMBING FIXTURES:								
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks				
Handwash Counter Goosene		Hopper	Water Fountain					
Lavatory Wall Standard		☐ wc	Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fitting	gs				
Double	Electronic Cont	Floor Drain	Other:					
Deep Equipment								
Other:	_							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:								
Rack Storage (2.4m high)	Types:							
<u></u>								
EXHAUST: Pressure:	Positive Ne	egative Other:						
Air Temp: 🕡 Standa	rd Special	Other:						
All Tellip. Stallda	Tu Special	other.						
ELECTRICAL REQUIREMENTS								
GENERAL POWER:								
Types of Power: Normal	& Emergency		Clock					
,, s s s svorina								
Receptacle Count: Conven	ience: 2 duplex, Workst	ations: 1 quadplex						
Power Remarks:								
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
Dimmable Lighting	"In Use" Ligh	t						
✓ Switch & Light Cont								
Charting Light								

oject Name: VALLEYVIEW PROJECT	Department:	11 0 14	V DI EC C	CD OCCD	OVDC	SUB DEPARTMENT:
VALLEYVIEW PROJECT		11.0 MA	APLES C		GRAM	11B-SECURE PROGRAM AND LIVING UNI
Project Number: 35720	Draft: prepor	D 1		✓ inal	SIVAIVI	Program Number: 11.0-12
Sign Off:	Date Issued:			2017-	01-25	RoomName: OFFICE, PROGRAM COORDINATO
	Client:			1	MTICS	m²: 9.2 m²
RISK LEVEL:	Low					
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: 0 Coax/ Data TV Outlet: 0		Vide	ercom Stati eo Intercoi ercom Mas	m Station	 	Hands Free Room Status Telemetry Teleconferencing
IMIT Remarks:						
	linical Camera linical Camera Mo	onitor		rd Reader rusion Det	<u> </u>	Staff Assist Duress - Wired Patient Assist Duress - Wireless
Security Remarks:						
OTHER						
Equipment Remarks:			Opera Rema	ational arks:		
Room Data Sheet Comment:						

Project Name: VALI	oject Name: VALLEYVIEW PROJECT		artment:	.1.0 MAP		DSSROADS PROGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
Project Number:	3	Draf 5720	t: prepop	1 2		110010101	Program N	umber:		11.0-13
	Sign Off:	Date	Issued:		2	017-01-25	RoomNam	e:		LIVING ROOM
IBI		Clier	t:			MTICS	m²:	30. m²		
RISK LEVEL:			Medium	1						
ARCHITECTURA	AL REQUIREME	NTS								
INTERIOR FINISHI	ES: height		material			finish			remarks	
Ceiling:	2750	GWB - Ir	npact Resist	ant	Paint					
Wall:		GWB - Ir	npact Resist	ant	Paint					
Floor:					Resilient	:				
Base:	100	Flash Co	ve							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Sheet Standard Standard Standard	: 🔽 Anti-Li Anti-Li Anti-Li	gature		Remarks:	1200 mm	high Fibre	e Reinforced Lar	minate Panel (FRL)
Door(s):	lear Opening (W x H):	914)	2135	Material:	Solid Co	nre		Finish: PI	am	
Door(s):	Door Sidelight	3147	2133	wateria.	30llu Ci	ле 		T IIII 511.	alli	
Door Hardware: Windows:	Door Protectio Automatic Ope Access Control Door Glazing: Upp Hardware Type:: CR- Operable Windows External Glazing ar	per glazing 01		re & of Hardware Sec Sec	cure	Double High Secu	Remar	ks: Maxir	mize interior gla	zing for observation
	External Glazing Ha Exterior Window T Internal Glazing an	reatment:	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec Shutter	cure cure	High Secu High Secu High Secu	rity rity	er		
Casework / Millwor	k: Casework	Security:	Regular	✓ Secui	re		Rema		in unit for game ım deep	s. 1200mm long X
	ounter Linear Length r % of perimeter wall: Upper Cupboa Lower Cupboa	rds	Counte		Work Surf Height (m			030111	ш иеер	
ACOUSTICS:	STC Rating Wall / 5 Floor / Ceiling: 3			RT 60	0.7		Rema		to Appendix 1D Control	- Acoustics and
GENERAL ROOM		Coat Hooks:	Standard	Anti-L	igature	No of Coat		Mirro	rs: Standard	d Vandal-Proof
	Tackboard [Dim:				Hooks:	Whiteboard	Dim:		
	Remarks: S	hall accomm	odate 12 in s	soft furnitu	re			<u> </u>		

Project Nai	me:					Departn	nent:	44.55	44.5		20.025		SUB DEPARTMENT:		MB 11,
	V	ΑLI	EYVIE	EW PR	OJECT			11.0 N	/IAPL	LES C		ROADS	11B-SECURE PROC	KAM A	AND LIVING UNIT
	•			11		Droft				1		OGRAM			
Project Nui	mber:				35720	Draft:	prenon	1			✓ Einal		Program Number:		11.0-13
			1	Sign Off:		Date Iss	prepop	. 1			Final		RoomName:		
		7		oign Off:		Date ISS	ued:				201	7-01-25	NOUTHNAITE:		LIVING ROOM
l	В	1				Cliont							m²:		2
'		٠,				Client:						MTICS	m-: 30. m²		
		_											33		
RISK LE	VEL:					N	lediu	m							
MECHA	ANICA	AL F	REQUIE	REMEN	TS										
HVAC:	Тур	e:	CSA Z31	17.2-10,	ASHRAE 6	2.1-01			Re	mark	s:				
	✓	Can	Air be Re	eturned	Rate (A/	C):			Ī		S	pecial Exha	ust Air Required: 0		
		to S	ystem												
									J						
PLUMBI	NG FI	ΧŤŪ	KES:											,	
sink	_		mount	ting	faucet		tap				Urinal	Ī	Eyewash	Plumbin	g Remarks
Hand	wash		Counte	er	Goosene	ck [Leve	r/Blades			Hopper	Ī	Water Fountain		
Lavato	ory		Wall		Standard		Stan	dard			wc	Ī	Emergency Shower		
Janito	rial		Floor		Laborato	ry	Foot	Pedal			Barrier F	ree WC	Corrosion Resistant Fittings		
Doubl	le					_ [Elect	tronic Con	trols		Floor Dr	_	Other:		
Deep	Equipm	ent											_		
Other	:														
Size:						-									
_															
				Poom Ter	mp Control v	with [□ Poo	m Relative	. Humi	idityv	with [□ Infectio	on Isolation		
ROOM C	ONTE	ROL		Local Adju		with [ıl Adjustm		iuity v	VILII	1	Pressure Monitor	ent Contro	lled
			Roo	m Control	Remarks:	Via D	DC								
FIRE PRO	OTECT	ION	: Sprii	nkler Type	e: 🗸 V	/et	Dr	у	Sta	ndpip	е	Oth	ner:		
			Rack Sto	rage (2.4r	n highl	Types:									
		Ш	NUCK 310	uBC (4.41	g,	i ypes:									
EXHAUS	T:		Pres	ssure:	∕ Equal	Po	ositive	N	egativ	e		Other:			
			Air T	Гетр:	✓ Standa	rd	Spe	cial		Othe	er:	_		_	
_															
ELECTR	RICAL	RE	QUIRE	MENTS	5										
GENERA	L POV	VER	:												
			Туре	s of Powe	r: Normal	& Emer	gency						✓ Clock		
			Recept	acle Coun	t: Conven	ience: 8	duplex	(
			Powe	er Remark	s: Overrid	e switch	at nur	se base	to shu	itoff a	all powe	er to all re	ceptacles		
	Patie	nt Ca		Designatio											
			(as pe	er CSA Z32	.1.										
LIGHTIN	e.			Worksta	ation Task Li	ghting	□ Nie	ght Light			ı	ighting Rer	marks:		
LIGHTIN	J.		_ _	_	ole Lighting	J			nt		Г				
				_	& Light Cont	rols		n Use" Ligh					ch and override switch at n		
				Charting		. 013	∐ Va	inity Light				ngnting in	room. All lighting on emer	венсу ро	wei.
				7	,0										
											L				

Project Name: VALLEY	VIEW PROJECT	Department:	11.0 MAI	PLES CROSS PR	ROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
Project Number:	35720	Draft: prepop	1	✓ 2 Final		Program Number:	11.0-13		
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	LIVING ROOM		
в]		Client:			MTICS	m²: 30. m²			
RISK LEVEL:		Mediu	m						
TECHNOLOGY REC	UIREMENTS								
Communication Quantity (1 voice T Coax/ Data	e, 1 data): Tel Outlet: O TV Outlet: O		Video	com Station Intercom Static com Master Stat		Hands Free Room Sta Telemetry Teleconferencing	tus		
		inical Camera inical Camera Mo	nitor	Card Read	_	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:	t			Operational Remarks:					
Room Data Sheet Com									

Project Name:	LLEYVIEW PRO.		rtment: 1	1.0 MAP	LES CROS	SROADS ROGRAM	SUB DEPARTM 11B-SE		AND LIVING UNIT
Project Number:		5720 Draft	prepop	1 2	Final		Program Num	ber:	11.0-14
IR	Sign Off:		Issued:		201	17-01-25	RoomName:		REC ROOM
		Clien	t:			MTICS	m²: 5.	5. m²	
RISK LEVEL:			Medium	1					
ARCHITECTUI	RAL REQUIREME	NTS							
INTERIOR FINIS			material		fini	ich		remarks	
Ceiling:	2750	GWB - Im	npact Resist	ant	Paint	1311		Tellians	
Wall:		GWB - In	pact Resist	ant	Paint				
Floor:					Resilient				
Base:	100	Flash Cov	re						
Wall Protection:	Corner Guards: Crash Rails:	Sheet: Standard		gature		Remarks:	1200 mm hig	h Fibre Reinforced L	aminate Panel (FRL)
	Hand Rails:	Standard	Anti-Li	_					
	Chair Rail:	Standard	Anti-Li	gature					
Door(s):	Clear Opening (W x H):	914 x	2135	Material:	Solid Core	!	Fi	nish: Plam	
	Door Sidelight								
Door Hardware:	Door Protection Automatic Ope Access Control	ener	Tamperpro	re & oof Hardware	Door Remark	ks:			
	Door Glazing: Upp	per glazing							
	Hardware Type:: CR-	01							
Windows:	Operable Windows	=	Standard	✓ Sec		History Co.		Maximize interior g	glazing for observation
	External Glazing an External Glazing Ha	_	Standard Standard	✓ Sec ✓ Sec		High Secur High Secur			
	Exterior Window Tr	_	Standard Standard	✓ Sec ✓ Sec		High Secur High Secur			
	Blackout [Blinds	_	Shutter [1 Way Mi		Other		
Casework / Millwo	ork: Casework S	Security:	Regular	Secur	re		Remarks:		
	/Counter Linear Length or % of perimeter wall:			Counter/	Work Surface Height (mm)				
	Upper Cupboar Lower Cupboar		Counte	er Top ess Steel		Lockable			
ACOUSTICS:	STC Rating Wall / 50	0		RT 60	: 0.7		Remarks:	Refer to Appendix	1D - Acoustics and
	Floor / Ceiling:	5-40						Noise Control	
GENERAL ROOM	M REMARKS:	Coat Hooks:	Standard	✓ Anti-L	igature No			Mirrors: Standa	ard Vandal-Proof
	Tackboard	Dim:				Hooks: V	Vhiteboard	Dim:	
	Remarks: St	hall accommo	odate pool t	able, ping p	ong table a	nd foosball			

Project Name:	Department:	14 DUES OD CSSS C 4 T S	SUB DEPARTMENT:	AND INVESTIGATION
VALLEYVIEW PROJECT	11.0 M	IAPLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number	-Draft:	PROGRAM □ ✓	Program Number:	
Project Number: 35720	prepop 1	2 Final		11.0-14
Sign Off:	Date Issued:	2017-01-25	RoomName:	REC ROOM
IBI	Client:		m²:	INEC ROOM
		MTICS	55. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Additional co	ooling demand and Exhaust	
IIVAC.				
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic cont	Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control of		· I I	on Isolation Patient Contro	olled
Local Adjustment Room Control Remarks:	Local Adjustme	ent koom F	Pressure Monitor	
	VIG DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Ne	egative Other:		
Air Temp: 🕡 Standa	ırd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 12 duplex			
Douges Personales Que anid		ht-ff -lltll		
rower remarks. Overrid	e switch at hurse base to	o shutoff all power to all re	ceptacies	
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	"In Use" Light	t Local swit	ch and override switch at nurse bas	se to shut off all
Switch & Light Cont	rols Vanity Light	lighting in	room	
Charting Light				

Project Name:	Department:	11.0 N	MAPLES CROSS	ROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	1 AND LIVING UNIT
VALLEYVIEW PROJECT				OGRAM		
Project Number: 35720	Draft: prepop	1	2 Final		Program Number:	11.0-14
Sign Off:	Date Issued:		201	7-01-25	RoomName:	REC ROOM
IBI	Client:			MTICS	m²: 55. m²	
RISK LEVEL:	Mediu	m				
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Vi	ntercom Station ideo Intercom Statio ntercom Master Stati		Hands Free Room State Telemetry Teleconferencing	tus
SECURITY SYSTEMS: Security Camera Security Camera Monitor	Clinical Camera Clinical Camera Mo	nitor	☐ Card Reade ✓ Intrusion Do		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks: Door Monitori	ng					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data						

Project Name: VAL	LEYVIEW PROJE	CT Department:	0 MAPLI	ES CROSSR PRO	OADS GRAM	SUB DEPARTM 11B-SE		RAM AND LIVING UNIT
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Num	ber:	11.0-15
	Sign Off:	Date Issued:			-01-25	RoomName:		TV/ E-GAMES ROOM
IBI		Client:			MTICS	m²:	4. m²	
RISK LEVEL:		Medium						
	AL REQUIREMENT							
INTERIOR FINISH		material		finish			remar	ks
Ceiling:	2750	GWB - Impact Resistar	nt F	Paint			Teman	N.S.
Wall:		GWB - Impact Resistar	nt P	Paint				
Floor:			F	Resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:		Re	emarks:	1200 mm hig	h Fibre Reinford	ced Laminate Panel (FRL)
		andard Anti-Liga						
		andard Anti-Liga andard Anti-Liga						
D ()	Clear Opening (W x H):		Г	Solid Core		Eir	nish: Plam	
Door(s):	Door Sidelight	914 x 2135	iviateriai.	Solid Core			IIIII	
			0	Г				
Door Hardware:	✓ Door Protection Automatic Opener		_	Door Remarks:	Double s	swing		
	Access Control	✓ Locking						
	Door Glazing: Upper	glazing						
	Hardware Type:: CR-01							
Windows:	Operable Windows:	Standard	✓ Secu	_		Remarks:	Maximize inter	rior glazing for observation
	External Glazing and F External Glazing Hardy		✓ Secu ✓ Secu		gh Secur gh Secur	•		
	Exterior Window Trea		✓ Secu ✓ Secu		gh Secur	-		
	Internal Glazing and F		✓ Secu		gh Secur			
	☐ Blackout ✓	Blinds Roller Sh	ıutter	1 Way Mirro	r	Other		
Casework / Millwo	rk: Casework Sec	urity: Regular	✓ Secure	2		Remarks:		nits for 72 inch screen with een and games console.TV
	Counter Linear Length		Counter/ W	/ork Surface Height (mm):			to be mounted	
()	Upper Cupboards	Counter			Lockable			
	Lower Cupboards	Stainless	Steel					
ACOUSTICS:	STC Rating Wall / 50 Floor / Ceiling:		RT 60:	0.7		Remarks:		ndix 1D - Acoustics and
	NC Rating: 35-4	0	_				Noise Control	
GENERAL ROOM	REMARKS: Coa	t Hooks: Standard	Anti-Lig	gature No of			Mirrors: St	andard
	Tackboard Dim	:		Но	ooks:	Vhiteboard I	Dim:	
	Remarks:			1				

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	11.0 MAPLES CROSS		AM AND LIVING UNIT
		OGRAM Program Number:	
Project Number: 35720	-Draft:	riogram Number.	11.0-15
Sign Off:	Date Issued:	RoomName:	
J. B. J. Sign Sin		7-01-25	TV/ E-GAMES ROOM
IBI	Client:	m²:	
		MTICS 24. m²	
RISK LEVEL:	Medium		
	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks: Ac	ditional cooling demand	
✓ Can Air be Returned Rate (A/	C).	Special Exhaust Air Required: 0	
to System	C).	special Exhaust All Required.	
PLUMBING FIXTURES:			
sink mounting faucet	tap Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene			
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	ury Depat Rodal	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D		
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	Infection Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adjustment	Room Pressure Monitor	ontrolled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Mack Storage (2.411 High)	турсз.		
EXHAUST: Pressure:	Positive Negative	Other:	
		-	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		✓ Clock	
Receptacle Count: Conven	ience: 8 duplex, Special Equipment (add	tional outlets): TV, audio equipment, gam	ne console
Power Remarks: Overrid	e switch at nurse base to shutoff all pow	er to all recentacles	
overme	e switch at harse base to shaton an pow	er to an receptacies	
Patient Care Area Designation Basic			
(as per CSA Z32):			
_	_		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
✓ Dimmable Lighting	In Use" Light	Local switch and override switch at nurse	base to shut off all
Switch & Light Cont	rols Vanity Light	lighting in room. All lighting on emergen	
Charting Light			
		·	

Project Name: VALLEYVIE	W PROJECT	Department:	11.0 M	IAPLES CROSSR	ROADS OGRAM	SUB DEPARTMEN 11B-SECU	T: JRE PROGRAM	AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final	210 1171	Program Number		11.0-15
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		TV/ E-GAMES ROOM
<u>Б</u>		Client:			MTICS	m²: 24. r	n²	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 stlet: 1		Vic	tercom Station deo Intercom Station tercom Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	tus
SECURITY SYSTEMS: Security Camera Security Camera	=	nical Camera nical Camera Mo	nitor	Card Reader	L	✓	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

							T			
Project Name: VA	LLEYVIE	EW PROJEC	СТ	11.0 MAPI	LES CROSSR PRO	OADS GRAM	SUB DEPART 11B-S		OGRAM A	ND LIVING UN
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	nber:		11.0-16
	7	Sign Off:	Date Issued:		2017	-01-25	RoomName:			LAUNDRY ROC
IB	_		Client:			MTICS	m²:	8. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	ZAI REO	IIIREMENT								
INTERIOR FINIS					finish					
Ceiling:	275	height O	material GWB - Impact & Mo	nisture	finish			re	emarks	
ceiiiig.	2/3	O	Resistant Secure	isture	ranit					
Wall:			GWB - Impact & Mo Resistant Secure	isture	Paint					
Floor:					Resilient					
Base:	100		Flash Cove					-	-	
Wall Protection:	Corner G Crash Ra Hand Ra Chair Rai	ils: Sta	andard Anti-L	igature igature igature	L Re	emarks:				
Door(s):		ning (W x H):	914 x 2135	Material:	Solid Core		F	inish: Plam		
Door Hardware:	Au Door (oor Protection atomatic Opener cess Control Glazing: Upper { Prype:: CR-01	Locking	ure & poof Hardware			swing. Provi e : 914 mm	de second e	gress door to	Soiled Utility.
Windows:	Operal Extern Extern Exterio	ble Windows: al Glazing and Fra al Glazing Hardw or Window Treatr	rare: Standard ment: Standard ame: Standard	✓ Sec ✓ Sec Sec	cure Hi	igh Secur igh Secur igh Secur igh Secur r	rity rity	:		
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regular	✓ Secur	re		Remark	s:		
	or % of per	near Length 180 rimeter wall: oper Cupboards wer Cupboards	✓ Count		Work Surface 9: Height (mm):	15 Lockable				
ACOUSTICS:		ng Wall / 45 / Ceiling: N/A		RT 60:	: N/A		Remark	Refer to Ap Noise Con		Acoustics and
GENERAL ROOM	/I REMAR	RKS: Coat	Hooks: Standard	Anti-Li	igature No of	Coat ooks:		Mirrors:	Standard	☐ Vandal-Proof
	П	ckboard Dim:					Vhiteboard	Dim:		
	Re	emarks: Shall	accommodate large	capacity wa	isher and dryei	r, folding	table and ir	oning area		

Project Name:	Department:	IAPLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRA	M AND LIVING LINIT
VALLEYVIEW PROJECT		PROGRAM	TID-SECONE FROORA	INI AIND LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-16
Sign Off:	Date Issued:	2017-01-25	RoomName:	LAUNDRY ROOM
	Client:	MTICS	m²: 8. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	c):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Water Fountain sta	mbing Remarks evide commercial endard hot & cold water enections and drainage the washing machine.
ROOM CONTROLS: Room Temp Control we Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high)	Local Adjustme		n Isolation Patient Corressure Monitor	ontrolled
EXHAUST: Pressure: Equal	Positive No	egative Other:		
Air Temp: Standa	rd Special	Other: 1 - Commerc	cial Dryer - provide dryer exhau	ust with separate lint trap
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Convendryer, ir		rtop: duplexes along counte	er, Special Equipment (additiona	il outlets): washer,
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Ren	narks:	

Project Name: VALLEYVIEV	V PROJECT	Department:	11.0 M	APLES CROSSR		SUB DEPARTM 11B-SE	ent: CURE PROGRAI	M AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	UNAIVI	Program Numb	oer:	11.0-16
Si	gn Off:	Date Issued:			-01-25	RoomName:		LAUNDRY ROOM
IBI		Client:			MTICS	m²:	. m²	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 date Tel Outle Coax/ Data TV Outle IMIT Remarks:	a): 0		Vid	ercom Station eo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferenci	☐ Room St	atus
SECURITY SYSTEMS: Security Camera Security Camera N	=	nical Camera nical Camera Mo	nitor	✓ Card Reader ☐ Intrusion Det		[Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAI	LLEYVIEW PR	OJECT	Department:	L1.0 MAP	LES CROSSR PRO	ROADS IGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	Sign Off:	35720	Draft: prepop Date Issued:	1 2	Final		Program Numl RoomName:	oer:	11.0-17
İΒΙ	į		Client:			'-01-25 MTICS	m²:	FURNITURE AND	EQUIPMENT STORAGE
RISK LEVEL:	_		Standar	d		Willes	10	J. III	
	DAL DECLUDEA	AFNITC	Standar	<u>u</u>					
INTERIOR FINISH	RAL REQUIREN				£::.h				
Ceiling:	1ES: height 2750		material oustic Tile		finish Pre-Finished			remarks	
-									
Wall:		GW	'B		Paint				
Floor:					Resilient				
FIOUT:					Resilient				
Base:	100	Flas	sh Cove			ļ			
Wall Protection:	Corner Guards:	<u> </u>	Sheet:		R	emarks:			
Wall Frotestion.	Crash Rails:	Standa		gature					
	Hand Rails:	Standa	ard 🗌 Anti-Li	gature					
	Chair Rail:	Standa	ard 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sidelig	ght							
Door Hardware:	✓ Door Protect	ction	Anti-Ligatu	re &	Door Remarks:				
	Automatic C		Tamperpro Locking	of Hardware					
	Access Cont Door Glazing:	trol	V						
	Hardware Type:: (OF-01							
Windows:	Operable Windo External Glazing		Standard : Standard	Sec	_	igh Secur	Remarks:		
	External Glazing			Sec		igh Secur			
	Exterior Windov			=	_	igh Secur			
	Internal Glazing Blackout	and Frame:		Sec	ure	igh Secur	rity Other		
						,,			6 11 1 1 1 1
Casework / Millwo		ork Security:	✓ Regular	Secur	_		Kemarks:	Provide 450mm dec shelving.	ep full height
	Counter Linear Leng or % of perimeter w			Counter/	Work Surface Height (mm):				
	Upper Cupb		Counte			Lockable			
	Lower Cupb	oaras	Stainle	ss Steel					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	40		RT 60	N/A		Remarks:	Refer to Appendix 1	D - Acoustics and
	NC Rating:							Noise Control	
GENERAL ROOM	A DEMADKS.	Coat Hoo	ks: Standard	- Anti Li	igature No of	Coat		Mirrors: Standa	rd Vandal Broof
GLINLINAL NOON			ks. Stalldald	AIIti-L		looks:			rd Vandal-Proof
	Tackboard	Dim:				V	Vhiteboard [Dim:	
	Remarks:								

Project Name:	Department:		SUB DEPARTMENT:		
VALLEYVIEW PROJECT	11.0 N	1APLES CROSSROADS			
	-Draft:	PROGRAM	Program Number:		
Project Number: 35720	prepop 1	2 Final	r rogram ivumber.	11.0-17	
Sign Off:	Date Issued:		RoomName:		
· ·	3.5.55.55.	2017-01-25		E AND EQUIPMENT STORAGE	
IBI	Client:		m²:		
		MTICS	10. m²		
RISK LEVEL:	Standard				
	Standard				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:			
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap		7 Europe	Plumbing Remarks	
Handwash Counter Goosene		Urinal	Eyewash Water Fountain		
Lavatory Wall Standard		Hopper	Water Fountain		
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower Corrosion Resistant Fittings		
Double	Electronic Con		Other:		
Deep Equipment		TIOOI DIAIII			
Other:					
Size:	-				
POOM CONTROLS. Room Temp Control	with Room Relative	Humidity with Infection	n Isolation		
ROOM CONTROLS: Local Adjustment	Local Adjustme	· I I	ressure Monitor	nt Controlled	
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Othe	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Fqual	Positive N	egative Other:			
LATINOST.					
Air Temp: 🗸 Standa	rd Special	Other:			
_	_ _				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal			Clock		
Receptacle Count: Conven	ience: 4 duplex				
Power Remarks:				_	
Patient Care Area Designation					
(as per CSA Z32):					
The state of the s	ighting	Finkain - 6	aarks:		
LIGHTING: Workstation Task L		Lighting Rem	Idi KS.		
☐ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light	IT.			
Switch & Light Cont Charting Light	rols Vanity Light				

Project Name: VALLEYVIEW PROJECT		Department:	11.0 M	IAPLES CROSSR PRO		SUB DEPARTMENT: 11B-SECURE	PROGRAM A	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-17
	Sign Off:	Date Issued:		2017-	-01-25	RoomName: FUR	NITURE AND E	QUIPMENT STORAGE
		Client:		l	MTICS	m²: 10. m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou IMIT Remarks: SECURITY SYSTEMS: Security Camera	ata): tlet: 0 tlet: 0	nical Camera	Vie	tercom Station deo Intercom Station tercom Master Station	n	Hands Free Telemetry Teleconferencing	Room Status	Duress - Wired
Security Camera Security Remarks:	_	nical Camera Mor	nitor	Intrusion Det	ection	Patio	ent Assist	Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

Project Name: VALLEYVIEW PROJ	Department:	11.0 MAPLES	CROSSROADS PROGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number: 35	Draft: prepop	1 2	✓ Final	Program Num	ber:	11.0-18
Sign Off:	Date Issued:		2017-01-25	RoomName:	НО	USEKEEPING CLOSET
IBI	Client:		MTICS	m²:	.5 m²	
RISK LEVEL:	Standa	rd				
ARCHITECTURAL REQUIREMEN						
INTERIOR FINISHES: height Ceiling: 2750	material	sistant Dai	finish		remarks	
Ceiling: 2750	GWB - Moisture Re	sistant Pai	п			
Wall:	GWB - Moisture Re	sistant Pai	nt			
Floor:		Res	silient			
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):	914 x 2135	Material: So	lid Core	Fir	nish: Plam	
Door Sidelight						
Door Hardware: Door Protection	n Anti-Ligat	ure & Doo	or Remarks:			
Automatic Oper	ner Tamperpi	roof Hardware	nemarks.			
Access Control	✓ Locking					
Door Glazing:						
Hardware Type:: SR-C)1					
Windows: Operable Windows:	Standard	d Secure		Remarks:		
External Glazing and			High Secu			
External Glazing Ha	rdware: Standard	d Secure	High Secu	-		
Exterior Window Tr		=	High Secu			
Internal Glazing and	_		High Secu	_		
Blackout	Blinds Rolle	r Shutter 1	Way Mirror	Other		
Casework / Millwork: Casework S	ecurity: 🕢 Regular	Secure		Remarks:	Floor to ceiling adjusts 450mm deep. Shelf he	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:	2000	Counter/ Worl			1.8m. Provide broom	
Upper Cupboard	ds Coun	⊐ ⊓ലෑ ter Top	ght (mm): Lockable			
Lower Cupboard	=	less Steel				
ACOUSTICS: STC Rating Wall / 40)	RT 60: NA	A	Remarks:	Refer to Appendix 1D	- Acoustics and
Floor / Ceiling:] <u> </u>			Noise Control	
NC Rating: NA			_			
GENERAL ROOM REMARKS: C	oat Hooks: 🗹 Standard	d Anti-Ligati	ure No of Coat 2 Hooks:		Mirrors: Standard	Vandal-Proof
_	im:				Dim:	
	ovide shelf with mop a nk and floor drain	nd broom holde	rs and hooks, soap	dispenser, pa	per towel dispenser. S	nall include mop
511	ik ana 11001 Utalil					

Project Name:	Department:	ANDI ES CDOSSDONDS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
VALLEYVIEW PROJECT	11.0 N	MAPLES CROSSROADS PROGRAM		UNAIVI AIND LIVING UNII	
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-18	
Sign Off:	Date Issued:	2017.01.25	RoomName:		
IBI		2017-01-25		HOUSEKEEPING CLOSET	
	Client:	MTICS	m²: 3.5 m²		
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust			
nvac.					
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0		
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks	
Handwash Counter Goosene		Hopper	Water Fountain		
Lavatory Wall Standard		☐ wc	Emergency Shower		
✓ Janitorial ✓ Floor Laborato Double	ry Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings		
Deep Equipment	24 X 24 floor mounte		Other:		
Other:	janitors sink				
Size: 24 X 24	-				
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infection	on Isolation	ent Controlled	
Local Adjustment	Local Adjustm	ent Room F	Pressure Monitor	ent controlled	
Room Control Remarks:					
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	ner:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	Positive N	egative Other:			
Air Temp: 🗸 Standa	rd Special	Other:			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal			Clock		
, and a second					
Receptacle Count: Conven	ience: 1 duplex GFI				
Power Remarks: GFI					
Patient Care Area Designation					
(as per CSA Z32):					
Workstein Teel 1	ahtina	Linhtin - D -	marks:		
LIGHTING: Workstation Task Li Dimmable Lighting	ghting Night Light In Use" Ligh	Lighting Rer	niui A3.		
✓ Switch & Light Cont	_				
Charting Light	rainty Light				

Project Name: VALLEYVIEW PROJECT		11.0 MAPLES CROSSROADS				SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	11.0-18	
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	HOUSEKEEPING CLOSET	
		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standa	rd					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS: Communications Ou	utlet 0		In	tercom Station		Hands Free Room S	itatus	
Quantity (1 voice, 1 d Tel Ou	ata): ıtlet: 0			deo Intercom Station tercom Master Station	_	Telemetry Teleconferencing		
Coax/ Data TV Ou	ıtlet: 0					releasing.		
IMIT Remarks:								
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moi	nitor	Card Reader Intrusion Det		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VA I	LLEYVIEW PROJE	CT Department:	.1.0 MAPI	LES CROSSRO PROG		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	357	Draft: prepop	−Draft:				ber:	11.0-19
IBI	Sign Off:	Date Issued:		2017-0	01-25	RoomName:		SOILED UTILITY
		Client:		N	ATICS	m²:	1. m²	
RISK LEVEL:	_	Standar	d					
	RAL REQUIREMENT							
INTERIOR FINISI		material		finish			remarks	
Ceiling:	2750	GWB - Moisture Resi	istant	Paint				
Wall:		GWB - Moisture Resi	istant	Paint				
-1				5 iii .				
Floor:				Resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards: ✓ Crash Rails: St	Sheet: 🗹	gaturo	Rer	marks:			
		tandard Anti-Li	_					
	Chair Rail: St	tandard 🔲 Anti-Li	gature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sidelight							
Door Hardware:	✓ Door Protection Automatic Opene ✓ Access Control Door Glazing:	✓ Locking	re & of Hardware	Door Remarks: P	rovide s	second door t	to Laundry . Door siz	e : 914 mm
	Hardware Type:: OF-02							
Windows:	Operable Windows: External Glazing and F External Glazing Hard Exterior Window Trea Internal Glazing and F Blackout	ware: Standard tment: Standard	Section Sectio	ure Hig ure Hig ure Hig	th Securi th Securi th Securi th Securi	ity ity		
Casework / Millwo	ork: Casework Sec	curity: 🕢 Regular	Secur	е		Remarks:		
	/Counter Linear Length 40 or % of perimeter wall: Upper Cupboards Lower Cupboards	✓ Counte	er Top	Work Surface 91! Height (mm):	5 ockable			
ACOUSTICS:	STC Rating Wall / 40 Floor / Ceiling: N/A		RT 60:	N/A		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
GENERAL ROOM	/ REMARKS: Coa	t Hooks: Standard	Δnti-li	igature No of C	oat		Mirrors: Standa	rd Vandal-Proof
	Tackboard Dim				oks:	/hiteboard I	Dim:	- Canada 11001
	Remarks:							

Project Name:	Department:		SUB DEPARTMENT:	A AND I " " " = " = " = " = " = " = " = " = "					
VALLEYVIEW PROJECT	11.0 N	MAPLES CROSSROADS	11B-SECURE PROGRAI	VI AND LIVING UNIT					
	Draft:	PROGRAM	Program Number:						
Project Number: 35720	prepop 1	2 Final	6. 4	11.0-19					
Sign Off:	Date Issued:		RoomName:						
· ·		2017-01-25		SOILED UTILITY					
IBI	Client:		m²:						
		MTICS	11. m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACHBAE 6	2.1-01	Remarks: Exhaust							
HVAC: 1996. CSA 2317.2-10, ASHRAE 6.									
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	nbing Remarks					
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard		☐ wc	Emergency Shower						
Janitorial Floor Laborato	,]	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Con	Floor Drain	Other:						
Deep Equipment									
Other: single comp. sink	-								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:									
Rack Storage (2.4m high)	Types:								
		🗆							
EXHAUST: Pressure: Equal	✓ Positive N	egative Other:							
Air Temp: 🗸 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 1 duplex GFI								
	·								
Power Remarks: GFI									
GIT									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li		Lighting Ren	narks:						
Dimmable Lighting	In Use" Ligh	nt							
✓ Switch & Light Cont ☐ Charting Light	rols Vanity Light								
Charting Light									

Project Name: VALLEYVIEW PROJECT		Department:	11.0 MAPL			SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	35720	Draft: prepop	✓ Final		Program Number:	11.0-19		
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	SOILED UTILITY	
IBI		Client:			MTICS	m²: 11. m²		
RISK LEVEL:		Standa	ard					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice T Coax/ Data 1	e, 1 data): el Outlet: 0 V Outlet: 0			n Station tercom Station n Master Statio		Hands Free Room Statu Telemetry Teleconferencing	us	
SECURITY SYSTEMS: Security Ca Security Rem	mera Monitor CI	inical Camera inical Camera Mo	onitor	Card Reader	<u> </u>	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Com]	

Project Name: VALLE	YVIE	W PROJE	СТ	Department: 1	1.0 MAPI	LES CROSSI PRO	ROADS OGRAM	SUB DEPARTI 11B-SI		OGRAM A	AND LIVING UNIT
Project Number:		357	20	Draft: prepop	1 2	✓ Final		Program Nun	nber:		11.0-20
[-		Sign Off:		Date Issued:		2017	7-01-25	RoomName:			CLEAN UTILITY
				Client:			MTICS	m²:	11. m²		
RISK LEVEL:				Standar	d						
	DEO	IIDEMENI	rc	Staridar							
ARCHITECTURAL			3								
INTERIOR FINISHES	2750	height	GWE	material		finish Paint	1		rei	marks	
Ceiling:	2/30	,	GW	•		Pallit					
Wall:			GWE	3		Paint					
Floor:						Resilient					
Base:	100		Flash	n Cove							
Wall Protection: C	orner G	uards: 🗸	S	heet:		F	Remarks:				
C	rash Rai	ls: S	tandar	d 🗌 Anti-Li	gature						
Н	land Rail	s: S	tandar	d 🗌 Anti-Li	gature						
C	hair Rail	: S	tandar	d 🗌 Anti-Li	gature						
Door(s):	ar Openi	ng (W x H):	9	14 x 2135	Material:	Solid Core		F	inish: Plam		
	Doc	or Sidelight									
Door Hardware:	Aut	or Protection comatic Opene tess Control lazing:	r	☐ Anti-Ligatu Tamperpro ✔ Locking	re & oof Hardware	Door Remarks	:				
Ha	ardware	Type:: OF-02									
Windows:	Externa Externa Exterior	Ile Windows: Il Glazing and I Il Glazing Hard r Window Trea Il Glazing and F ckout	ware: tment:	Standard	Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity			
Casework / Millwork:		Casework Sec	curity:	✓ Regular	Secur	re		Remarks	Floor to cei	ling shelvin	g- 600mm depth.
Min Millwork /Cou)%			Work Surface					
(mm) or 9	Upp	meter wall: Loer Cupboards		Counte		Height (mm):	Lockable				
ACOUSTICS: S		g Wall / / Ceiling: 40 C Rating: N/A			RT 60:	N/A		Remarks	Refer to Ap Noise Conti	-	- Acoustics and
GENERAL ROOM R	EMAR	KS: Coa	it Hook	s: 🗸 Standard	Anti-Li	igature Noo			Mirrors:	Standard	☐ Vandal-Proof
	Tac	kboard Dim	n:				Hooks: ✓ v	Vhiteboard	Dim: 1220r	mm wide x	915mm high
	Rei	marks: Sha	l acco	mmodate shelve	es for linens	and supplies	, accomm	odates linen	cart; shall be	accessible	from off-unit

Project Name:	Department:	44 DI EC 62 200 200 200 200 200 200 200 200 200	SUB DEPARTMENT:		
VALLEYVIEW PROJECT	11.0 M	1APLES CROSSROADS	11B-SECURE PROGRA	AMI AND LIVING UNIT	
	Draft:	PROGRAM	Program Number:		
Project Number: 35720	prepop 1	2 Final	Togram Number.	11.0-20	
Sign Off:	Date Issued:	2 11101	RoomName:		
· ·		2017-01-25		CLEAN UTILITY	
IBI	Client:		m²:		
		MTICS	11. m²		
RISK LEVEL:	Standard				
	Stanuaru				
MECHANICAL REQUIREMENTS		1			
HVAC: Type: CSA Z317.2-10, ASHRAE	52.1-01	Remarks:			
]			
Can Air be Returned Rate (A to System	/C):	Special Exhau	ust Air Required: 0		
to system					
PLUMBING FIXTURES:					
sink mounting faucet	tap	Heinal	Plu	umbing Remarks	
Handwash Counter Gooser		Urinal	Eyewash Water Fountain		
Lavatory Wall Standa		Hopper	Emergency Shower		
Janitorial Floor Labora	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings		
Double	Electronic Con		Other:		
Deep Equipment		Tioor Brain			
Other:					
Size:	_				
-					
ROOM CONTROLS: Room Temp Contro	with Room Relative	Humidity with Infectio	n Isolation		
Local Adjustment	Local Adjustme	-	ressure Monitor Patient C	ontrolled	
Room Control Remarks:					
	".] c			
FIRE PROTECTION: Sprinkler Type:	Wet Dry	Standpipe Oth	er:		
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	✓ Positive N	egative Other:			
LATINOSI.	<u>.</u>	<u> </u>			
Air Temp: 🗸 Stand	ard Special	Other:			
_	_				
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Norm	1		Clock		
Receptacle Count: Conve	nience: 1 duplex GFI				
Power Remarks: GFI				_	
Patient Care Area Designation					
(as per CSA Z32):					
Workstation Tools	ighting	Lighting De-	narks:		
LIGHTING: Workstation Task Dimmable Lighting		Lighting Ren	iiai N3.		
Switch & Light Co.		I			
Charting Light	trois Vanity Light				

Project Name:		Department:	1 AND LIVING UNIT						
VALLEYVIE	W PROJECT		11.0 10	1APLES CROSSR PRO	GRAM	110-SECONE PROGRAM	TIB SECONE PROGRAM AND EIVING ONT		
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	11.0-20		
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	CLEAN UTILITY		
		Client:			MTICS	m²: 11. m²			
RISK LEVEL:		Standa	rd						
TECHNOLOGY REQUIR	REMENTS								
IMIT SYSTEMS:									
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): O utlet: O		Vie	tercom Station deo Intercom Station tercom Master Statio		Hands Free Room State Telemetry Teleconferencing	tus		
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moi	nitor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commen	nt:								

Project Name: VALLEYVIEW PROJECT Project Number: 35720 Date Issued: Client: MTICS SUB DEPARTMENT: 118-SECURE PROGRAM AND Program Number: 2017-01-25 MTICS Program Number: 13. m² MTICS Program Number: 13. m² 13. m²	1.0-21-01 CLIENT ROOM
Number: 35720 prepop 1 2 Final 11 11 11 11 11 11 11	
2017-01-25 Client: m²:	CLIENT ROOM
A ATLOS	
RISK LEVEL: Medium	
ARCHITECTURAL REQUIREMENTS	
INTERIOR FINISHES.	
INTERIOR FINISHES: height material finish remarks	
Ceiling: 2750 GWB - Impact Resistant Paint	
Wall: GWB - Impact Resistant Paint	
Floor: Resilient	
Floor: Resilient	
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): 1220 x 2135 Material: Solid Core Finish: Plam	
Door Sidelight	
Door Hardware: ✓ Door Protection ✓ Anti-Ligature & Door Remarks: Double swing Tamperproof Hardware ✓ Locking Outlier ✓ Access Control	
Door Glazing: Integral blind	
Hardware Type:: CR-01	
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: Provide built-in bed,wardro	obe and desk
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Counter/ Work Surface Height (mm):	
Upper Cupboards ✓ Counter Top ✓ Lockable Lower Cupboards	
ACOUSTICS: STC Rating Wall / Floor / Ceiling: STC Rating Wall / Floor / Ceiling: RT 60: 0.7 Remarks: Refer to Appendix 1D - Aco	oustics and
NC Rating: 30-35	
Hooks:	Vandal-Proof
☐ Tackboard Dim: ☑ Whiteboard Dim: 915mm wide x 915mi	m high
Remarks: Provide magnetic whiteboard	

Project Name:	Department:	N EC CROCCEDO A DO	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAF	PLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM	Program Number:	
35/20		2 Final		11.0-21-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:		m²:	T CEIEIT NOOM
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 F	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic controls	Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control of			on Isolation Patient Contro	olled
Local Adjustment Room Control Remarks:	Local Adjustment Via DDC	Koom P	Pressure Monitor	
	VIG DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry St	andpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Negat	ive Other:		
_	_			
Air Temp: Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside be	ed, duplex at door		
Dower Pemarks: Fach re	om to utiliza consenta circui	it / ACCI protection For	sh room's outlets shall be sonerates	I switched from
	oank located in Staff Station		ch room's outlets shall be separated	i switched from
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting 🕢 Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Light	All lighting	g on emergency power. Nurse insp	ection light
Switch & Light Cont	rols Vanity Light	controlled	I with separate momentary switch I	ocated outside room
Charting Light		by entry d	loor. Light switches beside bed and	beside entry door.

Project Name: VALLEYVIEW F	PROJECT	Department:	11.0 N	MAPLES CROSSF	ROADS	SUB DEPARTMENT 11B-SECU	r: JRE PROGRAM	AND LIVING UNIT
Project Number:	35720	-Draft: prepop	 0 1	2 Final	JUNAIVI	Program Number:		11.0-21-01
Sign (Date Issued:			'-01-25	RoomName:		CLIENT ROOM
IBI		Client:			MTICS	m²: 13. n	n²	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIREM	ENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		_ v	ntercom Station /ideo Intercom Statior ntercom Master Statio	, [Hands Free Telemetry Teleconferencing	☐ Room Statu	ıs
SECURITY SYSTEMS: Security Camera Security Camera Mon		nical Camera nical Camera Mo	nitor	☐ Card Reader ✓ Intrusion De	<u> </u>		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks: Doo	r Control and	d Monitoring						
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

			-							
Project Name: VALLE	YVIEW PF	ROJECT	Department:	11.0 MAP	LES CROSSF PRO	ROADS OGRAM	SUB DEPARTN 11B-SE		GRAM AN	ND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		11.0-21-02
IRI	Sign Off	i:	Date Issued:		2017	7-01-25	RoomName:			CLIENT ROOM
]			Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURAL	DEOLUDEN	<i>AENITS</i>								
INTERIOR FINISHES:			material		finish	1		rem	arks	
Ceiling:	2750	G	WB - Impact Resis	tant	Paint					
Wall:		G ¹	WB - Impact Resis	tant	Paint					
Flaa					Resilient					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Wall Protection: Co	rner Guards:	✓	Sheet:		ı R	Remarks:				
Cr	ash Rails:	Stand	dard 🗌 Anti-L	igature						
На	and Rails:	Stand	dard 🗌 Anti-L	igature						
Ch	air Rail:	Stand	dard Anti-L	igature						
- () Clos	r Opening (W x	ш\.	1220 2125	Material:	Solid Core	L		nish: Plam		
Door(s): Clea			1220 x 2135	iviateriai.	Solid Core			nisii. Plam		
L	Door Sideli	ght								
[✓ Door Prote Automatic Access Con Door Glazing:	Opener trol	Locking	ure & pof Hardware	Door Remarks:	Double s	swing			
	rdware Type::									
	Operable Wind External Glazin, External Glazin, Exterior Windo Internal Glazin, Blackout	g and Fram g Hardware w Treatme	e: Standard ent: Standard ester Standard	✓ Sec ✓ Sec ✓ Sec	ure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwork:	Casew	ork Securit	y: Regular	✓ Secur	е		Remarks	Provide built	:-in bed,war	rdrobe and desk
Min Millwork /Cou (mm) or %	nter Linear Len of perimeter w	-		Counter/	Work Surface 7	710				
]	Upper Cupl			er Top ess Steel	•	Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling			RT 60	0.7		Remarks	Refer to App		Acoustics and
	NC Rating							Troise contro		
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standard	✓ Anti-L	igature No of	looks:		Mirrors:	Standard	✓ Vandal-Proof
L	Tackboard	Dim:				✓ v	Whiteboard	Dim: 915mm	n wide x 91	5mm high
	Remarks:	Provide	magnetic whitebo	oard						

Project Name:	Department:	N EC CROCCEDO A DO	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAP	PLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM ✓	Program Number:	11 0 21 02
35/20		2 Final	Describeration	11.0-21-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IRI	Client:	MTICS	m²: 13. m²	
			13. III	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6:	2.1-01 F	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic controls	Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control v	with Room Relative Hur Local Adjustment		on Isolation Patient Contro	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry St	andpipe Oth	or:	
Rack Storage (2.4m high)		.апартре Оп	iei.	
	Types:			
EXHAUST: Pressure: ✓ Equal	Positive Negat	ive Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadra	ex at desk, duplex beside be	ed duplex at door		
Quadpi	ex at aesk, aupiex beside by	cu, uupiex ut uooi		
			ch room's outlets shall be separated	I switched from
switcht	ank located in Staff Station			
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting V Night Light	Lighting Rer	narks:	
✓ Dimmable Lighting	In Use" Light		g on emergency power. Nurse insp	ection light
Switch & Light Cont	_	controlled	I with separate momentary switch I	ocated outside room
Charting Light		by entry d	loor. Light switches beside bed and	beside entry door.

Project Name: VALLEYVI	IEW PROJECT	Department:	11.0 M	APLES C		OADS GRAM	SUB DEPARTMENT 11B-SEC	nt: URE PROGRA	M AND LIVING UNIT
Project Number:	35720	Draft: prepop	1		inal	<u> </u>	Program Numbe	r:	11.0-21-02
	Sign Off:	Date Issued:			2017-	01-25	RoomName:		CLIENT ROOM
		Client:			1	MTICS	m²: 13.	m²	
RISK LEVEL:		Mediu	m						
TECHNOLOGY REQU	IREMENTS								
Coax/ Data TV (IMIT Remark	Outlet: 0		Vid	ercom Stat eo Interco ercom Mas			Hands Free Telemetry Teleconferencing	☐ Room St	catus
SECURITY SYSTEMS: Security Came Security Remark		inical Camera inical Camera Mod	nitor	\equiv	rd Reader rusion Dete		•	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:				Oper Rema	rational arks:				
Room Data Sheet Comme	ent:								

Project Name: VALLE	YVIEW PR	ROJECT	Department:	11.0 MAPI	LES CROSSF PRO	ROADS OGRAM	SUB DEPARTN 11B-SE		RAM AND	LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	1:	1.0-21-03
IRI	Sign Off	:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
]			Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURAL	DEOLUDEN	<i>MENITS</i>								
INTERIOR FINISHES										
	2750		material	tont	finish			remar	rks	
Ceiling:	2730	Gv	VB - Impact Resis	lant	raiiit					
Wall:		GV	VB - Impact Resis	tant	Paint					
Floor:					Resilient					
11001.					nesment					
Base:	100	Fla	sh Cove							
Wall Protection: Co	orner Guards:	✓	Sheet:		R	emarks:				
Cr	ash Rails:	Stand	ard Anti-L	igature						
На	and Rails:	Stand	ard Anti-L	igature						
Ch	nair Rail:	Stand	ard 🗌 Anti-L	igature						
Door(s): Clea	r Opening (W x	н):	1220 x 2135	Material:	Solid Core		Fi	nish: Plam		
0001(3).	Door Sidelig]	30.10					
l										
Door Hardware:	✓ Door Prote		✓ Anti-Ligatu Tamperpro	ure & oof Hardware	Door Remarks:	Double s	swing			
l	Access Con		✓ Locking							
·	Door Glazing:		ind							
	L									
на	rdware Type:: (CR-01								
	Operable Wind		Standard		_		Remarks:			
	External Glazing External Glazing	,	Standard		_	ligh Secur				
	Exterior Windo			_	_	ligh Secur Iigh Secur	=			
	Internal Glazing					ligh Secur	-			
	Blackout	✓ Blir	nds Roller	Shutter	1 Way Mirro	or	Other			
Casework / Millwork:	Casewo	ork Security	: Regular	✓ Secur	·e		Remarks	Provide built-i	n bed.wardr	obe and desk
Min Millwork /Cou				,	Work Surface 7	10		Trovide Same I	500,000.0.	Joe and dean
	of perimeter w	-			Height (mm):	10				
	Upper Cupb	ooards	✓ Count	er Top	✓	Lockable				
l	Lower Cupb	ooards	Stainle	ess Steel						
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling	50		RT 60:	0.7		Remarks	Refer to Appe	ndix 1D - Acc	oustics and
	NC Rating							Troise control		
GENERAL ROOM RE	MARKS:	Coat Ho	oks: Standard	✓ Anti-Li	igature No of	Coat 2		Mirrors: St	tandard 🗸	Vandal-Proof
	Tackboard	Dim:				✓ ∨	Vhiteboard	Dim: 915mm	wide x 915m	m high
	Remarks:	Provide	magnetic whitebo	oard						

Project Name:	Department: 11.0 MAPLES	CBUSSBUVDS	SUB DEPARTMENT: 11B-SECURE PROGRAM	
VALLEYVIEW PROJECT	11.0 IVIAPLES	PROGRAM	TID-SECONE PROGRAM	MIND LIVING UNIT
Project Number: 35720	Draft:	✓ Final	Program Number:	11.0-21-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remar	ks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	Room Relative Humidity Local Adjustment Via DDC	1 1	n Isolation Patient Contro	blled
FIRE PROTECTION: Sprinkler Type: W		pe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: 🗸 Equal	Positive Negative	Other:		
Air Temp: ✓ Standa	rd Special Oth	er:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clark	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadple	ex at desk, duplex beside bed, du	iplex at door		
	om to utilize separate circuit w/ /ank located in Staff Station	AFCI protection.Eac	ch room's outlets shall be separated	l switched from
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lighting Dimmable Lighting Switch & Light Control Charting Light	☐ "In Use" Light	controlled	narks: g on emergency power. Nurse insp with separate momentary switch I oor. Light switches beside bed and	ocated outside room

Project Name: VALLEYV	IEW PROJECT	Department:	11.0 M/	APLES CF		DADS GRAM	SUB DEPARTI 11B-SI	MENT: E CURE I	PROGRAM	I AND LIVING U	NIT
Project Number:	35720	Draft: prepop	1	2 Fin	/		Program Num	nber:		11.0-21-0	3
	Sign Off:	Date Issued:			2017-	01-25	RoomName:			CLIENT RC	ОМ
_]		Client:			N	MTICS	m²:	.3. m²			
RISK LEVEL:		Mediu	m								
TECHNOLOGY REQU	JIREMENTS										
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		Vide	ercom Static eo Intercom ercom Maste	Station		Hands Free Telemetry Teleconferen	cing	Room Stat	us	
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera Inical Camera Moi d Monitoring	nitor	\equiv	Reader Ision Dete				Assist nt Assist	Duress - Wired	
OTHER											
Equipment Remarks:				Opera Remar							
Room Data Sheet Comm	nent:										

Project Name: VAL	LEYVIEW PROJ	Department:	11.0 MAPI	LES CROSSR PRO	OADS GRAM				
Project Number:	35	Draft: prepop	1 2	Final		Program Num	ber:	11.0-21-04	
	Sign Off:	Date Issued:			-01-25	RoomName:		CLIENT ROOM	
IBI		Client:			MTICS	m²:	3. m²		
RISK LEVEL:	•	Mediun	n						
	AL REQUIREMEN								
INTERIOR FINISH		material		finish			remarks		
Ceiling:	2750	GWB - Impact Resis	tant	Paint					
\A/=! .									
Wall:		GWB - Impact Resis	tant	Paint					
Floor:				Resilient					
Base:	100	Flash Cove							
Wall Protection:	Corner Guards:	Sheet:		Re	emarks:				
		_	igature						
		_	igature						
	Chair Rail:	Standard Anti-L	igature						
Door(s):	Clear Opening (W x H):	1220 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Door Sidelight								
Door Hardware:	✓ Door Protection Automatic Open Access Control Door Glazing: Integ	ner Tamperpro	ure & oof Hardware	Door Remarks:	Double s	wing			
	Hardware Type:: CR-0	01							
Windows:	Operable Windows: External Glazing and External Glazing Han Exterior Window Tre Internal Glazing and Blackout	Frame: Standard rdware: Standard eatment: Standard Frame: Standard	Sec Sec Sec	ure Hi	gh Secur gh Secur gh Secur gh Secur	ity ity			
Casework / Millwo	rk: Casework Se	ecurity: Regular	✓ Secur	re		Remarks:	Provide built-in bed,	wardrobe and desk	
	Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard		Counter/ \ er Top ess Steel	Work Surface 7: Height (mm):	LOCkable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 30-		RT 60:	: 0.7		Remarks:	Refer to Appendix 11 Noise Control	O - Acoustics and	
GENERAL ROOM	REMARKS: Co	pat Hooks: Standard	」 I ✓ Anti-Li	igature No of	Coat 2		Mirrors: Standar	d ✓ Vandal-Proof	
		im:			ooks:	Vhiteboard	Dim: 915mm wide x		
	Remarks: Pro	ovide magnetic whiteb	nard						
		and the second second							

Project Name:	Department:	NEC CROSSROADS	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAF	PLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM	Program Number:	
35/20		2 Final		11.0-21-04
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
·				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower	
Double	Electronic Controls		Corrosion Resistant Fittings Other:	
Deep Equipment				
Other:	-			
Size:	16.1			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Hui Local Adjustment		on Isolation Patient Contro Pressure Monitor	blled
FIRE PROTECTION: Sprinkler Type: V	Vet Dry St	andpipe Oth	or:	
			ici.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negat	ive Other:		
Air Temp: 🗸 Standa	ord Special	Other:		
SUSCEPTION DECLUDENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Normal	C Emergency			
Receptacle Count: Quadpl	ex at desk, duplex beside b	ed, duplex at door		
	om to utilize separate circui ank located in Staff Station		ch room's outlets shall be separated	I switched from
Switch	oank located in Stan Station			
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting V Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light		g on emergency power. Nurse insp	ection light
Switch & Light Cont		controlled	I with separate momentary switch I	ocated outside room
Charting Light		by entry d	loor. Light switches beside bed and	beside entry door.

Project Name: VALLEYV	/IEW PROJECT	Department:	11.0 MA	APLES CR	OSSRO PROG		SUB DEPARTM 11B-SE	ENT: CURE PROG	BRAM /	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Fina]		Program Numb	er:		11.0-21-04
	Sign Off:	Date Issued:			2017-0)1-25	RoomName:			CLIENT ROOM
		Client:			N	ITICS	m²:	. m²		
RISK LEVEL:		Mediu	m							
TECHNOLOGY REQU	JIREMENTS									
IMIT SYSTEMS: Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: 0		Vide	rcom Statior eo Intercom rcom Maste	Station		Hands Free Telemetry Teleconferenci	_	om Status	
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Mon d Monitoring	nitor	\equiv	Reader sion Detec			Staff Assist Patient Assi	st	☐ Duress - Wired ✔ Duress - Wireless
OTHER										
Equipment Remarks:				Operati Remark						
Room Data Sheet Comm	nent:									

Project Name: VALLEYVIEW PROJECT Department: 11.0 MAPLES CROSSROADS PROGRAM Project Number: Draft: prepop 1 2 Final Department: 11.0 MAPLES CROSSROADS PROGRAM Program Number:	ROGRAM AND LIVING UNIT
Project Number:	
propop 1 1 min	11.0-21-05
Sign Off: Date Issued: 2017-01-25 RoomName:	CLIENT ROOM
Client: MTICS m²: 13. m²	
RISK LEVEL: Medium	
ARCHITECTURAL REQUIREMENTS	
INTERIOR FINISHES	
	remarks
Ceiling: 2750 GWB - Impact Resistant Paint	
Wall: GWB - Impact Resistant Paint	
Floor: Resilient	
Floor: Resilient	
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): 1220 x 2135 Material: Solid Core Finish: Plam	
Door Sidelight	
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing: Integral blind Anti-Ligature & Door Remarks: Double swing Locking Door Remarks: Double swing Tamperproof Hardware	
Hardware Type:: CR-01	
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: Provide b	puilt-in bed,wardrobe and desk
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: 50 RT 60: 0.7 Remarks: Refer to A Noise Cor	Appendix 1D - Acoustics and
NC Rating: 30-35	
GENERAL ROOM REMARKS: Coat Hooks: ☐ Standard ✓ Anti-Ligature No of Coat 2 Mirrors: ☐ Hooks:	Standard Vandal-Proof
☐ Tackboard Dim: 915	mm wide x 915mm high
Remarks: Provide magnetic whiteboard	

Project Name:	Department: 11.0 MAPLES CRO		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
VALLEYVIEW PROJECT		PROGRAM	110-SECORE PROGRAM	MIND LIVING UNIT		
Project Number: 35720	Draft:		Program Number:	11.0-21-05		
Sign Off:	Date Issued:	.017-01-25	RoomName:	CLIENT ROOM		
	Client:	MTICS	m²: 13. m²			
RISK LEVEL:	Medium	<u>'</u>				
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remarks:					
Can Air be Returned Rate (A/C to System	C):	Special Exhaus	st Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard WC	oper	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks		
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	rith Room Relative Humidity with Local Adjustment Via DDC	Infection Room Pre	Isolation Patient Contro	olled		
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)		Other	r:			
EXHAUST: Pressure:	Positive Negative	Other:				
Air Temp: 📝 Standa	rd Special Other:					
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Quadple	ex at desk, duplex beside bed, duplex	at door				
	om to utilize separate circuit w/ AFCI ank located in Staff Station	protection.Each	n room's outlets shall be separated	switched from		
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task Lighting Dimmable Lighting Switch & Light Control Charting Light	In Use" Light	controlled v	arks: on emergency power. Nurse inspe with separate momentary switch le or. Light switches beside bed and	ocated outside room		

Project Name: VALLEYVIEW	PROJECT	Department:	11.0 N	MAPLES CROSSF	ROADS OGRAM	SUB DEPARTMENT: 11B-SECUF	RE PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	JUNAIVI	Program Number:		11.0-21-05
Sign	Off:	Date Issued:		2017	'-01-25	RoomName:		CLIENT ROOM
IBI		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIREN	MENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vi	ntercom Station Video Intercom Station ntercom Master Statio	, <u> </u>	Hands Free Telemetry Teleconferencing	Room Statu	IS
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Mo	nitor	☐ Card Reader ✔ Intrusion De			itaff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks: Do	oor Control and	l Monitoring						
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW PF	ROJECT	Department:	L1.0 MAP	LES CROSSF PRO	ROADS OGRAM	SUB DEPARTN 11B-SE		GRAM AI	ND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		11.0-21-06
IRI	Sign Off	:	Date Issued:		2017	7-01-25	RoomName:			CLIENT ROOM
]			Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Mediun	า						
ARCHITECTURAL	DEOLUDEN	<i>MENITS</i>								
INTERIOR FINISHES:			material		finish	1		rem	arks	
Ceiling:	2750	GV	WB - Impact Resist	ant	Paint					
Wall:		G۱	WB - Impact Resist	ant	Paint					
Flaa					Resilient					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Wall Protection: Co	rner Guards:	✓	Sheet:		ı R	Remarks:				
Cr	ash Rails:	Stand	dard 🗌 Anti-L	gature						
На	ind Rails:	Stand	dard 🗌 Anti-L	gature						
Ch	air Rail:	Stand	dard Anti-L	igature						
- () Clos	r Opening (W x	п).	1220 2125	Material:	Solid Core	L		nish: Plam		
Door(s):	_		1220 x 2135	iviateriai.	Solid Core			msn. Plam		
L	Door Sideli	ght								
[Door Prote Automatic Access Con Door Glazing:	Opener trol	✓ Locking	re & oof Hardware	Door Remarks:	Double s	swing			
	rdware Type::									
	Operable Wind External Glazin _i External Glazin _i Exterior Windo Internal Glazin _i Blackout	g and Fram g Hardware w Treatme	e: Standard nt: Standard e: Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur or	rity rity			
Casework / Millwork:	Casewo	ork Security	y: Regular	✓ Secur	re		Remarks	Provide built	t-in bed,wai	drobe and desk
Min Millwork /Cou		-		Counter/	Work Surface 7	710				
(mm) or % [[of perimeter w Upper Cupl Lower Cupl	ooards	✓ Count	er Top ess Steel	Height (mm):└	Lockable				
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling	50		RT 60	0.7		Remarks	Refer to App		Acoustics and
	NC Rating							Noise Contro	JI	
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standard	✓ Anti-L	igature No of	f Coat 2		Mirrors:	Standard	✔ Vandal-Proof
[Tackboard	Dim:					Whiteboard	Dim: 915mm	n wide x 91	5mm high
	Remarks:	Provide	magnetic whitebo	pard	<u> </u>					

Project Name:	Department:	N FC 6D06650 4 5 6	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAF	PLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM ✓	Program Number:	44.6.04.00
35/20		2 Final		11.0-21-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:		m²:	CEIEIT NOOM
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato	Foot Pedal Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic controls	Floor Drain	Other:	
Other:				
Size:	-			
		<u>-</u>		
ROOM CONTROLS: Room Temp Control	1 1		on Isolation Patient Contro	olled
Local Adjustment Room Control Remarks:	Local Adjustment	Koom P	Pressure Monitor	
	VIU DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry St	tandpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negat	tive Other:		
_	_			
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex beside b	ed, duplex at door		
Downer Domorkey Forther		:t / A FCIta eti e.e. Fe	-h 1	Lawitah ad facus
	om to utilize separate circu bank located in Staff Station		ch room's outlets shall be separated	i switched from
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Light	All lighting	g on emergency power. Nurse insp	ection light
Switch & Light Cont	rols Vanity Light	controlled	I with separate momentary switch I	ocated outside room
Charting Light		by entry d	loor. Light switches beside bed and	beside entry door.

Project Name: VALLEYVIEW PF	ROJECT	Department:	11.0 N	//APLES CRC		SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	35720	-Draft:			ROGRAM	Program Number:	11.0-21-06
		prepop	1	2 Final			11.0-21-00
Sign Off	:	Date Issued:		2	017-01-25	RoomName:	CLIENT ROOM
		Client:			MTICS	m²: 13. m²	
RISK LEVEL:		Mediur	n				
TECHNOLOGY REQUIREMEN	N <i>TS</i>						
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			_ v	ntercom Station ideo Intercom St ntercom Master S		Hands Free Room Status Telemetry Teleconferencing	s
SECURITY SYSTEMS: Security Camera Security Camera Monito	or Cli	nical Camera nical Camera Mor I Monitoring	itor	_	ader No.: n Detection	Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:				Operation Remarks:			
Room Data							

Project Name: VALLE	YVIEW PR	ROJECT	Department:	11.0 MAP	LES CROSSF PRC	ROADS OGRAM	SUB DEPARTN 11B-SE		GRAM AI	ND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		11.0-21-07
IRI	Sign Off	:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
]			Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTURAL	DEOLUDEN	<i>MENITS</i>								
INTERIOR FINISHES:			material		finish	1		rem	arks	
Ceiling:	2750	Gv	WB - Impact Resist	tant	Paint					
Wall:		GV	WB - Impact Resist	tant	Paint					
Flaa					Resilient					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Wall Protection: Co	rner Guards:	✓	Sheet:		r R	emarks:				
Cr	ash Rails:	Stand	dard 🗌 Anti-L	igature						
На	ind Rails:	Stand	dard 🗌 Anti-L	igature						
Ch	air Rail:	Stand	dard Anti-L	igature						
- () Clos	r Opening (W x	п).	1220 2125	Material:	Solid Core	L		nish: Plam		
Door(s): Clea			1220 x 2135	iviateriai.	Solid Core			msn. Plam		
L	Door Sidelig	ght								
[Door Protect Automatic Access Con Door Glazing:	Opener trol	✓ Locking	ire & oof Hardware	Door Remarks:	Double s	swing			
	rdware Type:: (
	L Operable Wind External Glazinį External Glazinį Exterior Windo Internal Glazinį Blackout	g and Frame g Hardware w Treatme	e: Standard nt: Standard e: Standard	✓ Sec ✓ Sec ✓ Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	y: Regular	✓ Secur	re		Remarks	Provide built	-in bed,wai	rdrobe and desk
Min Millwork /Cou		-		Counter/	Work Surface 7	'10				
(mm) or % [[of perimeter w Upper Cupb Lower Cupb	ooards	✓ Count	l er Top ess Steel	Height (mm):└	Lockable				
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling	50		RT 60	0.7		Remarks	Refer to App		Acoustics and
	NC Rating							Noise Contro	,,	
GENERAL ROOM RE	MARKS:	Coat Ho	ooks: Standard	✓ Anti-L	gature No of	Coat 2		Mirrors:	Standard	✓ Vandal-Proof
[Tackboard	Dim:					Whiteboard	Dim: 915mm	wide x 91	5mm high
	Remarks:	Provide	magnetic whitebo	oard	<u> </u>					

Project Name:	Department:	NEC CROCCEDATE	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAF	PLES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM ✓	Program Number:	
35/20		2 Final		11.0-21-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:		
✓ Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
,				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC Barrier Free WC	Emergency Shower Corrosion Resistant Fittings	
Double	Electronic Controls		Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Hui Local Adjustment		on Isolation Patient Contro Pressure Monitor	blled
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Si	tandpipe Oth	ner:	
		тапаріре оп	ici.	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negat	tive Other:		
Air Temp: 🗸 Standa	ord Special	Other:		
SUSCEPTION DECLUDENTS				
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal	& Emergency		Clock	
Normal	& Emergency			
Receptacle Count: Quadpl	ex at desk, duplex beside b	ed, duplex at door		
	om to utilize separate circu pank located in Staff Station		ch room's outlets shall be separated	I switched from
SWICH	oank located in Stan Station			
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting V Night Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light		g on emergency power. Nurse insp	ection light
Switch & Light Cont		controlled	I with separate momentary switch I	ocated outside room
Charting Light		by entry d	loor. Light switches beside bed and	beside entry door.

Project Name: VALLE	valleyview PROJECT		11.0 MAP	LES CROSS PR		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING U				
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number: 11.0-21-07				
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	CLIENT ROOM			
IBI		Client:			MTICS	m²: 13. m²				
RISK LEVEL:		Mediu	m							
TECHNOLOGY REC	QUIREMENTS									
	TV Outlet: 0		Video	om Station Intercom Static om Master Stat		Hands Free Room State Telemetry Teleconferencing	ıs			
		inical Camera inical Camera Mo d Monitoring	onitor [Card Reade ✓ Intrusion D		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless			
OTHER										
Equipmer Remarks:				Operational Remarks:						
Room Dat Sheet Cor										

Project Name: VALLE	YVIEW PR	OJECT	Department:	L1.0 MAPI	LES CROSSF PRC	ROADS OGRAM	SUB DEPARTM 11B-SE		AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	11.0-21-08
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:		CLIENT ROOM
]			Client:			MTICS	m²:	3. m²	
RISK LEVEL:			Mediun	n					
ARCHITECTURAL	DEOI IIDEN	IENITS							
INTERIOR FINISHES:	g.it		material		finish			remarks	
Ceiling:	2750	GW	VB - Impact Resist	tant	Paint				
Wall:		GW	VB - Impact Resist	ant	Paint				
Flaa					Resilient				
Floor:					Resilient				
Base:	100	Fla	sh Cove						
Wall Protection: Co	rner Guards:	✓	Sheet:		r R	emarks:			
Cra	ash Rails:	Standa	ard Anti-L	igature					
На	nd Rails:	Standa	ard Anti-L	igature					
Ch	air Rail:	Standa	ard Anti-L	igature					
- () Cloar	Opening (W x	ш\.	1220 2425	Material:	Solid Core		Eir	nish: Plam	
Door(s):	_		1220 x 2135	iviateriai.	Solid Core		FII	listi. Plam	
L	Door Sidelig	ht							
	Door Protect Automatic C Access Cont Door Glazing:	Opener rol	✓ Locking	ire & oof Hardware	Door Remarks:	Double s	swing		
	dware Type:: (
E E	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame Hardware: v Treatmen	Standard Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec	ure	iigh Secur iigh Secur iigh Secur iigh Secur	rity rity		
Casework / Millwork:	Casewo	rk Security	: Regular	✓ Secur	re		Remarks:	Provide built-in bed,	wardrobe and desk
Min Millwork /Cour	-				Work Surface 7	10			
(mm) or % [[of perimeter water water Upper Cupb	oards	✓ Count		Height (mm):└	Lockable			
ACOUSTICS: STO	Rating Wall / Floor / Ceiling:	50		RT 60:	0.7		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
	NC Rating:							Noise Control	
GENERAL ROOM RE	MARKS:	Coat Hoo	oks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors: Standar	d 🗸 Vandal-Proof
	Tackboard	Dim:					Whiteboard I	Dim: 915mm wide x	915mm high
	Remarks:	Provide i	magnetic whitebo	oard	`				

Project Name:	Department:	U.E.C. CD.Q.C.C.D.Q.A.C.C.	SUB DEPARTMENT:	AND INVINCENT
VALLEYVIEW PROJECT	11.0 MAP	LES CROSSROADS	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	Draft:	PROGRAM	Program Number:	44.6.04.00
35/20		2 Final		11.0-21-08
Sign Off:	Date Issued:	2017-01-25	RoomName:	CLIENT ROOM
IBI	Client:		m²:	
		MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6:	2.1-01 R	temarks:		
✓ Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard Janitorial Floor Laborato		☐ wc	Emergency Shower	
Janitorial Floor Laborato	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment		Floor Drain	Other:	
Other:				
Size:	_			
-		J L		
ROOM CONTROLS: Room Temp Control v	with Room Relative Hun Local Adjustment		on Isolation Patient Contro	olled
Room Control Remarks:	Via DDC		- Cooking Michigan	
FIRE PROTECTION: Sprinkler Type:	Vet Dry St	andpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Negati	ive Other:		
Air Tarran		Other	1	
Air Temp: 💉 Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Recentacle Count: Ouadal	ex at desk, duplex beside be	ad duploy at door		
песергасіе соціп. і Диацрі	ex at desk, duplex beside be	ed, duplex at door		
Power Remarks: Each ro	om to utilize separate circui	t w/ AFCI protection.Ea	ch room's outlets shall be separated	I switched from
	oank located in Staff Station		·	
Patient Care Area Designation Basic (as per CSA Z32):				
	_			
LIGHTING: Workstation Task Lighting		Lighting Rer	marks:	
✓ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light		g on emergency power. Nurse insp I with separate momentary switch I	
Charting Light	rols Vanity Light		loor. Light switches beside bed and	
_				

Project Name: VALLEYV	IEW PROJECT	Department:	11.0 MA	APLES CI		OADS GRAM	SUB DEPARTI 11B-SI	MENT: ECURE	PROGRAM	I AND LIVING (JNIT
Project Number:	35720	Draft: prepop	1		✓ nal		Program Nun	nber:		11.0-21-0	08
	Sign Off:	Date Issued:			2017-	01-25	RoomName:			CLIENT R	ООМ
		Client:			1	MTICS	m²:	13. m²			
RISK LEVEL:		Mediu	m								
TECHNOLOGY REQU	<u>IIREMENTS</u>										
IMIT SYSTEMS: Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Reman	1 data): Outlet: Outlet: O		Vide	ercom Statio eo Intercon ercom Mast	n Station		Hands Free Telemetry Teleconferen	cing	Room Stat	us	
SECURITY SYSTEMS: Security Came Security Came		inical Camera inical Camera Moi d Monitoring	nitor	\equiv	d Reader usion Dete				f Assist ent Assist	Duress - Wire Duress - Wire	
OTHER											
Equipment Remarks:				Opera Rema	ational arks:						
Room Data Sheet Commo	ent:										

Project Name: VALLI	YVIEW P	ROJEC	Department:	11.0 MAP	LES CR	OSSROA PROGR	DS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		3572	O Draft: prepo	D 1 2	Fina		P	rogram Nu	mber:		11.0-22-	01
[]	Sign O	ff:	Date Issued:			2017-01		toomName:			WC/ SH	OWER
IBI			Client:			MT	TICS m	n²:	4.6 m	2		
RISK LEVEL:			Mediu	ım								
ARCHITECTURAL	DEOLUDE	NAENITC										
INTERIOR FINISHES				-l		finish				romovice.		
Ceiling:	2750 heig		materi GWB - Impact & N		Paint	finish				remarks		
5			Resistant Secure									
Wall:			GWB - Impact & N Resistant Secure	Noisture	HIHF pa	anel						
Floor:					Slip Res	sistant						
Base:	100	F	Flash Cove		1							
()	orner Guards: rash Rails: land Rails: hair Rail:	Star	ndard Ant	-Ligature -Ligature -Ligature		Rema	rks:					
Door(s):	ar Opening (W	x H):	914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Side	light										
Door Hardware: H Windows:	Automati Access Cc Door Glazing: ardware Type:: Operable Win External Glazi External Glazi	CW-01 dows: ng and Fraing Hardwa	Locking Standa Standa Standa Standa	rd Sec	Door Re	High 9	Security Security	Remark: Y Y		or to be slope at t	op and lower c	ut.
	Exterior Wind Internal Glazi Blackout	ng and Fran	me: Standa	=	cure cure 1 Wa		Security Security					
Casework / Millwork:	Case	vork Secur	ity: Regular	Secu	re			Remark	s:			
Min Millwork /Co (mm) or 9	unter Linear Le % of perimeter Upper Cu Lower Cu	wall: pboards	=	Counter/ nter Top nless Steel	Work Sur Height (r		able					
ACOUSTICS: S	TC Rating Wall Floor / Ceilir NC Ratir			RT 60	: N/A			Remark		er to Appendix 1D se Control	- Acoustics and	t
GENERAL ROOM R			Hooks: Standa	rd ✔ Anti-L	igature				Mir	rors: Standard	✓ Vandal-P	roof
	Tackboar	d Dim:				Hooks		niteboard	Dim:			\neg
	Remarks:									r,1 paper towel dis ure and vandalpro		ssed

Project Name:	Department:	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING LINIT
VALLEYVIEW PROJECT		PROGRAM		THE EIVING OWN
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-22-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:		m²:	WC/ SHOWEK
		MTICS	4.6 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2.1.01	Remarks: Exhaust		
HVAC: (CSA 2317.2-10, ASHRAE 6.2	2.1-01	Kemarks. Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:	ton		Plumbir	ng Remarks
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal Hopper	Eyewash Water Fountain	ig Kellidiks
Lavatory Wall Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	, <u> </u>	Barrier Free WC	Corrosion Resistant Fittings	
Double Deep Equipment	✓ Electronic Con	Floor Drain	Other:	
Other:				
Size:				
Poom Tomp Control	with Doom Polative	Humidity with Infactio	on Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustme	' I I	Pressure Monitor Patient Control	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive V	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS		L		
GENERAL POWER:			_	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting 🕢 Night Light	Lighting Rer	marks:	
Dimmable Lighting	In Use" Ligh	Night light	t on emergency power.	
Switch & Light Cont Charting Light	rols Vanity Light			

Project Name: VALLEYVIE	W PROJECT	Department:	11.0 M	IAPLES CROSSF		SUB DEPARTMENT 11B-SECU	RE PROGRAM	1 AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		11.0-22-01
	ign Off:	Date Issued:		2017	'-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 m	1 ²	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta): 0		Vid	tercom Station deo Intercom Station tercom Master Statio	ı 📋	Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moi	nitor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VAI	LLEYVIE	EW PROJEC	СТ	1.0 MAP		OADS GRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		3572	Draft: prepop	1 2	✓ ! Final		Program Nu	mber:		11.0-22-	02
	1	Sign Off:	Date Issued:		2017-	01-25	RoomName			WC/ SH	OWER
IBI	.		Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium	<u> </u>						L	
ARCHITECTUR	AI REO	IUDEMENT									
INTERIOR FINISH					finish.						
Ceiling:	275	height	material GWB - Impact & Mo	ictura	finish	1			remarks		
ceiiiig.	2/3		Resistant Secure	isture	railit						
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100		Flash Cove								
Wall Protection:	Corner G Crash Ra Hand Ra Chair Rai	ils: Sta	andard Anti-Li	gature gature gature	Re	emarks:					
Door(s):	Clear Oper	ning (W x H):	914 x 2135	Material:	Solid Core			Finish: Plar	m		
	Do	oor Sidelight									
Door Hardware: Windows:	Au Door C Hardware Operal Extern Extern Exteric Internal	por Protection Itomatic Opener	Locking Standard Standard For Standard For Standard For Standard For Standard Standard Standard Standard Standard	Sec Sec Sec	cure cure Hi cure Hi cure Hi	gh Secur gh Secur gh Secur gh Secur	Remark: rity rity rity		o be slope at t	op and lower cu	ut.
Casework / Millwo	ork:	Casework Secu	ırity: Regular	Secui	re		Remark	s:			
Min Millwork / (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60	: N/A		Remark	Refer to Noise C		- Acoustics and	t
GENERAL ROOM	1 REMAR	RKS: Coat	Hooks: Standard	✓ Anti-L	igature No of 0	Coat 2		Mirrors	: Standard	✓ Vandal-P	roof
	Та	ckboard Dim:				v	Vhiteboard	Dim:			
	Re		de washroom Access dispenser in shower								ssed

Project Name:	Department:	0000000000	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	11.0 MAPLES		11B-SECURE PROGRAM	AND LIVING UNIT
	Draft:	PROGRAM ✓	Program Number:	
Project Number: 35720		Final		11.0-22-02
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		WC/ SHOWER
IBI	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remark	s: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Using E	Plumbii	ng Remarks
Handwash Counter Goosene	_	Urinal Hopper	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard	WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls		Other:	
Deep Equipment				
Other:				
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative Humidity Local Adjustment		on Isolation Patient Contro Pressure Monitor	olled
FIRE PROTECTION: Sprinkler Type:	/et Dry Standpip	oe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🕡 Standa	rd Special Oth	er:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	9. Emorgonou		Clock	
Types of Fower. Indiffici	& Efficigency			
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
GI T				
Patient Care Area Designation Basic				
(as per CSA Z32):				
Workstation Task Li	ghting A Night Light	Lighting Rer	marks:	
LIGHTING: Workstation lask Lighting	ghting Night Light In Use" Light			
✓ Switch & Light Cont		Night light	t on emergency power.	
Charting Light	▼ vainty Light			
				
		L		

Project Name: VALLEYVIEW	/ PROJECT	Department:	11.0 M	APLES CROSSR PRO		SUB DEPARTMENT 11B-SECU	RE PROGRAM	1 AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-22-02
Sig	gn Off:	Date Issued:		2017	'-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 m	2	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle IMIT Remarks:	t: 0		Vic	ercom Station deo Intercom Station ercom Master Statio	ı 📋	Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera M		nical Camera nical Camera Mo	nitor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLI	EYVIEW	PROJEC		rtment:	1.0 MAP	LES CR	OSSRC PROG			SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT					
Project Number:		3572	Draft	:: prepop	1 2	Fina			Progran	n Numb	er:			11.0-2	2-03
[Sign	Off:	Date	Issued:			2017-0	01-25	RoomN	ame:				WC/	SHOWER
IBI			Clien	t:			N	//TICS	m²:	4.6	5 m²				
RISK LEVEL:				Medium	,										
ARCHITECTURAL	DEOLUD	ENAENITO		ivicalan											
INTERIOR FINISHES			•	matarial			finish					no montro			
Ceiling:	2750	ight	GWB - In	material npact & Mo	isture	Paint	finish					remarks			
			Resistant	-											
Wall:			GWB - In Resistant	npact & Mo : Secure	isture	HIHF pa	anel								
Floor:		L				Slip Res	sistant								
Base:	100		Flash Cov	/e				,							
C	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet ndard ndard ndard	:	gature		Ren	marks:							
Door(s):	ar Opening (\	W x H):	914 x	2135	Material:	Solid C	Core			Fini	ish: Plar	n			
Door Hardware: H. Windows:		g:CW-01	•	Tamperpro	re & oof Hardware		emarks: D	oor swi		wards.	Door t	o be slope	at top	and lowe	r cut.
windows.	External Gla External Gla Exterior Wir Internal Gla Blackou	nzing and Franzing Hardwa ndow Treath zing and Fra	are:	Standard Standard Standard Standard	Second Se	ure ure ure ure	Hig	h Secur h Secur h Secur h Secur	rity rity rity rity	ther					
Casework / Millwork:	Cas	ework Secu	rity:	Regular	Secui	re			Re	marks:					
Min Millwork /Cor (mm) or 9	% of perimete			Counte	Counter/ er Top ess Steel	Work Sur Height (r	mm):	ockable							
ACOUSTICS: S	TC Rating Wa Floor / Cei NC Rat		1		RT 60	N/A			Re		Refer to Noise C	o Appendix control	(1D - A	Acoustics	and
GENERAL ROOM R	EMARKS:	Coat	Hooks:	Standard	✓ Anti-L	igature					Mirrors	: Stand	dard [✓ Vanda	al-Proof
	Tackboa	ard Dim:					Hoo		Vhiteboa	ırd D	im:				
	Remark				sories: 1 soa room. All w										ecessed

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	11.0 MAPLES (11B-SECURE PROGRAM	AND LIVING UNIT
31.122111211111111	Draft:	PROGRAM	Program Number:	
Project Number: 35720		inal	rrogram Number.	11.0-22-03
Sign Off:	Date Issued:		RoomName:	
· ·	Jute issuedi	2017-01-25		WC/ SHOWER
IBI	Client:		m²:	
		MTICS	4.6 m²	
RISK LEVEL:	Medium			
	IVICUIUIII			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Remark	s: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	oust Air Required: 0	
to system				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumhi	ng Remarks
Handwash Counter Goosene		Urinal	Eyewasn	ng riemanis
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain	
Janitorial Floor Laborato	nu	wc	Emergency Shower	
Double	Clastronia Controls	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic Controls		✓ Other:	
Other:		Shower to meet	code	
	-			
Size:				
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et	e Other:	on Isolation Patient Control Pressure Monitor ner:	olled
Air Temp: ✓ Standa	Tu Special Other			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Re	marks:	
Dimmable Lighting	"In Use" Light			
Switch & Light Cont Charting Light		Night ligh	t on emergency power.	

Project Name: VALLEYVIEW	PROJECT	Department:	11.0 M	APLES CROSSR PRO		SUB DEPARTMENT 11B-SECU	RE PROGRAM	1 AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-22-03
Sign	n Off:	Date Issued:		2017	'-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 m	2	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data) Tel Outlet Coax/ Data TV Outlet IMIT Remarks:): 0		Vic	ercom Station deo Intercom Station ercom Master Statio	ı 📋	Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera Me		nical Camera nical Camera Mo	nitor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW PR	OJECT	Department:	1.0 MAPI	LES CR	OSSROA PROGR	ADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		35720	Draft: prepop	1 2	Fina		P	rogram Nu	mber:		11.0-22-	04
[Sign Off:		Date Issued:			2017-01		loomName:			WC/ SHO	OWER
IBI			Client:			МТ	ΓICS	n²:	4.6 m	2		
RISK LEVEL:			Medium	1								
ARCHITECTURAL	DECLUDEN	IENITC	Wicarani									
INTERIOR FINISHES		ENIS	matarial			finish				wa ma wike		
Ceiling:	height 2750	GV	material WB - Impact & Moi	sture	Paint	finish				remarks		
			esistant Secure									
Wall:			WB - Impact & Moi esistant Secure	sture	HIHF pa	anel						
Floor:					Slip Res	sistant						
Base:	100	Fla	ash Cove									
Cr Ha	orner Guards: [ash Rails: [and Rails: [nair Rail: [Stand Stand Stand	dard	gature		Rema	rks:					
Door(s): Clea	r Opening (W x I	H):	914 x 2135	Material:	Solid C	Core			Finish:	Plam		
	Door Sidelig	ht										
Ha Windows:	✓ Door Protect Automatic C Access Cont Door Glazing: rdware Type:: C Operable Windo External Glazing External Glazing	Opener rol CW-01 ows: and Frame Hardware	Locking Standard e: Standard Standard	e & of Hardware	ure ure	High	Securit [.] Securit	Remark: Y Y		or to be slope at t	op and lower cu	it.
	Exterior Windov Internal Glazing	and Frame	e: Standard	Sec	ure	High	Securit Securit	у				
	Blackout		nds Roller S	_		y Mirror		Other				
Casework / Millwork: Min Millwork /Cou (mm) or %		all: oards	Regular Counte			mm):	kable	Remark	S:			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	N/A			Remark		er to Appendix 1D se Control	- Acoustics and	
GENERAL ROOM RE	EMARKS:	Coat Ho	oks: Standard	✓ Anti-Li	gature				Mir	rors: Standard	✓ Vandal-Pr	roof
	Tackboard	Dim:				Hooks		niteboard	Dim:			
	Remarks:		washroom Accesso spenser in shower r									ssed

Project Name:	Department: 11.0 M	IAPLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
VALLEYVIEW PROJECT	Draft:	PROGRAM □ ✓	Program Number:			
Project Number: 35720	prepop 1	2 Final		11.0-22-04		
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER		
IBI	Client:	MTICS	m²: 4.6 m²			
RISK LEVEL:	Medium					
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust				
Can Air be Returned Rate (A/C	C):	Special Exha	ust Air Required: 0			
PLUMBING FIXTURES:						
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks		
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme		n Isolation Patient Contro	olled		
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types:	Standpipe Other:	er:			
Air Temp: 🗸 Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS GENERAL POWER:						
Types of Power: Normal	& Emergency		Clock			
Receptacle Count: Conven	ience: 1 duplex GFI					
Power Remarks: GFI						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING:	"In Use" Ligh	Lighting Ren t Night light	narks: t on emergency power.			

Project Name: VALLEY\	VALLEYVIEW PROJECT		11.0 MAPLE			SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNI			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	11.0-22-04		
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	WC/ SHOWER		
IBI		Client:			MTICS	m²: 4.6 m²			
RISK LEVEL:		Mediu	m						
TECHNOLOGY REQ	UIREMENTS								
Communication Quantity (1 voice, Te Coax/ Data To	, 1 data): ol Outlet: O V Outlet: O			Station ercom Station Master Statio		Hands Free Room State Telemetry Teleconferencing	us		
SECURITY SYSTEMS: Security Car Security Car	mera Monitor CI	inical Camera inical Camera Mo	nitor	Card Reader	<u> </u>	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comr									

			 -				T				
Project Name: VAI	LEYVIE	EW PROJEC	СТ	.1.0 MAPI	LES CROSSR PRO	OADS GRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		3572	Draft: prepop	1 2	Final		Program Nu	mber:		11.0-22-	05
	1	Sign Off:	Date Issued:		2017-	-01-25	RoomName			WC/ SHO	OWER
IBI	_		Client:			MTICS	m²:	4.6 m²			
RISK LEVEL:			Medium	1							
ARCHITECTUR	AI DEO	IIIDENAENIT									
INTERIOR FINISH					6						
	275	height	material GWB - Impact & Mo	icturo	finish				remarks		
Ceiling:	2/3	O	Resistant Secure	isture	Pallit						
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100		Flash Cove]						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	gature gature gature	J Re	emarks:					
Door(s):	Clear Oper	ning (W x H):	914 x 2135	Material:	Solid Core			Finish: Plar	n		
Door Hardware:	Door C	or Sidelight or Protection otomatic Opener cess Control Glazing:	✓ Locking	ore & oof Hardware	Door Remarks:	Door swi	ing outward	ls. Door t	o be slope at to	op and lower cu	ıt.
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fra al Glazing Hardw or Window Treate al Glazing and Fra ackout	vare: Standard ment: Standard ame: Standard	Sec Sec Sec	cure Hi	gh Secur gh Secur gh Secur gh Secur	rity rity	55:			
Casework / Millwo	rk:	Casework Secu	ırity: 🗌 Regular	Secur	re		Remark	s:			
Min Millwork / (mm)	or % of per	near Length imeter wall: oper Cupboards wer Cupboards	Counte		Work Surface Height (mm):	Lockable					
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60:	: N/A		Remark	Refer to Noise C		- Acoustics and	
GENERAL ROOM	1 REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	igature No of 0	Coat 2		Mirrors	Standard	✓ Vandal-Pr	oof
	∐ Ta	ckboard Dim:				∐ v	Vhiteboard	Dim:			
	Re		de washroom Access dispenser in shower								sed

Project Name:	Department:	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING UNIT
VALLEYVIEW PROJECT		PROGRAM		
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-22-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	AATICC	m²:	,
		MTICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
HVAC: Type. CSA 2317.2-10, ASHRAE 62				
Can Air be Returned Rate (A/0 to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	' I I	on Isolation Patient Contro	olled
FIRE PROTECTION: Sprinkler Type: No. 12 Apr. Status (2.4 m. bizh)		Standpipe Oth	er:	
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive • Ne	egative Other:		
EXTINOST:				
Air Temp: 🗹 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rer	marks:	
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	□ "In Use" Light Vanity Light	nt Night light	t on emergency power.	

Project Name: VALLEYVII	EW PROJECT	Department:	11.0 N	IAPLES CROSSI	ROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRA	M AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	2011/11/11	Program Number:	11.0-22-05
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	WC/ SHOWER
		Client:			MTICS	m ² : 4.6 m ²	
RISK LEVEL:		Mediur	n				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): outlet: 0 outlet: 0		Vi	tercom Station deo Intercom Statior tercom Master Statio		Hands Free Room St Telemetry Teleconferencing	tatus
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Mon	itor	Card Reader	L	☐ Staff Assist ✔ Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTUER							
OTHER				Operational			
Equipment Remarks:				Remarks:			
Room Data Sheet Commer	nt:						

Project Name: VALLE	YVIEW	PROJEC		rtment: 1	1.0 MAP	LES CR	OSSRC PROG		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT					3 UNIT	
Project Number:		3572	Draft	: prepop	1 2	Fina	•		Program	Numbe	er:		1	1.0-22	2-06
[]	Sign	Off:	Date	Issued:			2017-0	01-25	RoomNa	ame:				WC/S	HOWER
IBI			Client	t:			N	/ITICS	m²:	4.6	i m²				
RISK LEVEL:				Mediun	1										
ARCHITECTURAL	RECLUR	FMFNITS		cuiuii											
INTERIOR FINISHES	١.	eight		material			finish					remarks			
Ceiling:	2750		GWB - Im	pact & Mo	isture	Paint	11111311					Temarks			
			Resistant	Secure											
Wall:	<u> </u>		GWB - Im Resistant	pact & Mo Secure	isture	HIHF pa	anel								
Floor:		L				Slip Res	sistant								
Base:	100		Flash Cov	re											
C H	orner Guard rash Rails: land Rails: hair Rail:	Sta	Sheet: ndard ndard ndard	Anti-Li Anti-Li Anti-Li	gature	J	Ren	narks:							
	ar Opening (\		914 x		Material:	Solid (Core	L		Fini	sh: Plan	n			
D001(3).	Door Sid					554									
Door Hardware:	_	ıg:	✓	Tamperpro	re & oof Hardware	Door Re	emarks: D	oor swi	ing outw	vards.	Door to	be slope	at top a	nd lower	cut.
Windows:	Operable W External Gla External Gla Exterior Win Internal Gla Blackou	azing and Fra azing Hardwa ndow Treatn zing and Fra	are:	Standard Standard Standard Standard Standard Roller	Sec	ure ture ture ture ture	Hig	h Secur h Secur h Secur h Secur	rity rity rity rity	ther					
Casework / Millwork:	Cas	ework Secu	rity:	Regular	Secui	re			Rer	marks:					
Min Millwork /Coi (mm) or 9	6 of perimete Upper C			Counte	Counter/ er Top ess Steel	Work Sur Height (I	mm):	ockable							
ACOUSTICS: S	TC Rating Wa Floor / Cei NC Rat				RT 60	: N/A			Rer		Refer to Noise C	Appendix ontrol	1D - Ac	oustics a	nd
GENERAL ROOM R			Hooks:	Standard	✓ Anti-L	igature	No of Co	oat 2			Mirrors:	Stand	lard 🗸	Vandal	-Proof
	Tackbo	ard Dim:				-	Hoo	oks:	Vhiteboa	rd Di	m:				
	Remark				sories: 1 soa room. All v									nser, 1 red	essed

Project Name:	Department:	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING UNIT
VALLEYVIEW PROJECT		PROGRAM		
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-22-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	NATICO	m²:	11.57 511.511.511
		MTICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
nvac:				
Can Air be Returned Rate (A/o to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	' I I	on Isolation Patient Contro Pressure Monitor	blled
	(-t	Chandring Oth		
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry	Standpipe Oth	er:	
EXHAUST: Pressure: Equal		egative Other:		
_				
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rer	marks:	
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light Vanity Light	nt Night light	t on emergency power.	

Project Name: VALLEYVIEV	V PROJECT	Department:	11.0 M	APLES CROSSR PRO		SUB DEPARTMEN 11B-SECU	r: IRE PROGRAM	1 AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	<u> </u>	Program Number:		11.0-22-06
I D I	gn Off:	Date Issued:		2017	-01-25	RoomName:		WC/ SHOWER
		Client:			MTICS	m²: 4.6 n	1 ²	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outl Quantity (1 voice, 1 dat Tel Outle Coax/ Data TV Outle IMIT Remarks:	a): et: 0		Vid	ercom Station deo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera N	=	nical Camera nical Camera Mo	nitor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW	PROJEC		irtment: 1	L1.0 MAP	LES CR	OSSRC PROG		SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT						
Project Number:		3572	Draft	:: prepop	1 2	Fina	•		Progran	n Numb	er:			11.0-2	2-07
[]	Sign	Off:	Date	Issued:			2017-0	01-25	RoomN	ame:				WC/	SHOWER
IBI			Clien	t:			N	/ITICS	m²:	4.6	5 m²				
RISK LEVEL:				Medium	1										
ARCHITECTURAL	RECLUR	FMFNTS													
INTERIOR FINISHES		ght		material			finish					remarks			
Ceiling:	2750	_	GWB - In	npact & Moi	isture	Paint	11111311					Telliarks			
			Resistant	Secure											
Wall:			GWB - Im Resistant	npact & Moi Secure	isture	HIHF pa	anel								
Floor:		L				Slip Res	sistant								
Base:	100		Flash Cov	/e											
C H	orner Guards rash Rails: land Rails: hair Rail:	Sta	Sheet: ndard ndard ndard	:	gature	I	Ren	marks:							
					_										
Door(s): Cle	ar Opening (V		914 x	2135	Material:	Solid C	Core			Fini	sh: Plar	n ———			
Door Hardware:	Door Pro Automat Access C Door Glazing Ardware Type	cic Opener control	•	Tamperpro	ire & pof Hardware	Door Re	emarks: D	oor sw	ing out	wards.	Door to	be slope	at top	and lowe	er cut.
Windows:	Operable Wi External Gla: External Gla: Exterior Win Internal Glaz	zing and Frazing Hardwa dow Treatn	are:	Standard Standard Standard Standard Standard Roller:	Sec	ure ure ure ure	Hig	h Secur h Secur h Secur h Secur	rity rity rity rity	marks:					
Casework / Millwork:	Case	work Secu	rity:	Regular	Secui	re .			Re	marks:					
Min Millwork /Coi (mm) or 9	6 of perimete			Counte	Counter/ er Top ess Steel	Work Sur Height (1	mm):	ockable							
ACOUSTICS: S	TC Rating Wal Floor / Ceil NC Rati				RT 60	: N/A			Re		Refer to Noise C	Appendix ontrol	(1D - A	coustics	and
GENERAL ROOM R			Hooks:	Standard	✓ Anti-L	igature					Mirrors:	Stand	dard [✓ Vanda	al-Proof
	Tackboa	rd Dim:					Hoo		Vhiteboa	ırd D	im:				
	Remarks			oom Access r in shower											ecessed

Project Name:	Department: 11.0 M	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING UNIT
VALLEYVIEW PROJECT	Draft:	PROGRAM □ •	Program Number:	
Project Number: 35720	prepop 1	2 Final		11.0-22-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER
IBI	Client:	MTICS	m²: 4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/o to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		1		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC WBarrier Free WC Floor Drain Shower to meet	Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	' I I	on Isolation Patient Contro	olled
FIRE PROTECTION: Sprinkler Type:	Types:	Standpipe Other: Other:	ner:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer	narks: t on emergency power.	

Project Name:	roject Name: VALLEYVIEW PROJECT	Department:	11.0 N	1APLES CROSSI		SUB DEPARTMENT: 11B-SECUR	E PROGRAM	AND LIVING UNIT
VALLETVIL	. VV FINOJECI				GRAM			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-22-07
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		WC/ SHOWER
IBI		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Coax/ Data TV O	lata): utlet: 0 utlet: 0		U Vi	tercom Station deo Intercom Statior tercom Master Statio	, <u> </u>	Hands Free Telemetry Teleconferencing	Room State	us
IMIT Remarks								
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mo	nitor	Card Reade			aff Assist Itient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW	PROJE		rtment:	11.0 MAP		SROADS ROGRAM				RAM A	ND LIVING UNIT
Project Number:		3572	Draft:	prepop	1 2	✓ Final		Program N	lumber:			11.0-23
[-	Sign	Off:	Date	ssued:		20:	17-01-25	RoomNam	ne:	V	VC/ SHO	WER, BARRIER FREE
IBI			Client	:			MTICS	m²:	5.6 m	1 ²		
RISK LEVEL:				Mediun	n							
	DEOLUD	ENAENIT		vicala	•							
ARCHITECTURAL			<u> </u>			_						
INTERIOR FINISHES:	he 2750	ight	GM/B Im	material pact & Mo	victuro	fin				remarl	ks	
Ceiling:	2730		Resistant	-	nsture	HIHF panel						
Wall:			GWB - Im Resistant	pact & Mo Secure	isture	HIHF panel						
Floor:						Slip Resista	nt					
			T									
Base:	100		Flash Cov	e								
Wall Protection: Co	rner Guards	s: 🗸	Sheet:				Remarks:	Anti-ligatu	ıre gral	b bars as pe	r code	
Cra	ash Rails:	Sta	andard	Anti-L	igature							
	nd Rails:	=	andard	_	igature							
Ch	air Rail:	Sta	andard	Anti-L	igature							
Door(s): Clean	Opening (\	W x H):	914 x	2135	Material:	Solid Core			Finish:	Plam		
	Door Sid	delight										
[Automa Access (Door Glazin	g:	✓		ure & Dof Hardware	Door Remar	Door sw	ving outwa	rds. Do	oor to be slo	pe at to	p and lower cut.
Har	dware Type	e:: CW-01										
 	Operable W External Gla External Gla Exterior Wir nternal Gla:	zing and Fr zing Hardw ndow Treat zing and Fr	rare:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure	High Secu High Secu High Secu High Secu	rity rity				
Casework / Millwork:	Cas	ework Secu	ırity: 🔲 (Regular	Secur	re		Rema	irks:			
Min Millwork /Cour	nter Linear L				Counter/	Work Surface						
(11111) 01 %	Upper C	cupboards cupboards		_	er Top ess Steel	Height (mm)	Lockable					
ACOUSTICS: STO	C Rating Wa Floor / Ceil				RT 60	N/A		Rema		fer to Apper	ndix 1D -	Acoustics and
		ing: 35-40)						140	.50 00111101		
GENERAL ROOM RE	MARKS:	Coat	Hooks:	Standard	✓ Anti-L	gature No	of Coat 2 Hooks:		Mi	rrors: St	andard	✓ Vandal-Proof
	Tackboa	ard Dim:						Whiteboard	Dim:	:		
	Remark				sories: 1 soa room. All w							penser, 1 recessed of

Project Name: VALLEYVIEW PROJECT	Department: 11.0 N	MAPLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PRO	GRAM AND LIVING UNIT
Project Number	-Draft:	PROGRAM ✓	Program Number:	44.0.22
35/20	prepop 1	2 Final		11.0-23
Sign Off:	Date Issued:	2017-01-25	RoomName:	WC/ SHOWER, BARRIER FREE
	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC ✓ Barrier Free WC Floor Drain Shower to meet	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: No. 10 Control Remarks (2.4 to bish)	Local Adjustme	, I I	ressure Monitor	ent Controlled
Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Types: Positive No	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
rower relians. GH				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Might light	narks: t on emergency power.	

•		T						
Project Name:		Department:	11.0 N	1APLES CROSS	ROADS	SUB DEPARTMENT: 11B-SECURE PRO	OGRAM	AND LIVING UNIT
VALLEYVIE	W PROJECT			PRO	OGRAM			
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-23
	Sign Off:	Date Issued:		2041	7.04.25	RoomName:		
IBI				201	7-01-25		WC/ SH	OWER, BARRIER FREE
		Client:			MTICS	m ² : 5.6 m ²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O	-		In	tercom Station		Hands Free	Room Statu	s
Quantity (1 voice, 1 o Tel O	utlet: 0			deo Intercom Statio		Telemetry		
Coax/ Data TV O	utlet: 0		In	tercom Master Stati	ion	Teleconferencing		
IMIT Remarks	:							
SECURITY SYSTEMS:					_			
Security Camer		nical Camera nical Camera Mor		Card Reade	L	Staff Ass		Duress - Wired ✓ Duress - Wireless
Security Camer	a Monitor Cii	nicai Camera Moi	iitor	Intrusion D	etection	✓ Patient A	SSIST	▼ Duress - Wireless
Security Remarks	:							
OTUEN								
OTHER				1 .				
Equipment Remarks:				Operational Remarks:				
nemarks.								
Room Data								
Sheet Commen	nt·							

Project Name: VALLEY	/VIEW PR	OJECT	Department:	.1.0 MAPI	LES CROSSF PRO	ROADS OGRAM	SUB DEPARTM 11B-SE		AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	oer:	11.0-24-01
	Sign Off:		Date Issued:		2017	'-01-25	RoomName:		TOILETS, BARRIER-FREE
]			Client:			MTICS	m²: 5.	6 m²	
RISK LEVEL:			Medium	1					
ARCHITECTURAL	REALUREN.	IFNTS							
INTERIOR FINISHES:					6				
	height		material	ant	finish	1		remarks	
Ceiling:	2750	Gv	WB - Impact Resist	aiit	raiiit				
Wall:		GV	WB - Impact Resist	ant	Paint		Water resista	nt	
Floor:					Resilient				
Base:	100	Fla	ash Cove						
Wall Protection: Cor	ner Guards:	✓	Sheet:		l R	lemarks:	Anti-ligature	grab bars as per coo	le
	sh Rails:	Stand		gature			0	5	
Hai	nd Rails:	Stand	lard Anti-Li	gature					
Cha	air Rail:	Stand	lard 🗌 Anti-Li	gature					
Clear	Opening (W x	H)·	914 x 2135	Material:	Solid Core	Į.	Fir	nish: Plam	
Door(s): Clear	_		914 X 2133	waterial.	30llu Core			Pidili	
L	Door Sidelig	nt							
Door Hardware: [Door Protect Automatic C Access Cont Door Glazing:	Opener	✓ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Remarks:				
Hard	dware Type:: \	VR-03							
E E	Operable Windo Internal Glazing Internal Glazing Internal Glazing Internal Glazing	and Frame Hardware v Treatmer	Standard nt: Standard e: Standard	Sec Sec Sec Sec Sec Sec	ure	ligh Secui ligh Secui ligh Secui ligh Secui	rity rity		
Casework / Millwork:	Casewo	rk Security	/: Regular	Secur	re		Remarks:		
Min Millwork /Coun	-				Work Surface				
(mm) or % (of perimeter w Upper Cupb Lower Cupb	oards	Counte		Height (mm):	Lockable			
	Rating Wall / Floor / Ceiling:	50		RT 60:	N/A		Remarks:	Refer to Appendix	1D - Acoustics and
	NC Rating:							Troise control	
GENERAL ROOM RE	MARKS:	Coat Ho	oks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors: Standa	ard 🗹 Vandal-Proof
	Tackboard	Dim:				∐ \	Whiteboard [Dim:	
	Remarks:							rab bars, 1 sanitary to be anti-ligature a	

Project Name:	Department:	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AN	D HVING HNIT
VALLEYVIEW PROJECT		PROGRAM	TID-SECONE FROGRAMIAN	D LIVING CIVII
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-24-01
Sign Off:	Date Issued:	2017-01-25	RoomName: TOILE	TS, BARRIER-FREE
IBI	Client:	MTICS	m²: 5.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/o	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	emarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	, I I	n Isolation Patient Controlled	
FIRE PROTECTION: Sprinkler Type:	Types: Positive • Ne	Standpipe Other: Other:	er:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Rer Night light	marks: t on emergency power.	

Project Name: VALLEYVII	VALLEYVIEW PROJECT		11.0 N	1APLES CROSSR PRO		SUB DEPARTMENT: 11B-SECURE P	ROGRAM	AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		11.0-24-01
	Sign Off:	Date Issued:		2017-	-01-25	RoomName:	TC	DILETS, BARRIER-FREE
		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
Coax/ Data TV O	data): outlet: 0 outlet: 0		U Vi	tercom Station deo Intercom Station tercom Master Station		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Mor	nitor	Card Reader Intrusion Det		Staff A	Assist It Assist	Duress - Wired Duress - Wireless
Security Remarks	S:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	VIEW PRO	JECT	Department:	.1.0 MAP	LES CROSS PRO	ROADS OGRAM	11B	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT		
Project Number:	3	35720	Draft: prepop	1 2	✓ Final		Program N	lumber:		11.0-24-02
	Sign Off:		Date Issued:			7-01-25	RoomNam	ie:	TO	ILETS, BARRIER-FREE
IBI.			Client:			MTICS	m²:	5.6 m²		
DISK LEVE								3.0 111		
RISK LEVEL:			Medium	<u> </u>						
ARCHITECTURAL	REQUIREME	NTS								
INTERIOR FINISHES:	height		material		finis	h			remarks	
Ceiling:	2750	GW	B - Impact Resist	ant	Paint					
Wall:		GW	B - Impact Resist	ant	Paint		Water res	istant		
Floor:					Resilient					
Base:	100	Flas	h Cove							
Cra Hai	rner Guards: sh Rails: nd Rails: air Rail:	Standa Standa Standa	rd	gature	I	Remarks:	Anti-ligatu	ure grab	bars as per code	
Door(s): Clear	Opening (W x H):	: 9	914 x 2135	Material:	Solid Core			Finish:	Plam	
Γ,	Door Sidelight							L		
Han	Door Protection Automatic Ope Access Contro Door Glazing: dware Type:: WF	ener I R-03	Locking	of Hardware	Door Remarks	s:		. [
E E	Operable Window External Glazing an External Glazing H Exterior Window T Internal Glazing ar Blackout	nd Frame: ardware: Treatment	Standard Standard Standard	Sec	ture	High Secu High Secu High Secu High Secu ror	rity rity			
Casework / Millwork:	Casework	Security:	Regular	Secui	re		Rema	ırks:		
Min Millwork /Coun (mm) or %	ter Linear Length of perimeter wall Upper Cupboa Lower Cupboa	rds	Counte		Work Surface Height (mm):	Lockable				
	Rating Wall / Floor / Ceiling: NC Rating: 3			RT 60	: N/A		Rema		er to Appendix 1D - se Control	- Acoustics and
GENERAL ROOM RE	MARKS:	Coat Hook	ks: Standard	✓ Anti-L	igature No c	of Coat 2 Hooks:		Mirr	rors: Standard	✓ Vandal-Proof
	Tackboard	Dim:					Whiteboard	Dim:		
									bars, 1 sanitary na e anti-ligature and	

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	11.0 MA	PLES CROSSROADS	11B-SECURE PROGRAM AND LIVING UNIT						
	Draft:	PROGRAM	Program Number:						
Project Number: 35720	prepop 1	2 Final	11.0-24-02						
Sign Off:	Date Issued:		RoomName:						
IBI		2017-01-25	TOILETS, BARRIER-FREE						
, , ,	Client:	MTICS	m ² : 5.6 m ²						
DICK I EVEL	DA a di succ		3.6						
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS		[
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust							
Can Air be Returned Rate (A/G	7.	Special Exhau	ust Air Required: 0						
to System		Special Extrac	astrii nequired.						
DI LIBADING FINTURES									
PLUMBING FIXTURES:									
sink mounting faucet Handwash Counter Goosene	tap ck Lever/Blades	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosene ✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain						
Janitorial Floor Laborato		WC Barrier Free WC □	Emergency Shower						
Double	✓ Electronic Contro		Other:						
Deep Equipment		11001 510111							
Other:									
Size:									
Local Adjustment Room Control Remarks:	Local Adjustment								
Air Temp: 🗾 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal	& Emergency		Clock						
Receptacle Count: Conven	ience: 1 duplex GFI								
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rem	narks:						
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	In Use" Light	Night light	on emergency power.						

Project Name:	Department: 11.0 MAPLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT
VALLEYVIEW PROJEC	PROGRAM	
Project Number: 3572	O prepop 1 2 Final	Program Number: 11.0-24-02
Sign Off:	Date Issued: 2017-01-25	RoomName: TOILETS, BARRIER-FREE
IBI	Client: MTICS	m²: 5.6 m²
RISK LEVEL:	Medium	
TECHNOLOGY REQUIREMENTS		
IMIT SYSTEMS:		
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: UMIT Remarks:	Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Status Telemetry Teleconferencing
SECURITY SYSTEMS: Security Camera	Clinical Camera Card Reader No.:	Staff Assist Duress - Wired
Security Camera Monitor	Clinical Camera Monitor Intrusion Detection	✔ Patient Assist ✔ Duress - Wireless
Security Remarks:		
OTHER		
Equipment Remarks:	Operational Remarks:	
Room Data Sheet Comment		

			<u> </u>						
Project Name: VAI	LLEYVIE	W PROJEC	Т	.1.0 MAP	LES CROSSR PRO	OADS GRAM	SUB DEPART 11B-S		M AND LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Nu	mber:	11.0-25
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName	:	BATH/SHOWER
IBI			Client:			MTICS	m²:	3.5 m²	
RISK LEVEL:			Medium	1					
ARCHITECTUR	AL REOL	IIDEMENTS							
INTERIOR FINISH					finish.				
Ceiling:	2750		material GWB - Impact & Mo	isture	finish Paint			remarks	
Wall:			Resistant Secure GWB - Impact & Mo	isture	HIHF panel				
			Resistant Secure	isture .	·				
Floor:					Slip Resistant				
Base:	100		Flash Cove			l			
Wall Protection:	Corner Gu Crash Rails Hand Rails Chair Rail:	s: Sta	Sheet: Anti-Li Indard Anti-Li Indard Anti-Li	gature	R	emarks:	Anti-ligatur	e grab bars as per co	de
Door(s):	Clear Openir	ng (W x H):	914 x 2135	Material:	Solid Core	·		Finish: Plam	
	Doo	r Sidelight							
Door Hardware:	Auto	r Protection omatic Opener ess Control azing: Type:: WR-03	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks:				
Windows:	External External Exterior Internal	e Windows: Glazing and Fra Glazing Hardwa Window Treatn Glazing and Fra kout	are: Standard ment: Standard ame: Standard	Sec	cure H	igh Secui igh Secui igh Secui igh Secui	rity rity		
Casework / Millwo	rk:	Casework Secui	rity: Regular	✓ Secui	re		Remark	ks:	
Min Millwork /	Counter Line	-		Counter/	Work Surface Height (mm):				
(,	✓ Upp	er Cupboards er Cupboards	✓ Counte	er Top ss Steel		Lockable			
ACOUSTICS:		Ceiling:		RT 60	: 0.7		Remark	Refer to Appendix Noise Control	1D - Acoustics and
CENERAL POCE		Rating: 35-40		_ A		Cost		Minor	and Average 6
GENERAL ROOM		kboard Dim:	Hooks: Standard	✓ Anti-L	igature No of H	ooks:	Whiteboard	Mirrors: Stand	ard ✔ Vandal-Proof
		narks: Provid				sink, 1 p	aper towel	dispenser, grab bars, and vandalproof. Was	

Project Name:	Department:	1APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	AND LIVING LINIT
VALLEYVIEW PROJECT		PROGRAM		THE LIVING OWN
Project Number: 35720	-Draft:	2 Final	Program Number:	11.0-25
Sign Off:	Date Issued:	2017-01-25	RoomName:	BATH/SHOWER
IBI	Client:		m²:	Briting Shie Weit
		MTICS	3.5 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 62	2 1-01	Remarks: Exhaust		
HVAC: 19pe. CSA 2317.2-10, ASHRAE 6.		Exitads		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES: sink mounting faucet	tap		Plumbii	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	ig itematics
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato Double	ry Foot Pedal ✓ Electronic Conf	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic con	Floor Drain bathtub	Other:	
Other:	_	Datitub		
Size:				
ROOM CONTROLS: Room Temp Control v	vith Room Relative	· Humidity with Infection	on Isolation	
Local Adjustment	Local Adjustme		Pressure Monitor Patient Control	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive No	egative Other:		
Air Temp: 🕡 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			_	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
G.,				
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Ligh	Night light	t on emergency power.	
Switch & Light Cont Charting Light	rols Vanity Light			
Chaiting Light				

Project Name:		Department:	11 0 1/	MADLES CDOSSD		SUB DEPARTMENT: 11B-SECURE PROGRAM	
VALLEYVIEW	/ PROJECT		11.U IV	1APLES CROSSR PRO	GRAM	TIB-SECURE PROGRAM	I AND LIVING UNII
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	11.0-25
Sig	gn Off:	Date Issued:		2017	-01-25	RoomName:	BATH/SHOWER
		Client:			MTICS	m²: 3.5 m²	
RISK LEVEL:		Mediu	m				
TECHNOLOGY REQUIRE	MENTS						
IMIT SYSTEMS:							
Communications Outle Quantity (1 voice, 1 date Tel Outle Coax/ Data TV Outle	et: 0		Vi	tercom Station deo Intercom Station tercom Master Statio		Hands Free Room Stat Telemetry Teleconferencing	rus
SECURITY SYSTEMS: Security Camera Security Camera N		nical Camera nical Camera Mor	nitor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

Project Name: VALLEY	VIEW PF	ROJECT	Department:	L1.0 MAPI	ES CROSSI PRC	ROADS OGRAM	SUB DEPARTM 11B-SE	IENT: CURE PROGRAM /	AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	ber:	11.0-26
<u>-</u>]	Sign Off	:	Date Issued:		2017	7-01-25	RoomName:	BARRIER-FREE 1	TUB/ SHOWER ROOM
			Client:			MTICS	m²:	.5 m²	
RISK LEVEL:			Medium	1					
ARCHITECTURAL	REOI IIREN	/FNTS							
INTERIOR FINISHES:			material		finish			ro mo rico	
Ceiling:	height		WB - Impact & Mo	isture	Paint	ı		remarks	
ceimig.	2730		sistant Secure	istare	T direc				
Wall:			WB - Impact & Mo sistant Secure	isture	HIHF panel				
Floor:					Slip Resistant	t			
Base:	100	Fla	ash Cove						
Wall Protection: Con	rner Guards:	✓	Sheet:		R	Remarks:	Anti-ligature g	grab bars as per code	
Cra	ish Rails:	Stand	lard 🗌 Anti-Li	gature					
Ha	nd Rails:	Stand	lard 🗌 Anti-Li	gature					
Cha	air Rail:	Stand	lard Anti-Li	gature					
Door(s): Clear	Opening (W x	H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam	
	Door Sideli	ght							
Door Hardware: [Door Prote Automatic Access Con Door Glazing:	Opener	✓ Anti-Ligatu Tamperpro ✓ Locking	re & oof Hardware	Door Remarks:				
Han	dware Type::	WR-03							
E E	Operable Wind External Glazing External Glazing Exterior Windo Internal Glazing Blackout	g and Framo g Hardware w Treatmen	Standard nt: Standard e: Standard	Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur Or	rity rity		
Casework / Millwork:	Casewo	ork Security	/: Regular	✓ Secur	e		Remarks:		
Min Millwork /Coun (mm) or %	ter Linear Len of perimeter w				Work Surface Height (mm):				
	Upper Cupl Lower Cupl		Counter Stainle	er Top ess Steel	✓	Lockable			
	Rating Wall / Floor / Ceiling	50		RT 60:	0.7		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating	35-40							
GENERAL ROOM RE	_	Coat Ho	oks: Standard	✓ Anti-Li	gature No of	looks:		Mirrors: Standard	✓ Vandal-Proof
L	Tackboard	Dim:				∐ \	Whiteboard [Dim:	
	Remarks:	holder, ı		enser in sh				owel dispenser, grab l cessories are to be ant	

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	11.0 MAPL	ES CROSSROADS	11B-SECURE PROGRAM AND LIVING UNIT
31.122111111111111111111111111111111111	Draft:	PROGRAM	Program Number:
Project Number: 35720	prepop 1 2	Final	11.0-26
Sign Off:	Date Issued:	Titidi	RoomName:
. 5	Date issued.	2017-01-25	BARRIER-FREE TUB/ SHOWER ROOM
IBI	Client:		m²:
		MTICS	4.5 m²
RISK LEVEL:	Medium		
	IVICUIUIII		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Re	marks: Exhaust	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash ✓ Counter Goosene		Urinal	Eyewasn
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		WC _	Emergency Shower
Double	✓ Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment		Floor Drain	Other:
Other:		Bath Tub	
Size:	-		
Poom Temp Control	with Doom Pelative Humi	dity with Infaction	n Isolation
ROOM CONTROLS: Room Temp Control v	vith Room Relative Humi Local Adjustment		Pressure Monitor Patient Controlled
Room Control Remarks:	,		
FIRE PROTECTION: Sprinkler Type:	/et Dry Star	ndpipe Oth	er:
Rack Storage (2.4m high)	Types:		
	_		
EXHAUST: Pressure: Equal	Positive Negative	e Other:	
Air Tanan A Chanda	ad Caracial	Other	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS		·	
GENERAL POWER:			Clock
Types of Power: Normal	& Emergency		
December 1 County 10			
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation Basic			
(as per CSA Z32):			
Workstation Task Li	ghting Aliaht Liaht	Lighting Ren	narks:
LIGHTING: Workstation lask Lighting			
Switch & Light Cont	"In Use" Light	Night light	t on emergency power.
Charting Light	rols Vanity Light		

•		Department:	11 O M	APLES CROSSR		SUB DEPARTMENT:	E DROGRAM	AND LIVING UNIT
VALLEYVII	EW PROJECT		11.0 101		GRAM	11B-3ECON	IL PROGRAMI	AND LIVING ONT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		11.0-26
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	BARRIER-FREE	TUB/ SHOWER ROOM
		Client:			MTICS	m²: 4.5 m²		
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Vid	ercom Station leo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Moi	nitor	Card Reader			taff Assist atient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	YVIEW PRO	DJECT	Department:	1.0 MAP	LES CR	OSSROAI PROGR <i>A</i>	DS	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT				
Project Number:	;	35720	Draft: prepop	1 2	✓ Fina			Program Nu	ımber:		11.0	-27
[Sign Off:		Date Issued:		:	2017-01-		RoomName	2:		COMF	ORT ROOM
IBI			Client:			MTI		m²:	13. m	n ²		
RISK LEVEL:			Medium									
	DEOLUDEM	ENTC	Wicarani									
ARCHITECTURAL INTERIOR FINISHES:		<u> </u>				C : 1						
Ceiling:	height	GW	material 'B - Impact Resista	ant	Paint	finish				remarks		
ceimig.	2730		D Impact Nesist		i unic							
Wall:		GW	B - Impact Resista	ant	Paint		F	eature wa	ıll			
Floor:					Resilien	t						
Base:	100	Flas	sh Cove]							
Wall Protection: Co Cr.	rner Guards: ash Rails: nd Rails: air Rail:	Standa Standa Standa	ard Anti-Lig	gature		Remark	ks: S	oft pading	g on th	e walls		
Door(s): Clea	Opening (W x H		1220 x 2135	Material:	Solid C	ore			Finish:	Plam		
	Door Protection Automatic Open Access Control Door Glazing: Upperdware Type:: CF	oener ol oper glazi	Locking	re & of Hardware	Door Ren	marks: Doul	ble sv	wing				
	Operable Windov External Glazing a External Glazing B Exterior Window Internal Glazing a Blackout	and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec Shutter	ure ure ure ure	High Solid High Solid	ecurit ecurit	ty ty ty	gla	ovide window fil zing for observa		e interior
Casework / Millwork:	Caseworl	k Security:	Regular	Secur	re			Remar	ks:			
Min Millwork /Cour (mm) or % [nter Linear Length of perimeter wal Upper Cupbo Lower Cupbo	l: ards	Counte	Counter/ ' or Top ss Steel	Work Surf Height (n		ible					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:			RT 60	0.7			Remar		fer to Appendix ise Control	1D - Acoustio	cs and
GENERAL ROOM RE	MARKS:	Coat Hoo	ks: Standard	Anti-L	igature				Mir	rrors: Standa	ard 🗌 Van	dal-Proof
[Tackboard	Dim:				Hooks:		hiteboard	Dim:			
			chair and mats-swith blackout cap								mable lightin	g,

Project Name:	Department:	APLES CROSSROADS	SUB DEPARTMENT: 11B-SECURE PROGRAM	
VALLEYVIEW PROJECT	11.0 IVI	PROGRAM	TID-SECONE PROGRAM	MIND LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	11.0-27
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMFORT ROOM
	Client:	MTICS	m²: 13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosenet Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme Via DDC		n Isolation Patient Contro	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)		Standpipe Oth	er:	
EXHAUST: Pressure:	Types: Positive Ne	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal				
Receptacle Count: Conveni	ience: 1 duplex			
Power Remarks: Override	e switch at nurse base to	o shutoff all power to all red	ceptacles	
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Lig Dimmable Lighting Switch & Light Control Charting Light	In Use" Light	Lighting Rer Local swit lighting in	ch and override switch at nurse bas	e to shut off all

Project Name: VALLEYVIEW	/ PROJECT	Department:	11.0 M	APLES CROSSR	ROADS	SUB DEPARTMENT 11B-SECU	RE PROGRAM	1 AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final	MAIVI	Program Number:		11.0-27
Sig	gn Off:	Date Issued:				RoomName:		
IRI				2017	-01-25			COMFORT ROOM
		Client:			MTICS	m²: 13. m	2	
RISK LEVEL:		Mediu	m					
TECHNOLOGY REQUIRE	MENTS							
IMIT SYSTEMS:								
Communications Outle Quantity (1 voice, 1 data Tel Outle Coax/ Data TV Outle	a): et: 0		Vic	ercom Station deo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	us
IMIT Remarks:								
SECURITY SYSTEMS:								
Security Camera Security Camera N		nical Camera nical Camera Moi	nitor	Card Reader Intrusion De			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLEYV	IEW PROJEC	Department: 1	.1.0 MAPI	LES CROSSR PRO	OADS GRAM			AND LIVING UNIT
Project Number:	3572	Draft: prepop	1 2	✓ Final		Program Numl	ber:	11.0-28
<u>-</u>]	Sign Off:	Date Issued:		2017	-01-25	RoomName:		SECURE ROOM
<u> </u>		Client:			MTICS	m²:	.9 m²	
RISK LEVEL:		High						
ARCHITECTURAL RE	OUDEMENT							
INTERIOR FINISHES:	height	material		finish			remarks	
Ceiling: 2	750	GWB - Impact Resista	ant	Paint				
Wall:		Concrete Block		Other:		Soft wall pade	ding installed to minin	num 2.44m height
Floor:						Cushioned flo	ooring	
Base: O	ther:	Other:						
Wall Protection: Corne	r Guards:	Sheet:		ı Re	emarks:			
Crash	Rails: Sta	ndard 🔲 Anti-Li	gature					
Hand	Rails: Sta	ndard 🗌 Anti-Li	gature					
Chair	Rail: Sta	ndard 🔲 Anti-Li	gature					
Daar(a). Clear Or	pening (W x H):	1800 x 2135	Material:	Hollow Meta	.I	Fir	nish: Paint	
		1800 X 2133	Widterial.	Tiollow Wieta	11		railit	
	Door Sidelight							
Door Hardware:	Door Protection	✓ Anti-Ligatui Tamperpro	re & of Hardware	Door Remarks:	Meet Se	ecure Room G	uidelines.	
	Automatic Opener Access Control	Locking	or riaraware					
	or Glazing: Upper §	tlazing						
		giazirig						
Hardw	are Type:: SCR-01							
Windows: Ope	rable Windows:	Standard	Sec				Meet Secure Room G	uidelines
	ernal Glazing and Fra	Standard	Sec		igh Secu			
	ernal Glazing Hardw erior Window Treatr		Sec Sec	_	igh Secu igh Secu	-		
	rnal Glazing and Fra		Sec		igh Secu igh Secu			
	_	Blinds Roller S		1 Way Mirro	_		High Secure	
Casawark / Millwork:	Casework Secu	rity: Pogular	Cocur			Remarks:		
Casework / Millwork:		rity:	Secur			emarks.		
Min Millwork /Counter (mm) or % of բ	erimeter wall:			Work Surface Height (mm):				
	Upper Cupboards	Counte	er Top		Lockable			
	Lower Cupboards	Stainle	ss Steel					
ACOUSTICS: STC Ra	ating Wall / 55		RT 60:	0.7		Remarks:	Refer to Appendix 1D	- Acoustics and
	oor / Ceiling:						Noise Control	
	NC Rating: 30-35							
GENERAL ROOM REMA	ARKS: Coat	Hooks: Standard	Anti-Li	igature No of	Coat ooks:		Mirrors: Standard	d Vandal-Proof
	Tackboard Dim:					Whiteboard [Dim:	
	Desig						s and Guidelines for S I Health Act (British Co	

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	11.0 MAPLES CROSS	
		DGRAM Program Number:
Project Number: 35720	Draft:	11.0-28
Sign Off:	Date Issued:	RoomName:
IDI	201	7-01-25 SECURE ROOM
IDI	Client:	MTICS m ² :
		MTICS 13.9 m ²
RISK LEVEL:	High	
MECHANICAL REQUIREMENTS		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remarks:	
Can Air be Returned Rate (A/	C): S	pecial Exhaust Air Required: 0
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap Urinal	Plumbing Remarks
Handwash Counter Goosene		Eyewash Water Fountain
Lavatory Wall Standard		Emergency Shower
Janitorial Floor Laborato	ry Foot Podal	Free WC Corrosion Resistant Fittings
Double	Electronic Controls Floor Di	ain Other:
Deep Equipment		
Other:	-	
Size:		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V	Local Adjustment Via DDC Vet Dry Standpipe	Infection Isolation Room Pressure Monitor Patient Controlled Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure:	Positive Negative	Other:
Air Temp: Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Emerge	ency	Clock
Receptacle Count: No rece	ptacles	
Power Remarks: Vandal	Proof, Tamper Resistant	
Patient Care Area Designation (as per CSA Z32):	ediate	
	alata a a a a a a a a a a a a a a a a a	Linkfor December
LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont Charting Light	"In Use" Light rols Vanity Light	Lighting Remarks: Lighting controls outside seclusion room. Nurse inspection light w/ separate switch located outside room by entry door. Vandal Proof / Tamper Resistant. All lighting on emergency power.

Project Name: VALLEYVIE	W PROJECT	Department:	11.0 N	AAPLES CROSSI PRO	ROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM	∕I AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	11.0-28
· ·	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	SECURE ROOM
IBI		Client:			MTICS	m²: 13.9 m²	
RISK LEVEL:		High					
TECHNOLOGY REQUIR	EMENTS						
IMIT SYSTEMS:							
Communications Ou Quantity (1 voice, 1 de Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): O tlet: O	en secure room	☐ Vi	ntercom Station ideo Intercom Station ntercom Master Statio ntercom Master Statio	on	Hands Free Room Sta	tus
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Mo	nitor	✓ Card Reader	L	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:	Door Monitoring						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment							

Project Name: VALI	VALLEYVIEW PROJECT			1.0 MAPI	LES CROSSI PRO	ROADS OGRAM	SUB DEPARTMENT: 11B-SECURE PROGRAM AND LIVING UNIT			
Project Number:		35720	Draft: prepop	1 2			Program Num	ber:	11.0-29	
IBI	Sign Off:	73720	Date Issued:	1 2		7-01-25	RoomName:		ANTE-ROOM	
	ı		Client:			MTICS	m²:	.5 m²		
RISK LEVEL:			High							
ARCHITECTURA	AL REQUIREME	NTS								
INTERIOR FINISHI	ES: height		material		finish	1		remarks		
Ceiling:	2750	GWI	3 - Impact Resist	ant	Paint					
Wall:		GWI	3 - Impact Resist	ant	Paint					
Floor:					Resilient					
Paca	100	Flack	Covo							
Base: Wall Protection:	100 Corner Guards: ✓ Crash Rails: Hand Rails: Chair Rail:		d	gature gature gature	F	Remarks:				
Door(s):	lear Opening (W x H)		800 x 2135	Material:	Hollow Met	al	Fii	nish: Paint		
Door Hardware:	Door Protection Automatic Op Access Contro Door Glazing: Up Hardware Type:: CR	ener ıl ıper glaziı	✓ Locking	re & oof Hardware	Door Remarks:	Meet Se	ecure Room G	uidelines. Double Swi	ng	
Windows:	Operable Window External Glazing a External Glazing H Exterior Window Internal Glazing an Blackout	nd Frame: lardware: Freatment:	Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur	rity rity rity	Meet Secure Room G	Suidelines	
Casework / Millwor	k: Casework	Security:	Regular	Secur	re		Remarks:			
	ounter Linear Length r % of perimeter wall Upper Cupboa Lower Cupboa	: ards	Counte		Work Surface Height (mm):	Lockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	55 35-40		RT 60:	0.7		Remarks:	Refer to Appendix 1E Noise Control) - Acoustics and	
GENERAL ROOM	REMARKS:	Coat Hook	s: Standard	Anti-Li	gature No of			Mirrors: Standar	d Vandal-Proof	
	Tackboard	Dim:			H	Hooks: v	Whiteboard I	Dim:		
	[Designate	•		-		-	s and Guidelines for S I Health Act (British C		

Project Nai	me:					Departr	ment:	44.5.5	445		OD 0 0 0	SUB DEPARTMENT: SSROADS 11B-SECURE PROGRAM AND LIVING UNIT				
	V	ALI	LEYVII	EW PR	OJECT			11.0 N	/IAPL	ES (ROADS		RAM A	AND LIVING UNIT	
	_			• • •		Draft:				7		OGRAM	Program Number:			
Project Nu	mber:				35720	ום ail.	prepop	1			✓ Final		r rogram wumber.		11.0-29	
_		_	ı	Sign Off:		Date Iss		, -		•	· · · · · · ·		RoomName:			
١.	_	,	ı			_ 500 133					201	7-01-25			ANTE-ROOM	
l	В	-				Client:							m²:			
L			l									MTICS	5.5 m²			
RISK LE	:\/FI ·					1	igh									
							ığıı									
MECHA									1							
HVAC:	Тур	oe:	CSA Z31	17.2-10,	ASHRAE 6	2.1-01			Re	mark	is:					
]							
	✓		Air be Re System	eturned	Rate (A/	C):					S	Special Exha	ust Air Required: 0			
		10.	rystern													
PLUMBI	NG FI	XTU	RES:					_								
sink			mount	ting	faucet		tap				Unio el		Everyook	Plumbin	g Remarks	
Handy	wash	Г	Counte	_	Goosene	ck [er/Blades		H	Urinal	L	Eyewash Water Fountain			
Lavato	ory	Ē	Wall		Standard	. [dard			Hopper WC	L	Emergency Shower			
Janito		Ē	Floor		Laborato	ry [Foot	t Pedal				L Free WC	Corrosion Resistant Fittings			
Doubl	le		_		_	Ī	Elect	tronic Con	trols		Floor Dr		Other:			
Deep	Equipm	nent									11001 21		other.			
Other	:															
Size:						-										
]		
DOOM C	CNIT		c. \Box	Room Ter	mp Control v	with [□ Roo	m Relative	- Humi	iditv v	with [□ Infectio	on Isolation	_		
ROOM C	.ONT	KUL		Local Adju		L		al Adjustm		,	l	1	Pressure Monitor	ent Contro	lled	
			Roo	m Control	Remarks:											
									_							
FIRE PRO	OTECT	IOI	: Spri	nkler Type	e: 🗸 V	/et	Dr	У	Sta	ndpip	e	Oth	ner:			
			Rack Sto	rage (2.4r	n high)	Types:										
EXHAUS	т.		Pres	ssure:	∕ Equal	☐ Pi	ositive	Пи	egativ	e		Other:				
LAHAUS	٠.								-0] =				
			Air T	Гетр:	✓ Standa	rd	Spe	ecial		Othe	er:					
ELECTR	RICAL	RE	QUIRE	MENTS	5											
GENERA	L POV	NEF	t :													
			Туре	es of Powe	r: Emerge	ncy							Clock			
						-										
			Recept	tacle Coun	t: Conven	ience: 1	duple	K								
			Powe	er Remark	s:											
	Patie	nt Ca	re Area [Designatio	n Basic											
			(as pe	er CSA Z32	2):											
	_		_	Morket	ation Task !	ahtina		abt!:-!:				Lighting De-	marks:			
LIGHTIN	G:			_	ation Task Li	Runug		ght Light			Ī	Lighting Rer				
				_	ble Lighting & Light Cont	rols		n Use" Ligh				Manual lig	ght switches for seclusion re	ooms in t	his area.	
				Switch &	& Light Cont g Light	1015	∐ Va	nity Light								
					J = 0.11											
											Į					

Project Name:	Department:	14.0.84	ADJEC CDCCC	0.4.00	SUB DEPARTMENT:	A AND LIVING LIVIT
VALLEYVIEW PROJECT		11.0 M	APLES CROSSF PRO	GRAM	11B-SECURE PROGRAM	AND LIVING UNIT
Project Number: 35720	Draft: prepop	1	2 Final		Program Number:	11.0-29
Sign Off:	Date Issued:		2017	-01-25	RoomName:	ANTE-ROOM
IBI	Client:			MTICS	m²: 5.5 m²	
RISK LEVEL:	High					
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks: SECURITY SYSTEMS:		Vid	ercom Station leo Intercom Station ercom Master Statio		Hands Free Room State Telemetry Teleconferencing	
	Clinical Camera Clinical Camera Moni	tor	Card Reader Intrusion De		Staff Assist Patient Assist	■ Duress - Wired✓ Duress - Wireless
Security Remarks: Door Monitorin	g					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comment						

Project Name: VA	LLEYVIEW PROJE	Department:	12.0 COMI	PLEX CARE UI		SUB DEPARTMENT: 12A-OFF LIVING UNIT			
Project Number:	357	Draft: prepop	1 2	✓ Final	Progr	ram Number:	:	12.0-01-01	
	Sign Off:	Date Issued:		2017-01		nName:	SHARED OFFICE, O	UTREACH CLINICIAN	
ΙB		Client:		MT	TICS m²:	4.6 n	n²		
RISK LEVEL:		Standar	d						
	RAL REQUIREMENT		<u> </u>						
INTERIOR FINIS		material		finish			remarks		
Ceiling:	2750	Acoustic Tile	Pr	re-Finished			remarks		
Ū									
Wall:		GWB	Pa	aint					
Floor:			Ca	arpet					
Base:	100	Rubber							
Wall Protection:	Corner Guards:	Sheet:		Remar	rks:				
	Crash Rails: S	tandard 🔲 Anti-Li	gature						
	Hand Rails: S	tandard Anti-Li	gature						
	Chair Rail: S	tandard 🗌 Anti-Li	gature						
Door(s):	Clear Opening (W x H):	914 x 2135	Material: S	Solid Core		Finish	Plam		
,,	Door Sidelight		L						
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing: Uppe Hardware Type:: OF-02	Locking r glazing	re & Do	por Remarks:					
Windows:	Operable Windows: External Glazing and I External Glazing Hard Exterior Window Trea Internal Glazing and I	ware: Standard atment: Standard	Securion Securion Securion Securion Securion Securion Securion Securion Shutter	e High S e High S e High S	Fecurity Security Security Security Control Co	Remarks:			
Casework / Millwo	ork: Casework See	curity: Regular	Secure			Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	_		ork Surface eight (mm): Lock	able				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: 35-4	40	RT 60: 1	0			fer to Appendix 1D object of the second of t	- Acoustics and	
GENERAL ROOM	л REMARKS: Coa	at Hooks: 🗹 Standard	Anti-Liga	iture No of Coat	2	М	irrors: Standard	Vandal-Proof	
	Tackboard Din			Hooks [ooard Dim		-	
	Remarks: Sha	II accommodate works	station in oper	office area, filir	ng cabinet	:			

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 CON	IPLEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:		Program Number: 12.0-01-01
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:	MTICS	m ² :
		WITICS	4.6 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2 1 01 Po	marks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Ne	illarks.	
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard	I Standard	☐ wc	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control v	with Room Relative Humi Local Adjustment	·	on Isolation Patient Controlled Pressure Monitor
Room Control Remarks:	Via DDC	Noom 1	Tessure Monitor
Room Control Remarks.	VIA DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Sta	ndpipe Oth	er.
TIME PROTECTION. Sprinker Type.	J., J.	паріре отп	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: 🗸 Equal	Positive Negativ	e Other:	
EXHAUST: Pressure:	1 OSITIVE NEGATIV	c other.	
Air Temp: 🗸 Standa	ord Special	Other:	
7th Temp. Standa	Брески	other.	
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Receptacle Count: Conven	ience: 8 duplex, Workstation	s: 5 quadplex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	. —		
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	marks:
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CC	OMPLEX CAR	E UNIT	SUB DEPARTMEN		A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		12.0-01-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SHARED OFFICE,	, OUTREACH CLINICIAN
		Client:			MTICS	m²: 4.6 n	n²	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		Video	com Station o Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Stati	us
SECURITY SYSTEMS: Security Camera Security Camera	a Monitor Cli	nical Camera nical Camera Moni	itor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PROJECT	Department: 12.0 CON	MPLEX CARE UNIT	SUB DEPARTMENT: 12A-OFF LIVING UNIT			
Project Number: 35720	Draft:	Final	Program Number:	12.0-01-02		
Sign Off:	Date Issued:	2017-01-25	RoomName: SHARED OFFICE	E, OUTREACH CLINICIAN		
IBI	Client:	MTICS	m²: 4.6 m²			
RISK LEVEL:	Standard					
ARCHITECTURAL REQUIREMENTS						
INTERIOR FINISHES: height Ceiling: 2750 Acc	material oustic Tile	finish Pre-Finished	remarks			
Ceiling: 2750 Aco	Justic Tile	Pre-Fillished				
Wall: GW	/B	Paint				
Floor:		Carpet				
1001.		Carpet				
	ober	_				
	Sheet:	Remarks:				
Crash Rails: Standa	ard Anti-Ligature					
Hand Rails: Standa	ard Anti-Ligature					
Chair Rail: Standa	ard Anti-Ligature					
Door(s): Clear Opening (W x H):	914 x 2135 Material:	Solid Core	Finish: Plam			
Door Sidelight						
Door Hardware: Door Protection	Anti Ligatura &					
Door Hardware: Door Protection Automatic Opener	Anti-Ligature & Tamperproof Hardware	Door Remarks:				
✓ Access Control	✓ Locking					
Door Glazing: Upper glaz	ing					
Hardware Type:: OF-02						
Windows: Operable Windows:	✓ Standard Secu		Remarks:			
External Glazing and Frame External Glazing Hardware:			· ·			
Exterior Window Treatment						
Internal Glazing and Frame:						
☐ Blackout ✓ Blind	ds Roller Shutter	1 Way Mirror	Other			
Casework / Millwork: Casework Security:	Regular Secure	e	Remarks:			
Min Millwork /Counter Linear Length		Vork Surface				
(mm) or % of perimeter wall:		Height (mm):				
Upper Cupboards	Counter Top	Lockable				
Lower Cupboards	Stainless Steel					
ACOUSTICS: STC Rating Wall / 45	RT 60:	1.0	Remarks: Refer to Appendix	1D - Acoustics and		
Floor / Ceiling: NC Rating: 35-40			Noise Control			
	oks: 🗸 Standard 🗌 Anti-Liį	natura No of Coat 2	Mirrors Chand			
	oks: 🗹 Standard 🔝 Anti-Lig	Hooks:	Mirrors: Standa	ard Vandal-Proof		
Tackboard Dim:			Vhiteboard Dim:			
Remarks: Shall acco	ommodate workstation in ope	en office area, filing cal	pinet			

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 COMPI	LEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	-Draft:	✓	Program Number: 12.0-01-02
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:	MTICS	m ² :
		WITICS	4.6 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01 Remar	-kc	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-U1 Remai	KS.	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			Diversion Demonitor
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		wc	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:			
Doom Town Control	with Doom Polative Humidity	with Infactio	n legistion .
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity Local Adjustment		on Isolation Patient Controlled Pressure Monitor
Room Control Remarks:	Via DDC		
	VIG BBC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpi	pe Oth	ner:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: ✓ Standa	rd Special Oth	ner:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Norma	& Emergency		Clock
Receptacle Count: Conver	ience: 8 duplex, Workstations: 5	quadplex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
UGHTING: Workstation Task L	ighting Night Light	Lighting Rer	marks:
		Lighting Ker	nurs.
Dimmable Lighting	"In Use" Light		
Switch & Light Conf	rols Vanity Light		
Charting Light			

Project Name: VALLEYVI	valleyview project		12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTMENT		-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		12.0-01-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SHARED OFFICE,	OUTREACH CLINICIAN
		Client:			MTICS	m²: 4.6 m	1 ²	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Came Security Came	ra Monitor Cli	nical Camera nical Camera Moni	itor	Card Reader	L		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VA	LLEYVIEW PROJE	Department:	12.0 COMP	LEX CARE UNI		SUB DEPARTMENT: 12A-OFF LIVING UN		
Project Number:	357	Draft: prepop	1 2	✓ Final	Program Num	ber:	12.0-01-03	
	Sign Off:	Date Issued:		2017-01-2	RoomName:	SHARED OFFICE, (DUTREACH CLINICIAN	
IB	J	Client:		MTIC	S m²:	.6 m²		
RISK LEVEL:		Standar	<u>-</u>					
	RAL REQUIREMENT							
INTERIOR FINIS		material		finish		remarks		
Ceiling:	2750	Acoustic Tile	Pre	e-Finished		remarks		
Wall:		GWB	Pai	nt				
Floor:			Cai	rpet				
				, ,				
Base:	100	Rubber						
Wall Protection:	Corner Guards:	Sheet:		Remarks:				
		tandard	gature					
	Hand Rails: S	tandard 🗌 Anti-Liį	gature					
	Chair Rail: Si	tandard 🗌 Anti-Li	gature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material: Sc	olid Core	Fi	nish: Plam		
D001(3).	Door Sidelight	311.12133						
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing: Upper Hardware Type:: OF-02	✓ Locking glazing	re & Doo of Hardware	or Remarks:				
Windows:	Operable Windows: External Glazing and F External Glazing Hard Exterior Window Trea Internal Glazing and F Blackout	ware: Standard tment: Standard	Secure Secure Secure Secure Secure Secure	High Sec	curity curity			
Casework / Millwo	ork: Casework Sec	curity: Regular	Secure		Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	=		k Surface ght (mm): Lockabl	le			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4	10	RT 60: 1.	0	Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROON	л REMARKS: Coa	it Hooks: 🗸 Standard	Anti-Ligat	ure No of Coat	2	Mirrors: Standard	Vandal-Proof	
	Tackboard Dim			Hooks:		Dim:		
	Remarks: Shal	I accommodate works	tation in open	office area, filing	cabinet	L		

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 C	OMPLEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:		Program Number: 12.0-01-03
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 25	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:	MTICS	m ² :
		WITICS	4.6 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	3 1 01	Remarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			e
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain
Lavatory Wall Standard	Standard	wc [Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Contro	Is Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS. Room Temp Control	with Room Relative H	umidity with Infection	n Isolation
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment		Patient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	/et Dry	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
Kack Storage (2.4111 flight)	Types:		
EXHAUST: Pressure: equal	Positive Nega	ative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	8. Emorgoncy		Clock
Types of Fower: Morrial	& Lineigency		
Recentacle Count: Conven	ience: 8 duplex, Workstat	ions: 5 quadeley	
Receptable Count. Conven	ierice. o uupiex, workstat	ions. 5 quaupiex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	marks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
_			

Project Name: VALLEYVI	valleyview project		12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTMENT		-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 :	✓ 2 Final		Program Number:		12.0-01-03
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SHARED OFFICE, (OUTREACH CLINICIAN
		Client:			MTICS	m²: 4.6 m	₁ 2	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	<i>IREMENTS</i>							
IMIT SYSTEMS: Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	S
SECURITY SYSTEMS: Security Came Security Remark	ra Monitor Cli	nical Camera nical Camera Moni	itor	Card Reader	L		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLE	YVIEV	V PROJEC		rtment:	12.0 COI	MPLEX CAF	RE UNIT	SUB DEPARTI	MENT:	12A-0	OFF LIVING UNIT
Project Number:		3572	Draft 20	prepop	1 2	✓ Final		Program Nun	nber:		12.0-01-04
IBI	Si	gn Off:	Date	Issued:		2017	7-01-25	RoomName: m²:	SHARED (OFFICE, O	UTREACH CLINICIAN
			Chem				MTICS		1.6 m²		
RISK LEVEL:				Standaı	rd						
ARCHITECTURAL	RFOLL	IRFMFNT	,								
INTERIOR FINISHES:			,			6					
Ceiling:	2750	height	Acoustic ⁻	material		finish Pre-Finished			rema	irks	
Celling.	2730		Acoustic	ille		r ie-i illisileu					
Wall:			GWB			Paint					
Floor:						Carpet					
Base:	100		Rubber								
	rner Gua		Sheet:	✓		F	Remarks:				
	ash Rails:		indard	_	igature						
	nd Rails:	_	indard	_	igature						
Ch	air Rail:	Sta	ındard	Anti-L	igature						
Door(s): Clea	r Opening	g (W x H):	914 x	2135	Material:	Solid Core		F	inish: Plam		
[Door	Sidelight									
-	Autor Acces	Protection matic Opener as Control zing: Upper	glazing	,	ure & oof Hardware	Door Remarks	:				
Hai	dware Ty	/pe:: OF-02									
	External (External (Exterior V	Windows: Glazing and Fr. Glazing Hardw Vindow Treati Glazing and Fr. out	ame: 🗸 are: 🗸	Standard Standard Standard Standard Standard Roller	Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity	:		
Casework / Millwork:	C	asework Secu	rity: 🔲	Regular	Secur	re		Remarks	5:		
Min Millwork /Cou (mm) or %					Counter/	Work Surface Height (mm):					
[r Cupboards r Cupboards		=	er Top ess Steel		Lockable				
ACOUSTICS: STO	C Rating \ Floor / C				RT 60	1.0		Remarks	Refer to Appe		- Acoustics and
		Rating: 35-40)						Noise Contro		
GENERAL ROOM RE	MARK	S: Coat	Hooks: 🗸] Standard	Anti-L	igature Noo	f Coat 2		Mirrors: S	Standard	Vandal-Proof
[Tackl	ooard Dim:				,		Whiteboard	Dim:		
	Rema	arks: Shall	accommo	date work	station in op	en office area	a, filing ca	binet			

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 COMPI	EX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:	~	Program Number: 12.0-01-04
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:	MTICS	m ² :
		WITICS	4.6 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2.1-01 Remar	ke	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-U1 Remai	KS.	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			e
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain
Lavatory Wall Standard	Standard] wc	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity	with Infectio	on Isolation
ROOM CONTROLS: Room Temp Control v	Local Adjustment		Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpi	pe Oth	er:
Rack Storage (2.4m high)	Types:		
Kack Storage (2.4111 flight)	Types:		
EXHAUST: Pressure: equal	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Oth	ner:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	2. Emorgonov		Clock
Types of Fower: Morrial	& Lineigency		
Recentacle Count: Convon	ience: 8 duplex, Workstations: 5	quadalov	
keceptacie count. Conven	ience: 8 duplex, workstations: 5	quadpiex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
_			

Project Name:		Department:				SUB DEPARTMEN	т.	
	W PROJECT	Department.	12.0 C	OMPLEX CAR	RE UNIT	JOB BEI AUTHORITY		-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	:	12.0-01-04
	Sign Off:			2017	7-01-25	RoomName:	SHARED OFFICE,	OUTREACH CLINICIAN
IBI		Client:			MTICS	m²: 4.6 n	n²	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): utlet: 0 utlet: 0		Vide	ercom Station eo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
IIVIT REITARS								
SECURITY SYSTEMS: Security Camero Security Camero		nical Camera nical Camera Moni	tor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW	PROJE		artment:	12.0 COI	MPLEX CAF	RE UNIT	SUB DEPART	MENT:	12A-	OFF LIVING UI	ИТ
Project Number:	ı	3572	-	prepop	1 2	✓ Final		Program Nur	mber:		12.0-01-05	5
IRI	Sig	n Off:		Issued:		2017	7-01-25	RoomName:	SHAR	RED OFFICE, C	OUTREACH CLINIC	AN
			Clien	t:			MTICS	m²:	4.6 m²			
RISK LEVEL:				Standa	rd							
ARCHITECTURAL	REQUII	REMENT.	S									
INTERIOR FINISHES		eight		material		finish	า			remarks		
Ceiling:	2750	8	Acoustic			Pre-Finished						
J												
Wall:			GWB			Paint						
Floor:						Carpet						
			ī									
Base:	100		Rubber									
Wall Protection: Co	rner Guar	ds: 🗸	Sheet	: 🗸		F	Remarks:					
Cr	ash Rails:	Sta	andard	Anti-L	igature							
На	ınd Rails:	Sta	andard	Anti-L	igature							
Ch	air Rail:	Sta	andard	Anti-L	igature							
Door(s): Clea	r Opening	(W x H):	914 x	2135	Material:	Solid Core		F	inish: Plam			
D001(3).	_	idelight				3 0 a 3 0a						
L	_			_								
Door Hardware:	=	rotection	L	Anti-Ligat Tamperpr	ure & oof Hardware	Door Remarks	:					
[=	atic Opener Control	•	_								
		ng: Upper	glazing									
			Бистир									
Hai	rdware Typ	oe:: OF-02										
	Operable \		_	Standard	_			Remarks	:			
		azing and Fr	_	Standard			High Secu					
		azing Hardw indow Treat		' Standard ✓ Standard			High Secui High Secui	•				
		azing and Fr	_	Standard			igh Secui	-				
ſ	Blacko	_	Blinds		Shutter	1 Way Mirr	_	Other				
Cassing / Million also				Danilan				Remark	c:			=
Casework / Millwork:		sework Secu	шіту	Regular	☐ Secui			Remark	5.			
Min Millwork /Cou (mm) or %					Counter/	Work Surface Height (mm):						
[Cupboards		Count	ter Top		Lockable					
[Lower	Cupboards		Stainl	ess Steel							
ACOUSTICS: ST	C Rating W Floor / Ce				RT 60	1.0		Remark			- Acoustics and	
		ating: 35-4()						Noise Co	introi		
GENERAL ROOM RE	MARKS	: Coat	Hooks:	Standard	l 🗌 Anti-L	igature No o I	f Coat 2 Hooks:		Mirrors:	Standard	☐ Vandal-Proc	ıf
[Tackbo	oard Dim:						Whiteboard	Dim:			
	Remar	ks: Shall	accommo	odate work	station in op	en office are	a, filing ca	abinet				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 COMPI	LEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	-Draft:	✓	Program Number: 12.0-01-05
35720	prepop 1 2	Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:	MTICS	m ² :
		WITICS	4.6 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Tuno: CCA 7317 3 10 ACLIDAT C	2.1-01 Remar	-kc	
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-U1 Remai	KS.	
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			e
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain
Lavatory Wall Standard	Standard	wc	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control			n Isolation Patient Controlled
Local Adjustment	Local Adjustment	Room P	Pressure Monitor
Room Control Remarks:	Via DDC		
FIDE DOCTECTION. Sprinkler Type.	Vot Dry Ctondni	pe Oth	
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpi	peOtti	lei .
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: ✓ Equal	Positive Negative	Other:	
EXHAUST: Pressure:	Positive Negative	Other.	
Air Temp: ✓ Standa	rd Special Oth	ner:	
7th Temp. Standa	пи эресни		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Norma	& Emergency		Clock
Receptacle Count: Conver	ience: 8 duplex, Workstations: 5	quadplex	
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
Workstation T1-1	ighting Ni-L+ II-I	Lighting De-	narke:
LIGHTING: Workstation Task L		Lighting Rer	nars.
Dimmable Lighting	In Use" Light		
Switch & Light Conf	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CC	MPLEX CAR	E UNIT	SUB DEPARTMEN		A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		12.0-01-05
	Sign Off:			2017	-01-25	RoomName:	SHARED OFFICE,	, OUTREACH CLINICIAN
_]		Client:			MTICS	m²: 4.6 n	n²	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): O utlet: O		Video	com Station o Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera	a Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VA	LLEYVIEW PROJE	Department:	12.0 COMP	LEX CARE UNI		SUB DEPARTMENT: 12A-OFF LIVING UNIT		
Project Number:	357	Draft: prepop	1 2	✓ Final	Program Num	ber:	12.0-01-06	
	Sign Off:	Date Issued:		2017-01-2	RoomName:	SHARED OFFICE, (DUTREACH CLINICIAN	
ΙB]	Client:		MTIC	m²:	.6 m²		
RISK LEVEL:		Standar	ā					
	RAL REQUIREMENT		<u> </u>					
INTERIOR FINIS	1.50			6				
Ceiling:	HES: height 2750	material Acoustic Tile	Dro	finish e-Finished		remarks		
Cening.	2730	Acoustic Tile	FIE	:-i iiiisiieu				
Wall:		GWB	Pai	nt				
Floor:			Ca	rpet				
Base:	100	Rubber						
Wall Protection:	Corner Guards:	Sheet:		Remarks:				
	Crash Rails:	tandard 🗌 Anti-Liį	gature					
	Hand Rails:	tandard 🗌 Anti-Li	gature					
	Chair Rail: Si	tandard 🗌 Anti-Lig	gature					
Door(s):	Clear Opening (W x H):	914 x 2135	Material: So	olid Core	Fi	nish: Plam		
,,	Door Sidelight							
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing: Upper	Locking r glazing	re & Dor of Hardware	or Remarks:				
Windows:	Operable Windows: External Glazing and F External Glazing Hard Exterior Window Trea Internal Glazing and F	Frame: Standard ware: Standard thment: Standard	Secure Secure Secure Secure Secure Secure	High Sec	curity curity			
Casework / Millwo	ork: Casework Sec	curity: Regular	Secure		Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	=		k Surface ght (mm): Lockabl	e			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4	40	RT 60: 1.	0	Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM	/ REMARKS: Coa	at Hooks: 🗹 Standard	Anti-Ligat	ure No of Coat	2	Mirrors: Standard	☐ Vandal-Proof	
	Tackboard Dim	n:		Hooks: L	Whiteboard	Dim:		
	Remarks: Shal	Il accommodate works	tation in open	— office area, filing	cabinet			

Project Name:	Department:				SUB DEPARTMENT:
VALLEYVIEW PROJECT		12.0 C	OMPLEX CA	ARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT	- 6				
Project Number:	Draft:				Program Number: 12.0-01-06
35720	prepop	1	2 Final		
Sign Off:	Date Issued:		20	17-01-25	RoomName:
IBI			20	17 01 23	SHARED OFFICE, OUTREACH CLINICIAN
101	Client:			MTICS	m ² :
				WITICS	4.6 m²
RISK LEVEL:	Standar	ď			
MECHANICAL REQUIREMENTS					
Type: CCA 7217 2 10 ACLIDAT C	2 1 01		Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01		Kellidiks.		
Can Air be Returned Rate (A/	C):			Special Exha	ust Air Required: 0
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap		Urinal		Eyewash Plumbing Remarks
Handwash Counter Goosene	eck Lever	'Blades	П Норре	er	Water Fountain
Lavatory Wall Standard	d Standa	ard	☐ wc		Emergency Shower
Janitorial Floor Laborato	ory Foot F	edal	Barrie	r Free WC	Corrosion Resistant Fittings
Double	Electro	onic Contro	ols Floor	Drain	Other:
Deep Equipment					
Other:					
Size:	-				
ROOM CONTROLS: Room Temp Control Local Adjustment	1 1	Relative H Adjustmen	lumidity with		on Isolation Patient Controlled
Room Control Remarks:	Via DDC				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry		Standpipe	Oth	ner:
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: equal	Positive	Neg	gative	Other:	
Air Temp: 📝 Standa	ard Speci	al	Other:		
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal	Q Emorgonou			7	Clock
Types of Fower. NOTITIAL	∆ Emergency				_
Pacantacla County County	ionco. O dla	Montre	tions: Facet	lov	
Receptacle Count: Conver	nence: 8 auplex,	vvorksta	uons: 5 quadp	iex	
Power Remarks:					
Patient Care Area Designation				7	
(as per CSA Z32):					
(_	
LIGHTING: Workstation Task L	ighting Nigh	nt Light		Lighting Rer	marks:
Dimmable Lighting		Jse" Light			
✓ Switch & Light Cont	. =	ity Light			
Charting Light	van	ity LIBIIL			

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CC	OMPLEX CAR	E UNIT	SUB DEPARTMEN		A-OFF LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number		12.0-01-06
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	SHARED OFFICE,	, OUTREACH CLINICIAN
		Client:			MTICS	m²: 4.6 r	n²	
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 utlet: 0		Video	com Station o Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Stati	us
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor	Card Reader Intrusion De			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW PROJE	Department: 12.0 CO	MPLEX CARE UNIT	SUB DEPARTMENT:	A-OFF LIVING UNIT
Project Number:	357	Draft: [[[] [] [] [] [] [] [] [] [✓ 2 Final	Program Number:	12.0-02-01
[Sign Off:	Date Issued:	2017-01-25	RoomName:	PRINTER AND FAX
IBI		Client:	MTICS	m²: 1. m²	
RISK LEVEL:		Standard			
ARCHITECTURAL	DEOLUDEMENT				
INTERIOR FINISHES:		material	finish	remarks	
Ceiling:	2750	Acoustic Tile	Pre-Finished	Terriarks	
Wall:		GWB	Paint		
Floor:			Resilient		
Base:	100	Flash Cove			
Cra Ha	nd Rails: St	Sheet: Anti-Ligature andard Anti-Ligature andard Anti-Ligature andard Anti-Ligature	Remarks:	1200 mm high	
	Opening (W x H): Door Sidelight	Material	:	Finish:	
	Door Protection Automatic Opener Access Control Door Glazing: dware Type::	☐ Anti-Ligature & Tamperproof Hardware ☐ Locking	Door Remarks:		
! !	Operable Windows: External Glazing and F External Glazing Hardy Externor Window Treat Internal Glazing and Fi Blackout	rame: Standard Se vare: Standard Se tment: Standard Se	cure cure High Secu cure High Secu cure High Secu cure High Secu cure High Secu	rrity rrity	
Casework / Millwork: Min Millwork /Cour (mm) or %	Casework Secondary Length of perimeter wall: Upper Cupboards Lower Cupboards		Work Surface Height (mm): Lockable	Remarks:	
ACOUSTICS: STO	Rating Wall / 45 Floor / Ceiling: NC Rating: 35-4	0 RT 60	0: 1	Remarks: Refer to Appendix Noise Control	1D - Acoustics and
GENERAL ROOM RE	MARKS: Coat	t Hooks: Standard Anti-l	Ligature No of Coat	Mirrors: Standa	ard Vandal-Proof
[Tackboard Dim	:	Hooks: L	Whiteboard Dim:	
	Remarks: 2 pri	nters			

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT:	12A-OFF LIVING UNIT
VALLEYVIEW PROJECT	12.0	COMPLEX CARE ONT		12A-OFF LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-02-01
Sign Off:	Date Issued:	2017-01-25	RoomName:	PRINTER AND FAX
IBI	Client:	MTICS	m²: 1. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS	<u> </u>			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/o to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		I		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme	·	on Isolation Patie Pressure Monitor	ent Controlled
FIRE PROTECTION: Sprinkler Type: W	/et Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive • No	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 duplex, Special	Equipment (additional outl	lets): printer, fax	
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rer	marks:	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department:	12.0 CON	IPLEX CAR	E UNIT	SUB DEPARTMENT		2A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-02-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		PRINTER AND FAX
		Client:			MTICS	m²: 1. m²	:	
RISK LEVEL:		Standar	rd					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		Video In	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Sta	atus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Mon	itor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
Security Remarks								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLE	YVIEW PF	ROJECT	Department:	12.0 CO	MPLEX CAR	RE UNIT	SUB DEPARTN	MENT:	12A-0	OFF LIVING UNIT
Project Number:		35720		p 1 2	Final		Program Num	ber:		12.0-02-02
IBI	Sign Off	:	Date Issued: Client:		2017	7-01-25	RoomName:			PRINTER AND FAX
						MTICS		L. m²		
RISK LEVEL:			Stand	ard						
ARCHITECTURAL	REQUIREN	IENTS								
INTERIOR FINISHES:	heigh	t	mater	al	finish	1		rema	arks	
Ceiling:	2750	Ac	oustic Tile		Pre-Finished					
Wall:		GV	WB		Paint					
Elece					D. ell's et					
Floor:					Resilient					
Base:	100	Fla	ash Cove							
Cri Ha	rner Guards: ash Rails: nd Rails: air Rail:	Stand Stand Stand	dard	i-Ligature i-Ligature i-Ligature	R	Remarks:				
Door(s): Clean	· Opening (W x	н):		Material:			Fi	nish:		
2001(3).	Door Sideli									
Наг	Door Prote Automatic Access Con Door Glazing:	Opener trol	Tampei			:				
1	Operable Wind External Glazin External Glazin Exterior Windo Internal Glazin Blackout	g and Frame g Hardware w Treatme	e: Standa	ard Second	cure	High Secur High Secur High Secur High Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	y: Regular	Secu	re		Remarks			
Min Millwork /Cour (mm) or % [nter Linear Leng of perimeter w Upper Cupl Lower Cupl	vall:	=	Counter/ unter Top inless Steel	Work Surface Height (mm):	Lockable				
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling NC Rating			RT 60	: 1		Remarks	Refer to Appe Noise Control		- Acoustics and
GENERAL ROOM RE		Coat Ho	oks: Standa	ard	igature No of			Mirrors: S	Standard	☐ Vandal-Proof
	Tackboard	Dim:			F	Hooks: L	Vhiteboard	Dim:		
	Remarks:	2 printe	rs							
		2 printe	. •							

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12A-	OFF LIVING UNIT			
VALLETVIEWTROJECT							
Project Number:	Draft:		Program Number:	12.0-02-02			
35720	prepop 1	2 Final		12.0-02-02			
Sign Off:	Date Issued:	2017-01-25	RoomName:	DDINITED AND FAV			
IBI		2017 01 23		PRINTER AND FAX			
101	Client:	MTICS	m²:				
		WITICS	1. m²				
RISK LEVEL:	Standard						
MECHANICAL REQUIREMENTS							
Type: CCA 7217 2 10 ACLIDAT C	2.1.01	Remarks: Exhaust					
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust					
]					
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0				
to system							
PLUMBING FIXTURES:		1					
			<u> </u>				
sink mounting faucet	tap	Urinal	EyewashPlumbin	g Remarks			
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain				
Lavatory Wall Standard	Standard	wc [Emergency Shower				
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings				
Double	Electronic Con	trols Floor Drain	Other:				
Deep Equipment							
Other:							
Size:	-						
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:							
EXHAUST: Pressure: Equal	Positive N	egative Other:					
Air Temp: 📝 Standa	rd Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:			Clock				
Types of Power: Normal	& Emergency		Clock				
Receptacle Count: Conven	ience: 1 duplex, Special	Equipment (additional outle	ets): printer, fax				
Power Remarks:							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:				
Dimmable Lighting	"In Use" Light						
✓ Switch & Light Cont	. =						
Charting Light	rols Vanity Light						

Project Name: VALLEYV	VALLEYVIEW PROJECT	Department:	12.0 COM	PLEX CARE	UNIT	SUB DEPARTMENT:	12 <i>A</i>	A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-02-02
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		PRINTER AND FAX
IBI		Client:		1	MTICS	m²: 1. m²		
RISK LEVEL:		Standar	rd					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		_	Station ercom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor	inical Camera inical Camera Mon	itor	Card Reader Intrusion Dete			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VAI	LLEYVIEW PROJE	CT Department:	2.0 COMPLEX C	ARE UNIT	SUB DEPARTMENT: 12A-OFF LIVING UNIT		
Project Number:	357	Draft:	1 2 Final		Program Numb	er:	12.0-03-01
IBI	Sign Off:	Date Issued:		17-01-25	RoomName:	FILES/ RI	ESOURCE COLLECTION
	<u>_</u>	Client:		MTICS	m²:	. m²	
RISK LEVEL:		Standard					
	RAL REQUIREMENT						
INTERIOR FINISH		material	fiı	nish		remarks	
Ceiling:	2750	Acoustic Tile	Pre-Finish	ed			
Mall.							
Wall:		GWB	Paint				
Floor:			Carpet				
Base:	100	Rubber					
Wall Protection:	Corner Guards:	Sheet:		Remarks:			
	Crash Rails: St	tandard 🗌 Anti-Liga	ture				
		tandard Anti-Liga					
	Chair Rail: St	tandard Anti-Liga	ture 				
Door(s):	Clear Opening (W x H):		Material:		Fini	ish:	
	Door Sidelight						
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing:	Anti-Ligature r Tamperproof Locking		rks:			
	Hardware Type::						
Windows:	Operable Windows: External Glazing and F External Glazing Hard Exterior Window Trea Internal Glazing and F Blackout	ware: Standard tment: Standard rame: Standard	Secure Secure Secure Secure Secure Secure User 1 Way M] High Secur] High Secur] High Secur] High Secur irror	rity rity		
Casework / Millwo	ork: Casework Sec	curity: Regular	Secure		Remarks:		
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter 1					
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: N/A		RT 60: N/A			Refer to Appendix 10 Noise Control	O - Acoustics and
GENERAL ROOM	I REMARKS: Coa	t Hooks: Standard	Anti-Ligature N	o of Coat		Mirrors: Standar	d Vandal-Proof
	Tackboard Dim			Hooks:		Dim:	vandar 1001
	_						
	Shall	l accommodate 1 cabine	a.				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 CO	MPLEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROSECT			
Project Number:	Draft:		Program Number: 12.0-03-01
35720	prepop 1 2	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: FILES/ RESOURCE COLLECTION
IBI		2017 01 25	·
101	Client:	MTICS	m ² :
		WITICS	1. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2 1 01 P	emarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	emarks.	
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0
to system			
PLUMBING FIXTURES:			
		1[Discobing Demarks
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene	_ '	Hopper	Water Fountain
Lavatory Wall Standard		□ wc	Emergency Shower
Janitorial Floor Laborato	, <u> </u>	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:	_		
Size:			
POOM CONTROLS. Room Temp Control	with Room Relative Hun	nidity with	n Isolation
ROOM CONTROLS: Local Adjustment	Local Adjustment		Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Sta	andpipe Oth	er:
Deal Starter (2 Are high)	Torress		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: equal	Positive Negati	ve Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Types of Forter Morring	& Efficigency		
Receptacle Count: Conven	ience: 1 dunley		
Receptable Count. Conven	nence. 1 uupiex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
		-	
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	marks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			

Project Name: VALLEYVII	W PROJECT	Department:	12.0 COM	IPLEX CARI	E UNIT	SUB DEPARTMENT:		-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-03-01
Sign Off:		Date Issued:		2017	-01-25	RoomName:	FILES/ RI	ESOURCE COLLECTION
		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Standar	⁻ d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 0			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	is
IMIT Remarks								
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	itor	Card Reader Intrusion Det			Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VAI	LLEYVIEW PROJE	Department:	12.0 COMPI	EX CARE UNIT		SUB DEPARTMENT: 12A-OFF LIVING UN		
Project Number:	357	Draft: prepop	Draft:			ber:	12.0-03-02	
IBI	Sign Off:	Date Issued:		2017-01-25		FILES/ F	RESOURCE COLLECTION	
		Client:		MTICS	6 m²:	m²		
RISK LEVEL:		Standard						
	RAL REQUIREMENT							
INTERIOR FINISH	HES: height	material		finish		remarks		
Ceiling:	2750	Acoustic Tile	Pre-	-Finished				
Wall:		GWB	Pair	nt .				
		GWB	i dii					
Floor:			Car	pet				
Base:	100	Rubber						
Wall Protection:	Corner Guards: Crash Rails: Si	Sheet: 🗹 Anti-Liga	ature	Remarks:				
		tandard Anti-Liga						
	Chair Rail: St	tandard Anti-Liga	ature					
Door(s):	Clear Opening (W x H):		Material:		Fir	nish:		
	Door Sidelight							
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing:	Anti-Ligature r Tamperproo		r Remarks:				
Windows:	Operable Windows: External Glazing and F External Glazing Hard: Exterior Window Trea Internal Glazing and F	ware: Standard tment: Standard rame: Standard	Secure Secure Secure Secure Secure 1000	High Secu High Secu High Secu High Secu Way Mirror	urity urity			
Casework / Millwo	ork: Casework Sec	curity: Regular	Secure		Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	=	Тор	ht (mm): Lockable	2			
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: N/A		RT 60: N/	A	Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and	
GENERAL ROOM	1 REMARKS: Coa	t Hooks: Standard	Anti-Ligatu	ıre No of Coat		Mirrors: Standa	rd Vandal-Proof	
	Tackboard Dim			Hooks:	Whiteboard [Dim:		
	Remarks: Shal	l accommodate 1 cabin	et					

Project Name:	Department:			SUB DEPARTMENT:
VALLEYVIEW PROJECT	12	2.0 COM	PLEX CARE UNI	T 12A-OFF LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		✓	Program Number: 12.0-03-02
35720		1 2	Final	
Sign Off:	Date Issued:		2017-01-2	RoomName: FILES/ RESOURCE COLLECTION
IBI			2017 01 2	,
101	Client:		MTIC	S m ² :
			WITIC	5 1. m²
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2.1.01	Pom	narks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Keiii	idi KS.	
Can Air be Returned Rate (A/ to System	C):		Special Ex	haust Air Required: 0
to system				
PLUMBING FIXTURES:				
				Olimphia O
sink mounting faucet	tap	. [Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		les [[Hopper	Water Fountain
Lavatory Wall Standard	Standard		wc	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	ا ا	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic	Controls	Floor Drain	Other:
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adju	ative Humidi istment	Roon	tion Isolation Patient Controlled n Pressure Monitor Other:
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive	Negative	Other:	
Air Temp: Standa	rd Special	C	Other:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency			Clock
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Lig	rht	Lighting R	emarks:
LIGHTING: Workstation lask Lighting			Lighting IV	···-·
	"In Use"	-		
✓ Switch & Light Cont Charting Light	rols Vanity Li	ght		
Charting Light				

Project Name:	ject Name: VALLEYVIEW PROJECT	Department:	12.0 CC	OMPLEX CAR		SUB DEPARTMENT: 12A-OFF LIVING UN			
Project Number:		-Draft:				Program Number:		42.0.02.02	
	35720	prepop	1	2 Final				12.0-03-02	
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	FILES/ RE	ESOURCE COLLECTION	
		Client:			MTICS	m²: 1. m²			
RISK LEVEL:		Standar	d						
TECHNOLOGY REQU	IREMENTS								
IMIT SYSTEMS:									
Coax/ Data TV	Outlet: 0		Video	com Station Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s	
IMIT Remar	ks:								
SECURITY SYSTEMS:									
Security Came		nical Camera nical Camera Moni	tor	Card Reader Intrusion De	_		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remar	ks:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commo	ent:								

Project Name: VAI	LLEYVIEW PROJE	Department:	12.0 COM	IPLEX CARE	UNIT	SUB DEPARTMENT: 12A-OFF LIVING U			FF LIVING UNIT
Project Number:	35	Draft: prepop	Draft:			Program Numl	Program Number:		12.0-03-03
IBI	Sign Off:	Date Issued:		2017-0)1-25	RoomName:		FILES/ RESC	OURCE COLLECTION
	_	Client:		N	/ITICS	m²: 1	. m²		
RISK LEVEL:		Standar	d						
	RAL REQUIREMEN								
INTERIOR FINISH	HES: height	material		finish			rer	narks	
Ceiling:	2750	Acoustic Tile	F	Pre-Finished					
Wall:		GWB		Paint					
		GWB		raiiit					
Floor:			C	Carpet					
			L						
Base:	100	Rubber							
Wall Protection:	Corner Guards:	Sheet:		Ren	narks:				
		standard Anti-Li standard Anti-Li	-						
		itandard Anti-Li	-						
5 ()	Clear Opening (W x H):		Material:			Eir	nish:		
Door(s):	Door Sidelight		iviateriai.				11311.		
Door Hardware:	Door Protection Automatic Opene Access Control Door Glazing:	Anti-Ligatu Tamperpro Locking	re & [oof Hardware	Door Remarks:					
Windows:	Operable Windows: External Glazing and External Glazing Hard Exterior Window Tree Internal Glazing and I	dware: Standard atment: Standard	Secu Secu Secu Secu Secu	ıre Higi ıre Higi ıre Higi	h Securi h Securi h Securi h Securi	ity ity			
Casework / Millwo	ork: Casework Se	curity: Regular	Secure	e		Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards		H	Vork Surface Height (mm):	ockable				
ACOUSTICS:	STC Rating Wall / Floor / Ceiling: NC Rating: N/A	A	RT 60:	N/A		Remarks:	Refer to App Noise Contr		Acoustics and
GENERAL ROOM	1 REMARKS: Coa	at Hooks: Standard	Anti-Lig	gature No of Co	oat		Mirrors:	Standard	☐ Vandal-Proof
	Tackboard Din			Hoo	oks:	/hiteboard [Dim:		
	Remarks: Sha	II accommodate 1 cabi	inet						

Project Name:	Department:			SUB DEPARTMENT:	
VALLEYVIEW PROJECT	12.	.0 COMPLEX CA	RE UNIT	12A-0	OFF LIVING UNIT
VALLETVIEWTROJECT	- 6				
Project Number:	Draft:			Program Number:	12.0-03-03
35720	prepop 1	2 Final			12.0-03-03
Sign Off:	Date Issued:	201	17-01-25	RoomName:	OUDCE COLLECTION
IBI		203	17 01 23		OURCE COLLECTION
101	Client:		MTICS	m²:	
			WITICS	1. m²	
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.			
Can Air be Returned Rate (A/ to System	C):		Special Exhau	ust Air Required: 0	
to system					
PLUMBING FIXTURES:					
					D 1
sink mounting faucet	tap	Urinal		Eyewash	g Remarks
Handwash Counter Goosene	,	Hoppe	r	Water Fountain	
Lavatory Wall Standard	Standard	☐ wc		Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier	Free WC	Corrosion Resistant Fittings	
Double	Electronic Co	ontrols Floor D)rain	Other:	
Deep Equipment					
Other:					
Size:	_				
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjust	ive Humidity with tment Standpipe	1 1	n Isolation Patient Control ressure Monitor er:	led
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure: Equal	Positive	Negative	Other:		
Air Temp: 📝 Standa	ard Special	Other:			
		L			
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal	9. Emorgonov		7	Clock	
Types of Fower. Normal	a ciliergency			_	
Receptacle Count: Conven	ionacı 1 dunlay				
keceptacie Count. Conven	lience: 1 auplex				
Power Remarks:					
Patient Care Area Designation			7		
Patient Care Area Designation (as per CSA Z32):					
V F			_		
LIGHTING: Workstation Task Li	ighting Night Ligh	t	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Li				
✓ Switch & Light Cont	. =	-			
Charting Light	rols Vanity Ligh	iii.			

Project Name: VALLEYVII	VALLEYVIEW PROJECT	Department:	12.0 CON	1PLEX CAR	E UNIT	SUB DEPARTMENT		A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-03-03
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	FILES/ RI	ESOURCE COLLECTION
		Client:			MTICS	m²: 1. m²	:	
RISK LEVEL:		Standar	⁻ d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS: Communications O	T		Intercom	ı Station		Hands Free	Room Statu	us
Quantity (1 voice, 1 o Tel O	utlet: 0			tercom Station		Telemetry		
Coax/ Data TV O	utlet: 0		Intercom	n Master Statio	in	Teleconferencing		
IMIT Remarks	:							
SECURITY SYSTEMS:			_	-				
Security Camer Security Camer		nical Camera nical Camera Moni	itor	Card Reader Intrusion Det			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	::							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLE	YVIEW PR	OJECT	Department:	12.0 COI	MPLEX CAR	E UNIT	SUB DEPARTM	IENT:	12A-0	OFF LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:		12.0-03-04
ΙΒΙ	Sign Off	:	Date Issued: Client:		2017	'-01-25	RoomName: m²:	ı	FILES/ RES	OURCE COLLECTION
						MTICS	1	m²		
RISK LEVEL:			Standa	rd						
ARCHITECTURAL	REQUIREN	1ENTS								
INTERIOR FINISHES:	height		material		finish	ı		rem	arks	
Ceiling:	2750	Acc	oustic Tile		Pre-Finished					
Wall:		GW	VB		Paint					
-										
Floor:					Carpet					
Base:	100	Rul	bber							
Cri Ha	rner Guards: ash Rails: nd Rails: air Rail:	Stand	ard Anti-L	igature igature igature	R	emarks:				
Door(s): Clean	Opening (W x	H):		Material:			Fir	nish:		
[Door Sidelig	ght		J						
Наг	Door Protect Automatic Company Access Con Door Glazing:	Opener trol	Locking	oof Hardware	Door Remarks:					
	Operable Wind External Glazin External Glazin Exterior Windo Internal Glazin Blackout	g and Frame g Hardware: w Treatmer	Standard Standard Standard Standard	Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwork:	Casewo	ork Security	: Regular	Secur	·e		Remarks:			
Min Millwork /Coui (mm) or % [[nter Linear Leng of perimeter w Upper Cupb Lower Cupb	vall:		Counter/ er Top ess Steel	Work Surface Height (mm):	Lockable				
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling NC Rating			RT 60	N/A		Remarks:	Refer to App Noise Contro		Acoustics and
GENERAL ROOM RE		Coat Hoo	oks: Standard		igature No of	Coat		Mirrors:	Standard	Vandal-Proof
	Tackboard	Dim:	Standard	AIIU-L		looks:	Vhiteboard	Dim:	Stariualu	varidai-i-1001
	Remarks:	L	commodate 1 cab	inat		_				
		Snan dec	ommouate 1 tdt	miet						

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12A-OFF LIVING UNIT
VALLETVIEWTROJECT			
Project Number:	Draft:		Program Number: 12.0-03-04
35720	prepop 1	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName: FILES/ RESOURCE COLLECTION
IBI		2017 01 25	·
101	Client:	MTICS	m²:
		WITICS	1. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:	
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.	
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
			Ni-makim 2
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard	Standard Standard	wc [Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Cont	rols Floor Drain	Other:
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustme		on Isolation Patient Controlled Pressure Monitor Description:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Ne	egative Other:	
Air Temp: Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks:			
rower nemarks.			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Rer	marks:
Dimmable Lighting	"In Use" Light		1
✓ Switch & Light Cont	. =		
Charting Light	rols Vanity Light		

Project Name: VALLEYVII	VALLEYVIEW PROJECT	Department:	12.0 COM	PLEX CARE		SUB DEPARTMENT		A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-03-04
	Sign Off:			2017-	-01-25	RoomName:	FILES/ R	RESOURCE COLLECTION
		Client:		ı	MTICS	m²: 1. m²	į	
RISK LEVEL:		Standar	⁻ d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 0			Station ercom Station Master Statior		Hands Free Telemetry Teleconferencing	Room Stat	us
IMIT Remarks	3:							
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon	itor	Card Reader Intrusion Det			Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
Security Remarks	3:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PR		Department:	12.0 CON	MPLEX CAF	RE UNIT	SUB DEPARTMENT: 12A-OFF LIVING UNIT		
Project Number:	35720	Oraft: prepop	1 2	✓ Final		Program Numl	ber:	12.0-03-05
Sign Off:	ſ	Date Issued:		2017	7-01-25	RoomName:	FILES/ F	RESOURCE COLLECTION
IBI	C	Client:			MTICS	m²:	m²	
RISK LEVEL:		Standar	·d					
	ENTC	o tarraar						
ARCHITECTURAL REQUIREM	IEN IS							
INTERIOR FINISHES: height		material		finish	1		remarks	
Ceiling: 2750	Acou	stic Tile		Pre-Finished				
Wall:	GWB			Paint				
Floor:				Carpet				
11001.				Carpet				
-								
Base: 100	Rubb							
Wall Protection: Corner Guards:	✓ SI	neet:		F	Remarks:			
Crash Rails:	Standard	d Anti-L	igature					
Hand Rails:	Standard	d Anti-L	igature					
Chair Rail:	Standard	d Anti-L	igature					
Door(s): Clear Opening (W x l	H):		Material:			Fir	nish:	
Door Sidelig	ht							
			0					
Door Hardware: Door Protect Automatic C		Anti-Ligatu Tamperpro	oof Hardware	Door Remarks	:			
Access Cont		Locking						
Door Glazing:								
Hardware Type::								
Hardware Type								
Windows: Operable Windo		Standard	=			Remarks:		
External Glazing External Glazing		✓ Standard ✓ Standard			High Secur High Secur	· ·		
Exterior Windov		Standard			High Secur			
Internal Glazing	and Frame:	Standard	_		High Secur			
Blackout	Blinds	Roller	Shutter	1 Way Mirr	or	Other		
Casework / Millwork: Casewo	rk Security:	Regular	Secur	·e		Remarks:		
Min Millwork /Counter Linear Leng	-			Work Surface				
(mm) or % of perimeter w			Countery	Height (mm):				
Upper Cupb		=	er Top		Lockable			
Lower Cupb	oards	Stainle	ess Steel					
ACOUSTICS: STC Rating Wall /	45		RT 60:	N/A		Remarks:	Refer to Appendix 1	D - Acoustics and
Floor / Ceiling: NC Rating:	N/A						Noise Control	
GENERAL ROOM REMARKS:	Coat Hooks	: Standard	Anti-Li	gature Noo	f Coat		Mirrors: Standa	rd Vandal-Proof
Tackboard	Dim:				Hooks:	Vhiteboard [Dim:	
Remarks:	Shall accor	nmodate 1 cab	inet					

Project Name:	Department:			SUB DEPARTMENT:
VALLEYVIEW PROJECT	12	2.0 COMP	LEX CARE UNIT	12A-OFF LIVING UNI
VALLETVIEWTROJECT				
Project Number:	Draft:		✓	Program Number: 12.0-03-05
35720	prepop 1	L 2	Final	
Sign Off:	Date Issued:		2017-01-25	RoomName: FILES/ RESOURCE COLLECTION
IBI			2017 01 23	·
101	Client:		MTICS	m²:
			WITICS	1. m²
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Rema	rks	
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Keilla	IKS.	
Can Air be Returned Rate (A/	C):		Special Exha	ust Air Required: 0
to system				
PLUMBING FIXTURES:		<u></u>		
				Diumbing Domastic
sink mounting faucet	tap		Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		es	Hopper	Water Fountain
Lavatory Wall Standard			wc	Emergency Shower
Janitorial Floor Laborato	ory Foot Pedal		Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic (Controls	Floor Drain	Other:
Deep Equipment				
Other:				
Size:	-			
			<u> </u>	
POOM CONTROLS. Room Temp Control	with Room Rela	ntive Humidity	with Infectio	on Isolation Deticat Controlled
ROOM CONTROLS: Local Adjustment	Local Adjus			Pressure Monitor Patient Controlled
Room Control Remarks:	,			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standp	ipe Oth	er:
		·		
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: equal	Positive	Negative	Other:	
Air Temp: 📝 Standa	rd Special	Ot	her:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
	0.5			Clock
Types of Power: Normal	& Emergency			
Becontrol County	:			
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
. one. nemano.				
Patient Care Area Designation				
(as per CSA Z32):				
(
LIGHTING: Workstation Task L	ighting Night Lig	ht	Lighting Rer	marks:
Dimmable Lighting	"In Use"			
✓ Switch & Light Cont	. =	_		
Charting Light	rols Vanity Lig	Riit		

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department:	12.0 CON	⁄IPLEX CAR	E UNIT	SUB DEPARTMENT		A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number:		12.0-03-05
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	FILES/ R	RESOURCE COLLECTION
		Client:			MTICS	m²: 1. m²	2	
RISK LEVEL:		Standar	⁻ d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	ata): 0 utlet: 0		Video Ir	n Station ntercom Station n Master Static	, [Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera	a Monitor Cli	nical Camera nical Camera Moni	itor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name:		Department:				SUB DEPARTM	IFNT:		
VALLEYVIEW		Department.	12.0 CO	MPLEX C	ARE UNIT	JOB BEITH		12A-C	OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Num	oer:		12.0-03-06
· · ·	Off:	Date Issued:		20	17-01-25	RoomName:		FILES/ RES	OURCE COLLECTION
IBI		Client:			MTICS	m²:	. m²		
RISK LEVEL:		Standar	d						
ARCHITECTURAL REQUIR	PEMENTS	Staridar	<u>~</u>						
	eight	material		fir	nish		re	marks	
Ceiling: 2750		ıstic Tile		Pre-Finish					
Molli									
Wall:	GWE	3		Paint					
Floor:				Carpet					
Base: 100	Rubk	per							
Wall Protection: Corner Guard	s: 🗸 S	heet:			Remarks:				
Crash Rails:	Standar		_						
Hand Rails: Chair Rail:	Standar		_						
	Standar	d Anti-Li	_						
Door(s): Clear Opening (Material:			Fir	nish:		
Door Si	-								
		Anti-Ligatur Tamperpro Locking	re & of Hardware	Door Rema	rks:				
Hardware Typ	e::								
Windows: Operable W		Standard	Sec	uro		Remarks:			
	azing and Frame:	✓ Standard	Sec	_] High Secur				
	azing Hardware:	✓ Standard	Sec	_	High Secur				
	ndow Treatment: azing and Frame:	Standard Standard	Sec Sec	_	High Secur High Secur				
Blackou	ıt Blinds	Roller		1 Way M	_	Other			
Casework / Millwork: Case	sework Security:	Regular	Secur	e		Remarks:			
Min Millwork /Counter Linear			Counter/	Nork Surfac					
(mm) or % of perimet	er wall: Cupboards	Counte	er Ton	Height (mm): Lockable				
	Cupboards	_	ss Steel	ι			<u> </u>		
ACOUSTICS: STC Rating War Floor / Cei			RT 60:	N/A		Remarks:	Refer to Ap		Acoustics and
NC Ra	ting: N/A								
GENERAL ROOM REMARKS:	Coat Hook	s: Standard	Anti-Li	gature No	o of Coat Hooks:		Mirrors:	Standard	Vandal-Proof
Tackbo	ard Dim:					Whiteboard [Dim:		
Remark	s: One bay o	f resources		1			L		

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	12.0 (COMPLEX CARE UNIT	12A-OFF LIVING UNIT						
VALLETVIEWTROJECT									
Project Number:	Draft:		Program Number: 12.0-03-06						
35720	prepop 1	2 Final							
Sign Off:	Date Issued:	2017-01-25	RoomName: FILES/ RESOURCE COLLECTION						
IBI		2017 01 23	·						
101	Client:	MTICS	m ² :						
		WITICS	1. m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:							
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks.							
Can Air be Returned Rate (A/ to System	C):	Special Exhau	ust Air Required: 0						
to system									
PLUMBING FIXTURES:									
	_		Discretize 2						
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard	Standard	□ wc	Emergency Shower						
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Contr	rols Floor Drain	Other:						
Deep Equipment									
Other:									
Size:	-								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Room Relative Humidity with Infection Isolation Room Pressure Monitor Room Pressure Monitor Other:									
Rack Storage (2.4m high)	Types:								
Mack Storage (2.411 high)	турсз.								
EXHAUST: Pressure: equal	Positive Ne	gative Other:							
Air Temp: ✔ Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Normal	& Emergency		Clock						
Receptacle Count: Conven	ience: 1 duplex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:						
Dimmable Lighting	"In Use" Light								
✓ Switch & Light Cont	. =								
Charting Light	rols Vanity Light								

Project Name: VALLEYV	VALLEYVIEW PROJECT		12.0 CC	MPLEX CAR		SUB DEPARTMENT		-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	[1	2 Final		Program Number:		12.0-03-06
	Sign Off:			2017	'-01-25	RoomName:	FILES/ RE	ESOURCE COLLECTION
		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IIREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel	_		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	IS
Coax/ Data TV	Outlet: 0		meere	om Muster State	<i>"</i> " ⊔	releconferencing		
IMIT Remar	ks:							
SECURITY SYSTEMS:								
Security Cam		nical Camera nical Camera Moni	tor	Card Reader Intrusion De	_		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

				T			
Project Name: VALLEYVIEW PROJE	Department:	12.0 COMPLEX CA	RE UNIT	SUB DEPARTMENT: 12A-OFF LIVING UNIT			
Project Number: 357	Draft: prepop	1 2 Final		Program Num	ber:	12.0-04-01	
Sign Off:	Date Issued:	201	17-01-25	RoomName:	CON	ICENTRATION ROOM	
	Client:		MTICS	m²:	.4 m²		
RISK LEVEL:	Standar	-d					
ARCHITECTURAL REQUIREMENT							
INTERIOR FINISHES: height Ceiling: 2750	material Acoustic Tile	fini Pre-Finishe			remarks		
Ceiling: 2750	Acoustic Tile	Pre-Fillistie	u				
Wall:	GWB	Paint					
Floor:		Carpet					
Base: 100	Rubber						
			[
Wall Protection: Corner Guards: ✓ Crash Rails: ✓		igature	Remarks:				
	=	igature					
	_	igature					
Citali Nali.	.andaru Anti-L	igature	L				
Door(s): Clear Opening (W x H):	914 x 2135	Material: Solid Core		Fii	nish: Plam		
Door Sidelight							
Door Hardware: Door Protection	Anti-Ligatu	Door meman	ks:				
Automatic Opene		oof Hardware					
Access Control	✓ Locking						
Door Glazing: Upper	glazing						
Hardware Type:: OF-01							
Windows: Operable Windows:	✓ Standard	Secure		Remarks:			
External Glazing and F			High Secur	rity			
External Glazing Hard	ware: 🗸 Standard	Secure	High Secur	ity			
Exterior Window Trea			High Secur				
Internal Glazing and F			High Secur	other			
Blackout	billius Nollei	Shutter 1 Way Mi	TOI	Other			
Casework / Millwork: Casework Sec	urity: Regular	Secure		Remarks:			
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Counter/ Work Surface Height (mm)					
Upper Cupboards	Count	er Top	Lockable				
Lower Cupboards	Stainle	ess Steel					
ACOUSTICS: STC Rating Wall / 55		RT 60: 0.7		Remarks:	Refer to Appendix 1D	- Acoustics and	
Floor / Ceiling:]			Noise Control		
NC Rating: 30-3	35						
GENERAL ROOM REMARKS: Coa	t Hooks: 🗹 Standard	Anti-Ligature No			Mirrors: Standard	Vandal-Proof	
Tackboard Dim	:		Hooks: v	Vhiteboard I	Dim:		
Remarks: Shal	l be suitable for comp	oletion of files, storage o	of confident	ial calls			
	·						

Project Name:	Department:		SUB DEPARTMENT:						
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12A-OFF LIVING UNIT						
VALLETVIEWTROJECT									
Project Number:	Draft:		Program Number: 12.0-04-01						
35720	prepop 1	2 Final							
Sign Off:	Date Issued:	2017-01-25	RoomName:						
IBI		2017 01 25	CONCENTRATION ROOM						
101	Client:	MTICS	m ² :						
		WITICS	7.4 m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:							
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks.							
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0						
to system									
PLUMBING FIXTURES:									
			e:						
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks						
Handwash Counter Goosene		Hopper	Water Fountain						
Lavatory Wall Standard	Standard		Emergency Shower						
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings						
Double	Electronic Cor	ntrols Floor Drain	Other:						
Deep Equipment									
Other:									
Size:	=								
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Control Remarks: Via DDC Room Control Remarks: Via DDC Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks: Via DDC									
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure: ✓ Equal	Positive N	legative Other:							
EXHAUST: Pressure:	rositive	legative Unier.							
Air Temp: ✓ Standa	ard Special	Other:							
7 iii Tempi		oune							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:			Clock						
Types of Power: Normal			Clock						
Receptacle Count: Conven	ience: 1 duplex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
(as per CSA 232):									
UGHTING: ✓ Workstation Task L	ighting Night Light	Lighting Rer	marks:						
LIGHTING: ✓ Workstation Task L ✓ Dimmable Lighting		<u></u>							
	"In Use" Ligi								
Switch & Light Cont Charting Light	rols Vanity Light								
Charting Light									

Project Name: VALLEYV	Project Name: VALLEYVIEW PROJECT		12.0 COI	MPLEX CAR		SUB DEPARTMENT:	12A	-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	Final		Program Number:		12.0-04-01
	Sign Off:	Date Issued:	1 2	I IIIaI		RoomName:		
	Sign Off.	Date issued.		2017	7-01-25	Noomivame.	СО	NCENTRATION ROOM
		Client:			MTICS	m²: 7.4 m²		
RISK LEVEL:		Standar	d					<u>'</u>
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel (Coax/ Data TV	Outlet: 0		Video I	m Station ntercom Statior m Master Statio	,	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came	oro	nical Camera	Г	Card Reader	. No.		aff Assist	Duress - Wired
Security Came		nical Camera Moni	tor [Intrusion De	<u> </u>		tient Assist	Duress - Wireless
Security Remark	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALL	EYVIEW PR	OJECT	Department:	12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTMENT: 12A-OFF LIVING UNIT			
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	12.0-04-02	
[-	Sign Off:		Date Issued:		2017	'-01-25	RoomName:		CONCENTRATION ROOM	
IBI			Client:			MTICS	m²:	.4 m²		
RISK LEVEL:			Standa	rd						
	, DEOLUDEA	ENTC	Starida							
ARCHITECTURA		ENIS								
INTERIOR FINISHE			material		finish	1		remarks		
Ceiling:	2750	Acoi	ustic Tile		Pre-Finished					
Wall:		GWI	3		Paint					
Floor:					Carpet					
11001.					Carpet					
_]					
Base:	100	Rub								
Wall Protection:	Corner Guards:	/	Sheet:		R	temarks:				
1	Crash Rails:	Standa	rd Anti-L	igature						
	Hand Rails:	Standa	rd 🗌 Anti-L	igature						
1	Chair Rail:	Standa	rd 🗌 Anti-L	igature						
Door(s):	ear Opening (W x H	i): 9)14 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sideligh	nt]						
				_						
Door Hardware:	Door Protect Automatic O		Anti-Ligati Tamperpr	ure & oof Hardware	Door Remarks:					
	Access Conti		✓ Locking							
	Door Glazing: U		าต							
	L		'6							
F	Hardware Type:: O	F-01								
Windows:	Operable Windo		✓ Standard	Sec			Remarks:			
	External Glazing		✓ Standard			ligh Secur	-			
	External Glazing Exterior Window		✓ Standard	_	_	ligh Secur Iigh Secur				
	Internal Glazing		Standard	_	_	ligh Secur				
	Blackout	Blind		Shutter	1 Way Mirro		Other			
Casawark / Millimark	Casawa	k Security:	□ Dogulor				Remarks:			
Casework / Millwork			Regular	☐ Secur	_		nemarks.			
	ounter Linear Lengt % of perimeter wa			Counter/ V	Work Surface Height (mm):					
	Upper Cupbo	oards	Count	er Top		Lockable				
	Lower Cupbo	oards	Stainl	ess Steel						
ACOUSTICS:	STC Rating Wall /	55		RT 60:	0.7		Remarks:	Refer to Appendi	ix 1D - Acoustics and	
	Floor / Ceiling:] 1				Noise Control		
	NC Rating:	30-35								
GENERAL ROOM F	REMARKS:	Coat Hook	s: 🗸 Standard	Anti-Li		Coat 2		Mirrors: Stan	dard Vandal-Proof	
	Tackboard	Dim:					Vhiteboard I	Dim:		
	Remarks:	Shall be s	uitable for comp	oletion of file	es, storage of	confident	ial calls			

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT:	12A-OFF LIVING UNIT					
VALLEYVIEW PROJECT									
Project Number: 35720	-Draft:	2 Final	Program Number:	12.0-04-02					
Sign Off:	Date Issued:	2017-01-25	RoomName:	CONCENTRATION ROOM					
IBI	Client:	MTICS	m²: 7.4 m²						
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:							
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0						
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks					
Handwash Counter Goosene		Hopper	Water Fountain						
Janitorial Floor Laborato		WC Barrier Free WC	Emergency ShowerCorrosion Resistant Fittings						
Double	Electronic Cont		Other:						
Deep Equipment									
Other:	_								
Size:		25254							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks: Via DDC ROOM CONTROLS: Via DDC Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Pressure Monitor									
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:						
Rack Storage (2.4m high)	Types:								
EXHAUST: Pressure:		egative Other:							
Air Temp: 📝 Standa	rd Special	Other:							
ELECTRICAL REQUIREMENTS									
GENERAL POWER:									
Types of Power: Norma			Clock						
Receptacle Count: Conver	ience: 1 duplex								
Power Remarks:									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:						
✓ Dimmable Lighting	"In Use" Ligh	t							
Switch & Light Cont Charting Light	rols Vanity Light								
Charting Light									

Project Name: VALLEYVII	EW PROJECT	Department:	12.0 CON	ЛРLEX CAR	E UNIT	SUB DEPARTMENT:	12A	-OFF LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number:		12.0-04-02
	Sign Off:			2017	'-01-25	RoomName:	СО	NCENTRATION ROOM
		Client:			MTICS	m²: 7.4 m²		
RISK LEVEL:		Standar	rd					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video Ir	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	inical Camera inical Camera Moni	itor	Card Reader	L		taff Assist atient Assist	Duress - Wired Duress - Wireless
	·							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PROJ	Department: 12.	0 COMPLEX CARE UNIT	SUB DEPARTMENT:	12A-OFF LIVING UNIT
Project Number: 3!	Draft:	2 Final	Program Number:	12.0-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	SECURE STORAGE
IBI	Client:	MTICS	m²: 4. m²	
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMEN	VTS			
INTERIOR FINISHES: height	material	finish	re	emarks
Ceiling: 2750	Acoustic Tile	Pre-Finished		marks
Wall:	GWB	Paint		
Floor:		Resilient		
Base: 100	Flash Cove			
Wall Protection: Corner Guards: Crash Rails: Hand Rails:	Sheet: Standard Anti-Ligatur Standard Anti-Ligatur	re		
Chair Rail:	Standard Anti-Ligatur	re		
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135	aterial: Solid Core	Finish: Plam	
Door Hardware: Door Protection Automatic Ope Access Control Door Glazing:	Tamperproof Ha	Door Remarks:		
Hardware Type:: OF-	02			
Windows: Operable Windows External Glazing and External Glazing Ha Exterior Window Tr Internal Glazing and Blackout	d Frame: Standard Frame: Standard Standard Eatment: Standard	Secure High Secu Secure High Secu Secure High Secu Secure High Secu Secure High Secu Secure High Secu	rity	
Casework / Millwork: Casework S	Security: Regular	Secure	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboar Lower Cupboar	ds Counter Top	_		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: N,		RT 60: N/A	Remarks: Refer to A Noise Con	ppendix 1D - Acoustics and trol
GENERAL ROOM REMARKS: C	oat Hooks: Standard	Anti-Ligature No of Coat	Mirrors:	Standard Vandal-Proof
Tackboard D	im:	Hooks: L	Whiteboard Dim:	
Remarks: Sh	nall acoomocate 2 filing cabin	ets, temporary secure storag	ge of active files and lapto	ps

Project Name:	Department:			SUB DEPARTMENT:	
VALLEYVIEW PROJECT	1	.2.0 COM	PLEX CARE UNIT	Γ 12/	A-OFF LIVING UNIT
VALLETVIEWTROJECT					
Project Number:	Draft:		✓	Program Number:	12.0-05
35720	prepop	1 2	Final		12.0-03
Sign Off:	Date Issued:		2017-01-25	RoomName:	CECURE STORAGE
IBI			2017 01 23		SECURE STORAGE
101	Client:		MTICS	m²:	
			WITICS	4. m ²	
RISK LEVEL:	Standard				
MECHANICAL REQUIREMENTS					
Tunos CCA 7247 2 40 ACUDAE C	2 1 01	Pom	arks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Keii	idiks.		
Can Air be Returned Rate (A/	C):		Special Exh	naust Air Required: 0	
to system					
PLUMBING FIXTURES:					
				ni i	in a Danisada
sink mounting faucet	tap	.	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene			Hopper	Water Fountain	
Lavatory Wall Standard			wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Ped	al	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic	Controls	Floor Drain	Other:	
Deep Equipment					
Other:					
Size:	_				
			<u> </u>		
Room Tomp Control	with Doom Po	lativo Humidi	ty with Infact	ion Isolation	
ROOM CONTROLS: Room Temp Control Local Adjustment	Local Adj	lative Humidi ustment		Pressure Monitor	rolled
Room Control Remarks:	,				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Stand	lpipe O	ther:	
Rack Storage (2.4m high)	Types:				
EXHAUST: Pressure:	Positive	Negative	Other:		
Air Temp: 📝 Standa	rd Special	(Other:		
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal				Clock	
Types of Power. Normal					
Pacantagla Caunti C	Janaar 4 deed 1-				
Receptacle Count: Conver	ience: 1 duplex				
Power Remarks:					
Patient Care Area Designation					
(as per CSA Z32):					
LIGHTING: Workstation Task L	ighting Night L	ight	Lighting Ro	emarks:	
Dimmable Lighting	"In Use	" Light			
✓ Switch & Light Cont		_			
Charting Light		3 -			
_					

Project Name: VALLEYVIE	VALLEYVIEW PROJECT	Department:	12.0 CO	MPLEX CARI	E UNIT	SUB DEPARTMENT:	12/	A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 :	2 Final		Program Number:		12.0-05
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		SECURE STORAGE
		Client:			MTICS	m²: 4. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Stati	us
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mon		Card Reader Intrusion Det			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	ıt:							

Project Name: VALI	EYVII	EW PROJEC	Department:	12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTN		A-OFF LIVING UNIT
Project Number:		3572	Draft: prepo	p 1 2	✓ ! Final		Program Num	ber:	12.0-06
[]		Sign Off:	Date Issued:		2017	'-01-25	RoomName:		DROP IN OFFICE
IBI			Client:			MTICS	m²:	1.1 m²	
RISK LEVEL:			Stand	ard					
				aiu					
ARCHITECTURA		<u>UIREMENT.</u>	3						
INTERIOR FINISHI		height	materi	al	finish			remarks	
Ceiling:	275	0	Acoustic Tile		Pre-Finished				
Wall:			GWB		Paint				
Floor:					Carpet				
Base:	100	١	Rubber]				
Wall Protection:	Corner G	Guards:	Sheet:		R	emarks:			
	Crash Ra	ils: Sta	andard 🗌 Ant	i-Ligature					
	Hand Ra	ils: Sta	andard 🗌 Ant	i-Ligature					
	Chair Ra	il: Sta	andard 🗌 Ant	i-Ligature					
Door(s):	ear Oper	ning (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
D001(3).	_	oor Sidelight	311 / 2233		30.1G				
		_							
Door Hardware:		oor Protection	Tamper	ature & proof Hardware	Door Remarks:				
	_	itomatic Opener cess Control	✓ Locking						
		Glazing: Upper	glazing						
	naruware	e Type:: OF-01							
Windows:		ble Windows:	✓ Standa		cure		Remarks:		
		al Glazing and Fr	_			ligh Secui ligh Secui			
		or Window Treat			_	ligh Secui			
		al Glazing and Fr		=	_	ligh Secui			
	Bla	ackout	Blinds Rol	ler Shutter [1 Way Mirro	or	Other		
Casework / Millworl	с:	Casework Secu	urity: Regular	Secu	re		Remarks		
Min Millwork /C		_		_	Work Surface				
		rimeter wall:		Countery	Height (mm):				
	=	pper Cupboards	=	ınter Top		Lockable			
	Lo Lo	wer Cupboards	Sta	inless Steel					
ACOUSTICS:	STC Ratir Floor	ng Wall / / Ceiling:		RT 60	0.7		Remarks	Refer to Appendix 2 Noise Control	ID - Acoustics and
	N	IC Rating: 30-35	5						
GENERAL ROOM	REMAF	RKS: Coat	t Hooks: 🗹 Standa	ırd Anti-L	igature No of H	Coat 2		Mirrors: Standa	ard Vandal-Proof
	П	nckboard Dim:	:				Whiteboard	Dim:	
	Re	emarks: Shall	accommodate Au	diologist, OT,	etc. incl. desk a	and chair	and 3 chairs		

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12A	-OFF LIVING UNIT
VALLETVIEWTROJECT				
Project Number:	Draft:		Program Number:	12.0-06
35720	prepop 1	2 Final		12.0-00
Sign Off:	Date Issued:	2017-01-25	RoomName:	DROP IN OFFICE
IBI		2017 01 23		DROP IN OFFICE
101	Client:	MTICS	m²:	
		WITICS	11.1 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACLIDAT C	2 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
				D 1
sink mounting faucet	tap	Urinal	Eyewash	ng Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard	Standard Standard	wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	rols Floor Drain	Other:	
Deep Equipment				
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Local Adjustme		on Isolation Patient Contr Pressure Monitor	olled
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
EXHAUST: Pressure:	Positive Ne	gative Other:		
_	_			
Air Temp: Standa	ord Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 2 duplex. Worksta	ations: 1 quadplex		
. Solve.		- 4		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
	_			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Rer	marks:	
Dimmable Lighting	In Use" Light	t		
Switch & Light Cont	rols Vanity Light			
Charting Light	_			

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPARTMENT:	12A	-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	Final		Program Number:		12.0-06
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		DROP IN OFFICE
		Client:			MTICS	m²: 11.1 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 d Tel Or Coax/ Data TV Or IMIT Remarks	lata): O utlet: O		Video II	m Station ntercom Statior m Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	tor [Card Reader	L_		off Assist tient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

				1	
Project Name: VALLEYVIE\	W PROJECT	Department: 12.0 COI	MPLEX CARE UNIT	SUB DEPARTMENT:	12A-OFF LIVING UNIT
Project Number:	35720	Draft:	✓ Final	Program Number:	12.0-07
·. — ·	Sign Off:	Date Issued:	2017-01-25	RoomName:	FOOD CART ALCOVE
IBI		Client:	MTICS	m²: 2.5 m²	
RISK LEVEL:		Standard			
ARCHITECTURAL REQU	IIDEMENTS	- Januaru			
INTERIOR FINISHES:			6.11		
Ceiling: 2750	height	material WB - Moisture Resistant	finish	rem	arks
ceiling. 2730	G,	WD - MOISTUTE NESISTAIT	anic		
Wall:	GV	WB - Moisture Resistant	Paint		
Floor:			Resilient		
Base: 100	Fla	ash Cove			
Wall Protection: Corner Gu Crash Rails Hand Rails Chair Rail:	s: Stand	dard Anti-Ligature	Remarks:		
Door(s): Clear Openin	ng (W x H):	Material:		Finish:	
	r Sidelight				
Auto Acce Door Gla		Anti-Ligature & Tamperproof Hardware Locking Standard Sec	Door Remarks:	Remarks:	
External External Exterior Internal	Glazing and Fram Glazing Hardware Window Treatme Glazing and Fram kout Bli	e: Standard Sec e: Standard Sec nt: Standard Sec	ure High Secur ure High Secur ure High Secur	rity	
Casework / Millwork:	Casework Security	y: Regular Secur	re	Remarks:	
= ::	-	Counter/ Counter Top Stainless Steel	Work Surface Height (mm): Lockable		
	Wall / 45 Ceiling: 35-40	RT 60	: N/A	Remarks: Refer to App Noise Contro	endix 1D - Acoustics and
GENERAL ROOM REMARK	(S: Coat Ho	ooks: Standard Anti-L	igature No of Coat	Mirrors:	Standard
Tack	kboard Dim:		Hooks: U	Whiteboard Dim:	
Ren	narks:				

Project Name:	Department:	COMPLEY CARE LINE	SUB DEPARTMENT:	124 OFF LIVING LINUT
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT		12A-OFF LIVING UNIT
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-07
Sign Off:	Date Issued:	2017-01-25	RoomName:	FOOD CART ALCOVE
	Client:	MTICS	m²: 2.5 m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Additional co	oling demand	
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control volument Room Control Remarks:	vith Room Relative Local Adjustme Via DDC	·	n Isolation Patie	ent Controlled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	/et Dry Types:	Standpipe Oth	er:	
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Light	Lighting Rer	narks:	

Project Name: VALLEYVII	EW PROJECT	Department:	12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTMENT:	12A	A-OFF LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ 2 Final		Program Number:		12.0-07
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:		FOOD CART ALCOVE
		Client:			MTICS	m ² : 2.5 m ²		
RISK LEVEL:		Standar	ď					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon		✓ Card Reader ☐ Intrusion De			aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	5:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

			-										
Project Name: VAL	LEYVIE	W PROJEC		partment:	12.0 CO	MPLEX CAF	RE UNIT		PARTMEN 2B-SECU		OGRAM A	AND LIVING	UNIT
Project Number:		3572		aft: prepop	1 2	✓ Final		Program	n Number	:		12.0-08	
ÍΒΙ		Sign Off:		te Issued: ent:		2017	7-01-25 MTICS	m²:	lame:	n²		LIVING UNIT	ENTRY
RISK LEVEL:	_			Mediun	~								
	44 050	LUDERAENITA		Mediun	11								
ARCHITECTUR			<u> </u>										
INTERIOR FINISH	1 ES :	height	CMB	material	tant	finish Paint	1			re	emarks		
Ceiling:	2/3	U	GWB-	Impact Resist	ldiil	Pallit							
Wall:			GWB -	Impact Resist	tant	Paint							
Floor:						Resilient							
Base:	100		Flash C										
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: ✓ Sta	She andard andard andard	Anti-L	igature igature igature	F	Remarks:	1200 m	ım high.	Fibre Rei	inforced Lar	ninate Panel (FRL)
Door(s):		ing (W x H):	1830	0 x 2135	Material:	Solid Core			Finish	n: Plam			
Door Hardware:	✓ Au ✓ Aco	or Protection tomatic Opener cess Control Glazing: Upper { Type:: XC-01		Anti-Ligatu Tamperpro Locking	ure & oof Hardware	Door Remarks	:						
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fraction al Glazing Hardwor Window Treation al Glazing and Fraction al Glazing and Fraction	are: ment:	Standard Standard Standard Standard Standard Standard Roller	Sec	ure	High Secu High Secu High Secu High Secu or	rity rity rity rity	marks:				
Casework / Millwo Min Millwork / (mm)	Counter Lir	Casework Secunear Length imeter wall: per Cupboards wer Cupboards	rity:		Counter/ Per Top ess Steel	re Work Surface Height (mm):	Lockable	Re	marks:				
ACOUSTICS:		ng Wall / 45 / Ceiling: 35-40)		RT 60	: 0.7		Re		efer to Ap oise Cont		- Acoustics ar	d
GENERAL ROOM	I REMAR	KKS: Coat	Hooks:	Standard	Anti-L	igature No o	f Coat Hooks:		N	1irrors:	Standard	Vandal-	Proof
	П	ckboard Dim:						Whiteboa	ard Din	n:			
	Re	marks:											

Project Name:	Department:		SUB DEPARTMENT:	****
VALLEYVIEW PROJECT	12.0 C	OMPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		12.0-08
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		LIVING UNIT ENTRY
IBI	Client:	MTICS	m²:	
		IVITICS	3. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbi	ing Remarks
Handwash Counter Goosene		Urinal	Lyewash	ing nemarks
Lavatory Wall Standard		Hopper WC	Water Fountain	
Janitorial Floor Laborato		Barrier Free WC	Emergency Shower	
Double	Electronic Contro		Corrosion Resistant Fittings Other:	
Deep Equipment		Floor Drain	Other.	
Other:				
Size:	-			
	_			
ROOM CONTROLS. Room Temp Control	with Room Relative H	lumidity with Infection	n Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustmen		ressure Monitor Patient Contr	olled
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Fqual	Positive Neg	ative Other:		
EXTIAOST.				
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: No rece	eptacles			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont	_			
Charting Light				
		L		

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CC	MPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECUF	E PROGRAN	A AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		12.0-08
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		LIVING UNIT ENTRY
<u> </u>		Client:			MTICS	m²: 3. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): utlet: 0 utlet: 0		Video	com Station o Intercom Station com Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Sta	itus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	itor	Card Reader Intrusion De			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VA	LLEYVIEW PRO	JECT Departme		MPLEX CARI	E UNIT	SUB DEPARTM 12B-SI		AND LIVING UNIT
Project Number:	3:	Draft: p	repop 1 2	✓ 2 Final		Program Num	ber:	12.0-09
-	Sign Off:	Date Issue	ed:	2017	-01-25	RoomName:	ARE TEAM STATION: (CONFIDENTIAL COORD
	<u>.</u>	Client:			MTICS	m²:	2. m²	
RISK LEVEL:		Lov	N			1		
	RAL REQUIREMEI							
INTERIOR FINIS	UEC.		atorial	finish			wa wa wika	
Ceiling:	height 2750	Acoustic Tile	aterial	finish Pre-Finished			remarks	
	2,30	7.00000.01.110						
Wall:		GWB		Paint				
Floor:				Resilient				
Base:	100	Flash Cove						
Wall Protection:	Corner Guards:	Sheet:	<u> </u>	_ R	emarks:	1200 mm hig	Th.	
wan i rotection.	Crash Rails:	Standard	Anti-Ligature	***	ciliarits.	1200 111111 1116	511	
	Hand Rails:	Standard	Anti-Ligature					
	Chair Rail:	Standard	Anti-Ligature					
Door(s):	Clear Opening (W x H):	914 x 213	5 Material:	Solid Core		F	nish: Plam	
	Door Sidelight							
Door Hardware:	Door Protection		ti-Ligature &	Door Remarks:				
	Automatic Ope	ner	mperproof Hardware cking					
	Access Control		6					
	Door Glazing: Upp	oer glazing						
	Hardware Type:: OF-	02		'				
Windows:	Operable Windows	: ✓ Sta	andard Sec	cure		Remarks:	Maximize interior gla	azing for observation
	External Glazing an	d Frame: 🗸 Sta	andard Sec	cure 🗌 Hi	igh Secur	rity		
	External Glazing Ha		_		igh Secur			
	Exterior Window To Internal Glazing and			_	igh Secur			
	Blackout	Blinds	andard ✓ Sed Roller Shutter	1 Way Mirro	igh Secur r	Other		
						_		
Casework / Millw	ork: Casework S	Security: 🕢 Regu	ılar Secu	re 		Remarks	Provide 10 lockers.	Desk coverage of
	/Counter Linear Length or % of perimeter wall:	6000	Counter/	Work Surface 7: Height (mm):	10		Bidzed sereem	
()	✓ Upper Cupboar	rds 🗸	Counter Top	_	Lockable			
	✓ Lower Cupboar	rds	Stainless Steel	_				
	STG D .:		DT 66				D 6 1 1 11 11	
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling:	· · · · · · · · · · · · · · · · · · ·	KI 60	0.7		Remarks	Refer to Appendix 1I Noise Control	D - Acoustics and
	NC Rating: 35	5-40						
GENERAL ROOM	И REMARKS:	Coat Hooks: 🗸 Sta	andard	igature No of			Mirrors: Standar	d Vandal-Proof
	✓ Tackboard D	Dim: 1220mm w	ide x 915mm high	Ī	ooks:	Vhiteboard	Dim: 1220mm wide	x 915mm high
	Remarks: PI	rovide pass throu	gh hatch in glazed	screen. Shall ir	nclude m	eeting space	for 10	

\/A!! E\/\/!E\\/ DDO!ECT		12 ()	COMA			
VALLEYVIEW PROJECT		12.0	COIVI	PLEX CA	RE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:					Program Number:
Project Number: 35720	prepop	1	2	✓ Final		12.0-09
Sign Off:	Date Issued:	, -		111101		RoomName:
, B	Date issuedi			201	7-01-25	
IBI	Client:					m²:
					MTICS	
DICK I EVEL:	Low					
RISK LEVEL:	Low					
MECHANICAL REQUIREMENTS			_			
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01		Rem	narks:		
			ļ			
✓ Can Air be Returned Rate (A	′C):				Special Exha	aust Air Required: 0
to System						
PLUMBING FIXTURES:			1			
sink mounting faucet	tap	<i>-</i>		Urinal		Eyewash Plumbing Remarks
Handwash Counter Goosen		er/Blades		Норре	r [Water Fountain
✓ Lavatory ✓ Wall ✓ Standar		idard		wc		Emergency Shower
Janitorial Floor Laborat	· =	t Pedal		Barrier	Free WC	Corrosion Resistant Fittings
Double	✓ Elec	tronic Con	trols	Floor D	rain	Other:
Deep Equipment						
Other:	_					
Size:						
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Stand	Via DDC Wet Dr Types: Positive		Stand		1 1	n Isolation Pressure Monitor Patient Controlled ner:
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerg	2001 9 LIDC				1	✓ Clock
Types of Fower. Efflerg	ency a ups					_
	-				-	rorkstation, locate one above counter and one below), nitor, fire alarm annunciator, intercom station
Tower Remarks.						
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task	ighting Ni	ght Light			Lighting Rer	marks:
✓ Workstation rask to Dimmable Lighting ✓ Switch & Light Con Charting Light		n Use" Light anity Light	nt		Battery pa	ack and remote heads for emergency lighting. All n emergency power.

Project Name: VALLEYVIE	W PROJECT	Department:	12.0	COMPLEX C	ARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING U
Project Number:	35720	Draft: prepop	1	2 Final		Program Number: 12.0-09
	iign Off:	Date Issued:		20)17-01-25	RoomName: CARE TEAM STATION: CONFIDENTIAL CO
		Client:			MTICS	22. m ²
RISK LEVEL:		Low				
TECHNOLOGY REQUIR	EMENTS					
IMIT SYSTEMS:						
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out IMIT Remarks:	ta):		Vi	tercom Station deo Intercom Sta tercom Master S		Hands Free Room Status Telemetry Teleconferencing
SECURITY SYSTEMS: Security Camera Security Remarks:		nical Camera nical Camera Moni	tor	Card Rea	n Detection	Staff Assist Duress - Wired Patient Assist Duress - Wirele
OTHER						
Equipment Remarks:				Operation Remarks:	al	
Room Data Sheet Comment:						

Project Name: VALLEYVIEW PROJECT	Department: 12.0 CON	MPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT
Project Number: 35720 Sign Off:	Draft: prepop 1 2 Date Issued:	Final	Program Number: 12.0-10 RoomName:
IBI	Client:	2017-01-25 MTICS	CARE TEAM STATION: DIRECT OVERSIGHT m²:
		WITICS	13.5 m²
RISK LEVEL:	Low		
ARCHITECTURAL REQUIREMENTS			
INTERIOR FINISHES: height	material	finish	remarks
Ceiling: 2750 Aco	ustic Tile	Pre-Finished	
Wall: GW	В	Paint	
Floor:		Resilient	
Base: 100 Flas	h Cove		
Wall Protection: Corner Guards: Crash Rails: Standa Hand Rails: Standa Chair Rail: Standa	rd Anti-Ligature	Remarks:	1200 mm high
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam
Door Hardware: ☐ Door Protection ☐ Automatic Opener ☐ Access Control ☐ Door Glazing: ☐ Upper glazi ☐ Hardware Type:: OF-02	Tamperproof Hardware Locking	Door Remarks:	
Windows: Operable Windows: External Glazing and Frame External Glazing Hardware: Exterior Window Treatment Internal Glazing and Frame: Blackout Bling	✓ Standard Secu ✓ Standard Secu ✓ Standard ✓ Secu	ure High Secur ure High Secur ure High Secur	rity rity
Casework / Millwork: Casework Security:	✓ Regular Secur	e	Remarks: Desk coverage of glazed screen
Min Millwork /Counter Linear Length 4200		Vork Surface 710	
(mm) or % of perimeter wall: ✓ Upper Cupboards ✓ Lower Cupboards	Counter Top Stainless Steel	Height (mm):└── Lockable	
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60:	0.7	Remarks: Refer to Appendix 1D - Acoustics and Noise Control
GENERAL ROOM REMARKS: Coat Hoo	ks: 🗸 Standard 🗌 Anti-Li	gature No of Coat 4	Mirrors: Standard Vandal-Proof
✓ Tackboard Dim: 3(@610mm wide x 915mm hig	Hooks: ☐	Whiteboard Dim: 3@610mm wide x 915mm high
Remarks: Shall acco	ommodate 3 workstations wi	th computers	

Project Name:	Department:	SUB DEPARTMENT:								
VALLEYVIEW PROJECT	12.0 COMPLEX CA	RE UNIT 12B-SECURE PROGRAM AND LIVING UNIT								
	Draft:	Program Number:								
Project Number: 35720	prepop 1 2 Final	12.0-10								
Sign Off:	Date Issued:	RoomName:								
IDI	201	7-01-25 CARE TEAM STATION: DIRECT OVERSIGHT								
IDI	Client:	MTICS m ² :								
		MTICS 13.5 m ²								
RISK LEVEL:	Low									
MECHANICAL REQUIREMENTS										
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks:									
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0								
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tan	Plumbing Remarks								
Handwash Counter Goosene	tap Urinal	Eyewasn								
Lavatory Wall Standard	Standard III									
Janitorial Floor Laborato	Foot Podel	Emergency Shower								
Double	Electronic Controls Dalliel	Free WC Corrosion Resistant Fittings								
Deep Equipment	Floor D	rain Other:								
Other:										
	-									
Size:										
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Pressure: Pequal Positive Negative Other:										
Air Temp: 📝 Standa	ord Special Other:									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:	0.112	✓ Clock								
Types of Power: Emerge	ency & UPS	•								
		plexes per workstation, locate one above counter and one alarmed fridge, suction machine, computer, AED								
Power Remarks: Switch	oank for power outlet shutoff for each cli	ent room								
Patient Care Area Designation (as per CSA Z32):										
UGHTING: ✓ Workstation Task L	ighting Night Light	Lighting Remarks:								
Workstation Task L □ Dimmable Lighting ✓ Switch & Light Cont □ Charting Light	"In Use" Light	Battery pack and remote heads for uninterrupted emergency lighting. All lighting on emergency power.								

Duna in and Niconau	Danaston and				SUB DEPARTMENT:	
Project Name: VALLEYVIEW PROJECT	Department:	12.0	COMPLEX	ARE UNIT		ID LIVING UNIT
Project Number: 35720	Draft: prepop	1	2 Final		Program Number:	12.0-10
Sign Off:	Date Issued:		2	017-01-25	RoomName: CARE TEAM STATION: D	DIRECT OVERSIGHT
IBI	Client:			MTICS	m²: 13.5 m²	
RISK LEVEL:	Low					
TECHNOLOGY REQUIREMENTS						
IMIT SYSTEMS:						
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		Vio	tercom Station deo Intercom St tercom Master S		Hands Free Room Status Telemetry Teleconferencing	
	Clinical Camera Clinical Camera Mor	nitor	=	ader No.: n Detection	Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks.						
OTHER					-	
Equipment Remarks:			Operation Remarks:	nal		
Room Data						

Project Name: VALL	EYVIE.	W PRO	DJECT	'	rtment:	12.0 CO	MPLEX	CAR	UNIT		SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT					
Project Number:		3	35720	Draft)	prepop	1 2	! Fina			Progi	ram Numi	oer:			12.0-1	1
[-		Sign Off:		Date	Issued:			2017	-01-25		nName:				MEDICA	AL ROOM
IBI				Clien	t:				MTICS	m²:	13	.5 m²				
RISK LEVEL:					Mediun	1										
ARCHITECTURA	N RFOI	IIRFMI	NTS													
INTERIOR FINISHE		height			material			finish					remarks			
Ceiling:	2750		G	WB - In	npact Resist	ant	Paint	11111311					Temans			
Wall:			G	WB - In	npact Resist	ant	Paint									
Floor:							Resilier	nt								
Base:	100		FI	ash Cov	/e											
Wall Protection:	Corner G	uards:	•	Sheet	. 🗸			Re	marks:	1200	mm hig	h				
	Crash Rai	ls:	Stan	dard	Anti-Li	gature										
	Hand Rail	s:	Stan	dard	Anti-Li	gature										
	Chair Rail	:	Stan	dard	Anti-Li	gature										
Door(s):	ear Openi	ng (W x H)):	914 x	2135	Material:	Solid C	Core			Fir	nish: P	lam			
	Doc	or Sideligh	t													
Door Hardware:	Aut	or Protecti comatic Op cess Contro lazing:	ener	•	Tamperpro	re & oof Hardware	Door Re		Provide mm	secor	nd egres:	s door	with integra	al blind	. Door size	≘:914
1	Hardware	Type:: Of	-02					L								
Windows:	Externa Externa Exterior Interna	le Windov Il Glazing a Il Glazing F Ir Window Il Glazing a ckout	ind Fran Hardwar Treatme	e: ent:	Standard Standard Standard Standard Standard Roller	Sec	cure cure cure	Hi	gh Secu gh Secu gh Secu gh Secu	rity rity rity	Remarks: Other					
Casework / Millwork	c :	Casework	s Securit	y:	Regular	✓ Secu	re				Remarks:	Provi	de medical s	storage	cabinet	
Min Millwork /Ci (mm) or	of peri ✓ Upp	ear Length meter wal per Cupbo ver Cupbo	l: ards		Count	Counter/ er Top ess Steel	Work Sur Height (ı	mm):	Lockable							
ACOUSTICS:		g Wall / / Ceiling:	55			RT 60	0.7				Remarks:		to Appendi Control	x 1D - /	Acoustics a	and
	N	C Rating:	30-35													
GENERAL ROOM	REMAR	KS:	Coat Ho	ooks:	Standard	✓ Anti-L	igature		Coat 2			Mirro	ors: Stan	dard	✓ Vanda	l-Proof
	Пас	kboard	Dim:							Whiteb	oard [Dim:				
	Rer	1	Regulat		r a First Aid								efrigeration larmed fridg			

Project Name:	Department:	12.0.00	NADLEV CA	DE LINUT	SUB DEPARTMENT:	AND LIVING LINE
VALLEYVIEW PROJECT		12.0 CO	MPLEX CA	KE UNII	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:				Program Number:	
Project Number: 35720	prepop	1	2 Final			12.0-11
Sign Off:	Date Issued:		20.	17-01-25	RoomName:	
IRI			20.	17-01-25		MEDICAL ROOM
	Client:			MTICS	m²: 13.5 m²	
	20.11				15.5 111	
RISK LEVEL:	Mediun	<u> </u>				
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	F	Remarks:			
	a) [
Can Air be Returned Rate (A/	C):			Special Exha	ust Air Required: 0	
·						
PLUMBING FIXTURES:						
sink mounting faucet	tap		Urinal	•	✓ Eyewash	ng Remarks
Handwash Counter Goosene	eck Lever/	Blades	П Норре	r	Water Fountain	
Lavatory Wall Standard			☐ wc		Emergency Shower	
Janitorial Floor Laborato				r Free WC	Corrosion Resistant Fittings	
Double	Electro	onic Controls	Floor	Orain	Other:	
Deep Equipment						
Other: single comp. sink	=					
Size:						
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:		Relative Hui Adjustment	midity with	1 1	on Isolation Patient Contro Pressure Monitor	olled
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	☐ St	andpipe	Oth	er.	
	_		шпартре			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Equal	✓ Positive	Negat	ive [Other:		
			au F			
Air Temp: Standa	ard Speci	aı	Other:			
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Emerge	ency				Clock	
	iience: 2 duplex, , suction, blood p			ex, Special	Equipment (additional outlets): frid	ge (on generator
Power Remarks:						
Patient Care Area Designation Intermo	ediate					
LIGHTING: Workstation Task L	ighting Nigh	t Light		Lighting Rer	marks:	
Dimmable Lighting	. =	Jse" Light		Wall mou	nted extendable exam light	
✓ Switch & Light Cont ☐ Charting Light	rols ✔ Vani	ty Light				

Project Name: VALLEYVIEW PROJECT		Department:	12.0 C	OMPLE	EX CARE	UNIT	SUB DEPARTMENT 12B-SECU	r: IRE PROGRAN	A AND LIVING UNIT
Project Number:	35720	Draft: prepop	1		inal		Program Number:		12.0-11
	Sign Off:	Date Issued:			2017-	01-25	RoomName:		MEDICAL ROOM
IBI		Client:			ı	MTICS	m²: 13.5 ı	m²	
RISK LEVEL:		Mediun	n						
TECHNOLOGY REQU	IREMENTS								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Vide		ion m Station ster Station		Hands Free Telemetry Teleconferencing	Room Sta	tus
SECURITY SYSTEMS: Security Cam Security Remar	era Monitor CI	inical Camera inical Camera Moni	itor	\equiv	rd Reader rusion Det			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER									
Equipment Remarks:				Oper Rema	rational arks:				
Room Data Sheet Comm	ent:								

Project Name: VALLE	YVIEW PROJE	Department:	12.0 COI	MPLEX CAF	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT				
Project Number:	357	Draft: prepop	1 2	Final			mber:		12.0-12	
	Sign Off:	Date Issued:			7-01-25	RoomName	 :		WASHROOM, ST	ΔFF
IBI		Client:			MTICS	m²:	2.72			
					WITICS		3.7 m²			
RISK LEVEL:		Standa	rd							
ARCHITECTURAL										
INTERIOR FINISHES: Ceiling:	height 2750	material GWB - Moisture Res	cictant	finish Paint	h			remarks		\neg
Cennig.	2730	GWB - Moisture Nes	sistaiit	railit						
Wall:		GWB - Moisture Res	sistant	Paint						
Floor:				Resilient						
Base:	100	Flash Cove]						
Wall Protection: Co Cra Ha	rner Guards: ash Rails: St St	Sheet: 🗸 tandard Anti-L	igature igature igature	I	Remarks:	1200 mm h	igh			
Door(s): Clean	Opening (W x H):	914 x 2135	Material:	Solid Core			Finish: Pla	m		
	Door Sidelight									
Наг	Door Protection Automatic Opene Access Control Door Glazing: WR-0:	Locking 3	oof Hardware	Door Remarks	5:	Domonto				
 	Operable Windows: External Glazing and F External Glazing Hard Exterior Window Trea nternal Glazing and F Blackout	ware: Standard atment: Standard Frame: Standard	Sec	ture	High Secu High Secu High Secu High Secu For	rity rity	5:			
Casework / Millwork:	Casework Sec	curity: Regular	Secur	re		Remark	is:			
Min Millwork /Cour (mm) or % [nter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	=	Counter/ 'er Top ess Steel	Work Surface Height (mm):	Lockable					
ACOUSTICS: STO	C Rating Wall / 45 Floor / Ceiling:		RT 60	: N/A		Remark	s: Refer to	o Appendix 1D Control	- Acoustics and	
	NC Rating: 40-4	45								
GENERAL ROOM RE	MARKS: Coa	at Hooks: 🗹 Standard	Anti-L		of Coat 2		Mirrors	: 🗸 Standard	Vandal-Prod	of
	Tackboard Dim	n:			Hooks: \	Whiteboard	Dim:			
	Remarks:									

Project Name:	Department:		SUB DEPARTMENT:	AND UNUNCURUE
VALLEYVIEW PROJECT	12.0 CO	MPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720	prepop 1 2			12.0-12
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		WASHROOM, STAFF
IBI	Client:	MTICS	m²:	
		IVITICS	3.7 m ²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 R	emarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		¬ Plumbir	ng Remarks
Handwash Counter Goosene		✓ Urinal	Eyewasii	
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls	Floor Drain	Other:	
Deep Equipment		Tiodi Biam	<u> </u>	
Other:				
Size:	-			
		J [
ROOM CONTROLS: Room Temp Control	with Room Relative Hun	nidity with Infection	n Isolation Patient Contro	alled
Local Adjustment	Local Adjustment	Room P	ressure Monitor	71100
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Sta	andpipe Oth	er·	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negati	ve Other:		
			<u> </u>	
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Types of Fower. Indiffici				
Receptacle Count: Conven	ience: 1 duplex GFI			
	•			
Power Remarks: GFI				
Tower remarks.				
Patient Care Area Designation				
(as per CSA Z32):				
The second secon	ighting	م د دندادن ا	aarke:	
LIGHTING: Workstation Task Lighting		Lighting Ren		
☐ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light	Night light	on emergency power.	
✓ Switch & Light Cont Charting Light	rols Vanity Light			

Project Name: VALLEYV	roject Name: VALLEYVIEW PROJECT		12.0 C	OMPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROG	RAM AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	12.0-12
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	WASHROOM, STAFF
		Client:			MTICS	m²: 3.7 m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel: Coax/ Data TV	Outlet: 0		Vide	rcom Station eo Intercom Station rcom Master Static		Hands Free Roo Telemetry Teleconferencing	m Status
IIVIII NEIIIAI	Α.						
SECURITY SYSTEMS: Security Came Security Came		nical Camera nical Camera Moni	tor	Card Reader	L	Staff Assist Patient Assis	Duress - Wired Duress - Wireless
Security Remar	ks:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	ent:						

Project Name: VALLEY	VIEW PR	OJECT	Department:	12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTM 12B-SE		AND LIVING UNIT
Project Number:		35720	Draft: prepo	pp 1 2	Final		Program Numb	oer:	12.0-13
IBI	Sign Off:		Date Issued: Client:		2017	7-01-25 MTICS	RoomName: m²:		CONSULTATION ROOM
						WITICS	12	2. m²	
RISK LEVEL:			Medi	um					
ARCHITECTURAL I	REQUIREM	ENTS							
INTERIOR FINISHES:	height		mater	ial	finish	ı		remarks	
Ceiling:	2750	GW	/B - Impact Re	sistant	Paint				
Wall:		GW	/B - Impact Re	sistant	Paint				
Floor:					Carpet				
Base:	100	Ruk	bber						
	-	/	Sheet:		R	temarks:	1200 mm high	h Fibre Reinforced La	minate Panel (FRL)
	sh Rails: nd Rails:	Standa	_	ti-Ligature ti-Ligature					
	ir Rail:	Standa	_	ti-Ligature					
Daar(a). Clear	Opening (W x F	4).	914 x 2135	Material:	Solid Core	Į.	Fin	nish: Plam	
Door(s): Clear			914 X 2155	Widterial	30llu Core			riaiii	
	oor Glazing: Ir	pener rol ntegral bli	Tampe Locking	gature & rproof Hardware	Door Remarks:		swing. Provide door is for stat	e second egress door ff easy exit	Door size : 914 mm
Hard	dware Type:: C	F-02							
E E E	perable Windo external Glazing external Glazing exterior Window enternal Glazing Blackout	and Frame Hardware: Treatmen	Standa	ard Second	cure H	ligh Secui ligh Secui ligh Secui ligh Secui	rity rity		
Casework / Millwork:	Casewo	rk Security:	: Regular	Secu	re		Remarks:		
Min Millwork /Coun (mm) or % o	ter Linear Lengt of perimeter wa Upper Cupbo Lower Cupbo	all: pards	=	Counter/ unter Top ninless Steel	Work Surface Height (mm):	Lockable			
		55		RT 60	: 0.7		Remarks:	Refer to Appendix 1	D - Acoustics and
	Floor / Ceiling: NC Rating:	30-35						Noise Control	
GENERAL ROOM REI	MARKS:	Coat Hoo	oks: Standa	_ ard ✔ Anti-L	igature No of	Coat 2		Mirrors: Standar	d Vandal-Proof
	Tackboard	Dim:					Whiteboard D	Dim:	
	Remarks:	Shall incl	lude small des	k, comfortable	seating, phon	e, confid	ential area		

Project Name:	Department:	20142157 0125 11117	SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.00	COMPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:		Program Number:
Project Number: 35720	prepop 1	2 Final	12.0-13
Sign Off:	Date Issued:	2017 01 25	RoomName:
IBI		2017-01-25	CONSULTATION ROOM
, , ,	Client:	MTICS	m²: 12. m²
DICK I EVE	Day I'm		
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Evha	urt Air Paguirad
✓ Can Air be Returned Rate (A/ to System	C).	Special Extra	ust Air Required:
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard Janitorial Floor Laborato		wc [Emergency Shower
Janitorial Floor Laborato	Electronic Contr	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment	Electronic conti	Floor Drain	Other:
Other:			
	=		
Size:			
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infectio	n Isolation
ROOM CONTROLS: Room Temp Control v	Local Adjustme		ressure Monitor Patient Controlled
Room Control Remarks:	Via DDC		
_			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: ✓ Equal	Positive Ne	gative Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Emerge	ency		clock
Receptacle Count: Conven	ioneo: 2 dunloy Worksta	tions: 1 guadalov	
Neceptacle Count. Conven	nence: 2 duplex, worksta	itions: 1 quaupiex	
Power Remarks:			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task Li		Lighting Ren	narks:
Dimmable Lighting	In Use" Light		
✓ Switch & Light Cont Charting Light	rols Vanity Light		
Charting Light			

Duning the Name of		D				SUB DEPART	ACNIT:		
Project Name: VALLEYVIEW PR	OJECT	Department:	12.0	COMPLEX CA	RE UNIT			OGRAM	AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Num	nber:		12.0-13
Sign Off.	:	Date Issued:		20:	17-01-25	RoomName:		С	ONSULTATION ROOM
IBI		Client:			MTICS	m²:	12. m²		
RISK LEVEL:		Medium	1						
TECHNOLOGY REQUIREMEN	NTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vie	tercom Station deo Intercom Stat tercom Master Sta		Hands Free Telemetry Teleconference		Room Statu	s
SECURITY SYSTEMS:									
Security Camera		nical Camera		✓ Card Read	L		Staff Assi		Duress - Wired
Security Camera Monito	r 📙 Cli	nical Camera Moni	tor	Intrusion	Detection		Patient A	ssist	✓ Duress - Wireless
Security Remarks:									
OTHER									
Equipment Remarks:				Operationa Remarks:					
Room Data Sheet Comment:									

Project Name:			Department:				SUB DEPART	MENT:	
	LEYVIE	W PROJEC	ст	12.0 CON	ЛPLEX СА	ARE UNIT	12B-SI	ECURE PROGRAM	AND LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Num	nber:	12.0-14
IBI	I	Sign Off:	Date Issued:		20	17-01-25	RoomName:	ITERVIEW/ PSYCHOLO	GICAL TESTING ROOM
	ı		Client:			MTICS	m²:	15. m²	
RISK LEVEL:			Mediun	n					
ARCHITECTURA	AL REQ	UIREMENTS	S						
INTERIOR FINISH	ES:	height	material		fin	ish		remarks	
Ceiling:	275	0	GWB - Impact Resist	ant	Paint				
Wall:			GWB - Impact Resist	ant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature		Remarks:			
Door(s):	lear Open	ing (W x H):	914 x 2135	Material:	Solid Core	2	F	inish: Plam	
Door Hardware:	☐ Au ✓ Acc Door G	or Protection tomatic Opener cess Control Glazing: Integra	✓ Locking	ire & oof Hardware	Door Remar		second egres easy exit	ss door. Door size : 91	4 mm Second door is
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fra al Glazing Hardw or Window Treati al Glazing and Fra ackout	rare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure ure	High Secur High Secur High Secur High Secur	rity rity		
Casework / Millwor	k:	Casework Secu	ırity: 🗌 Regular	Secure	e		Remarks	::	
Min Millwork /C		near Length imeter wall:			Vork Surface Height (mm)				
	Up	per Cupboards wer Cupboards	Counte			Lockable			
ACOUSTICS:		ng Wall / 55 / Ceiling: 30-35		RT 60:	0.7		Remarks	Refer to Appendix 11 Noise Control	D - Acoustics and
GENERAL ROOM				✓ Anti-Lig	gature No	of Coat 2		Mirrors: Standar	d Vandal-Proof
		ckboard Dim:			Sature -	Hooks:	Whiteboard	Dim:	a
	Re	marks: Shall	include desk and cha	ir, filing cabi	inet, book	case and rou	und meeting	table for testing	

Project Name:	Department:	A ADLEV CADE LINE	SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 CC	MPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:		Program Number:
Project Number: 35720		2 Final	12.0-14
Sign Off:	Date Issued:	2017.01.05	RoomName:
IDI		2017-01-25	INTERVIEW/ PSYCHOLOGICAL TESTING ROOM
I D I	Client:	MTICS	m²:
		WITICS	15. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard	Standard		Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS: Room Temp Control Clocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Vet Dry S Types: Negat	Room P	n Isolation Patient Controlled ressure Monitor er:
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ency		Clock
Receptacle Count: Conven	ience: 4 duplex, Workstatio	ons: 1 quadplex	
Power Remarks:			
Patient Care Area Designation Interme	adiato		
Patient Care Area Designation Intermo	ediate		
LIGHTING: Workstation Task L	ghting Night Light	Lighting Ren	narks:
✓ Dimmable Lighting	✓ "In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name:		Department:	12.0 CO	MPLEX CAF	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM A	AND LIVING UNIT
VALLEYV	/IEW PROJECT		12.0 00	IVII EEX CA	(L 0)(1)		WE ELVING OUT
Project Number:	35720	Draft: prepop	1 2	✓ ! Final		Program Number:	12.0-14
Sign Off:		Date Issued:		201	7-01-25	RoomName: INTERVIEW/ PSYCHOLOG	SICAL TESTING ROOM
		Client:			MTICS	m²: 15. m²	
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQU	JIREMENTS						
IMIT SYSTEMS:							
Communication: Quantity (1 voice, Te Coax/ Data Tv IMIT Rema	1 data): 0 / Outlet: 0		Video	om Station Intercom Statio om Master Stati		Hands Free Room Status Telemetry Teleconferencing	
SECURITY SYSTEMS: Security Can Security Can		inical Camera inical Camera Moni		✓ Card Reade		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Rema	rks:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comn	nent:						

Project Name: VA	LLEYVIEW PROJE	Department:	12.0 COM	1PLEX CARE (JNIT	SUB DEPARTM 12B-SE		RAM AND LIV	'ING UNIT
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Numl	per:	12.0	-15
	Sign Off:	Date Issued:		2017-0	1-25	RoomName:		OFFICE, PSY	CHOLOGIST
ΙB	l l	Client:		М	TICS	m²:	5. m²		
RISK LEVEL:		Standar	d						
	DAL DECLUDENCEN		u						
	RAL REQUIREMENT								
INTERIOR FINIS Ceiling:	HES: height 2750	material Acoustic Tile	ı	finish Pre-Finished			remar	ks	
Cening.	2730	Acoustic Tile	ľ	-re-rimsneu					
Wall:		GWB	F	Paint					
Floor:				Carpet					
Base:	100	Rubber							
Wall Protection:	Corner Guards:	Sheet:		Rema	arks:				
	Crash Rails: St	andard Anti-Lig	gature						
	Hand Rails: St	andard Anti-Li	_						
	Chair Rail: ✓ St	andard Anti-Li	gature		L				
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Core		Fir	nish: Plam		
	Door Sidelight								J
Door Hardware:	Door Protection Automatic Opener Access Control Door Glazing: Upper	✓ Locking	re & [of Hardware	Door Remarks:					
	Hardware Type:: OF-03								
Windows:	Operable Windows: External Glazing and F External Glazing Hards Exterior Window Trea Internal Glazing and F	ware: Standard tment: Standard	Secu Secu Secu Secu Secu Secu	re High re High re High	n Securi n Securi n Securi n Securi	ity ity			
Casework / Millwo	ork: Casework Sec	urity: Regular	Secure	2		Remarks:			
	/Counter Linear Length or % of perimeter wall: Upper Cupboards Lower Cupboards	=	F	/ork Surface Height (mm): Loc	ckable				
ACOUSTICS:	STC Rating Wall / 45 Floor / Ceiling: 30-3	25	RT 60:	0.7		Remarks:	Refer to Apper Noise Control	ndix 1D - Acousti	cs and
GENERAL ROOM		t Hooks: 🗸 Standard	Anti-Lig	gature No of Coa	at 2		Mirrors: St	andard Var	ndal-Proof
	Tackboard Dim			Hook	ks:	/hiteboard [Dim:		
	Remarks: Shal	l include desk and cha	ir, filing cabi	net, bookcase a	nd rou	nd meeting to	able for 2-3		
			. G				-		

Project Name:	Department:	2 COLADIEV CA		SUB DEPARTMENT:	AND UNUNCURUE				
VALLEYVIEW PROJECT	12.0	O COMPLEX CA	RE UNII	12B-SECURE PROGRAM	AND LIVING UNIT				
	Draft:			Program Number:					
Project Number: 35720	prepop 1	2 Final			12.0-15				
Sign Off:	Date Issued:	204		RoomName:					
IBI		201	7-01-25	OI	FFICE, PSYCHOLOGIST				
I D I	Client:		MTICS	m²:					
			WITTES	15. m²					
RISK LEVEL:	Standard								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:							
Can Air be Returned Rate (A/	C):	5	Special Exhau	st Air Required: 0					
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tap	Urinal		Eyewash	ng Remarks				
Handwash Counter Goosene				Water Fountain					
Lavatory Wall Standard	Standard			Emergency Shower					
Janitorial Floor Laborato	ry Foot Pedal		Free WC	Corrosion Resistant Fittings					
Double	Electronic Co	ntrols Floor D	rain	Other:					
Deep Equipment									
Other:	_								
Size:									
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:								
ELECTRICAL REQUIREMENTS									
GENERAL POWER:				Clock					
Types of Power: Normal				Clock					
Receptacle Count: Conven	ience: 2 dunlex Works	stations: 1 quadnle	ο γ						
Power Remarks: Split Re									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task Li	ghting Night Light		Lighting Rem	narks:					
Dimmable Lighting	🔲 "In Use" Lig	ght							
Switch & Light Cont	rols Vanity Ligh	t							
Charting Light									

Project Name: VALLEYVIEW	PROJECT	Department:	12.0	COMPLEX CA	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRA	AM AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	12.0-15
Sign	Off:	Date Issued:		20:	17-01-25	RoomName:	OFFICE, PSYCHOLOGIST
		Client:			MTICS	m²: 15. m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQUIREN	MENTS						
IMIT SYSTEMS:							
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:	0		Vic	tercom Station deo Intercom Stat tercom Master Sta		Hands Free Room S Telemetry Teleconferencing	Status
SECURITY SYSTEMS: Security Camera Security Camera Mo		nical Camera nical Camera Moni	tor	Card Read	der No.: Detection	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks:							
OTHER							
Equipment Remarks:				Operationa Remarks:			
Room Data Sheet Comment:							

Project Name:				Depar	tment:	42.0.00	45151				B DEPART			4415 111111	
VA	LLEYVIE	W PRC	JECT			12.0 CO	VIPLEX	CARE	UNI	I	12B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		3	35720	Draft:	prepop	1 2	Fina			Pro	gram Nu	mber:		12.0-1	L6
	7	Sign Off:		Date I	ssued:			2017-	01-25		omName	:		UNI	Γ KITCHEN
IB				Client				ſ	MTIC:	S m ² :		20. m	n ²		
RISK LEVEL:					Medium	<u> </u>									
ARCHITECTUR	RAL REOL	JIREME	NTS												
INTERIOR FINIS		height			material			finish					remarks		
Ceiling:	2750			WB - Im esistant	pact & Mo Secure	isture	Paint								
Wall:				WB - Im	pact & Mo Secure	isture	Paint								
Floor:							Resilien	nt							
Base:	100		Fla	ash Cov	<u> </u>]								
Wall Protection:	Corner Gu Crash Rail Hand Rail Chair Rail	s:	Stand Stand Stand	dard	 Anti-Li	gature gature gature		Re	marks:	120	00 mm h	igh			
Door(s):	Clear Openi	ng (W x H) or Sidelight		1525 x	2135	Material:	Solid C	Core				Finish:	Plam		
Door Hardware:	☐ Aut	or Protection omatic Opess Controllazing: Up	ener	✓ ✓	Anti-Ligatu Tamperpro Locking	re & oof Hardware	Door Re	marks: [Provid	e seco	ond doo	r to di	ining room. Door	size : 914 mı	m
	Hardware	<u> </u>													
Windows:	Operab Externa Externa Exterior Internal	le Window I Glazing a I Glazing H Window I Glazing au	nd Fram lardware Treatme nd Fram	e:	Standard Standard Standard Standard Standard Caracteristics	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	cure cure cure	Hig	gh Sec gh Sec gh Sec gh Sec	urity urity	Remark		ximize interior gla	azing for obs	ervation
Casework / Millwo	ork:	Casework	Securit	y:	legular	✓ Secu	re				Remark	ks:			
Min Millwork (mm)	or % of period		erds		Counte	Counter/ er Top ess Steel	Work Sur Height (r	mm):	5 ockable	e					
ACOUSTICS:	Floor	g Wall / / Ceiling:				RT 60	: N/A				Remark		er to Appendix 10) - Acoustics	and
		C Rating: 3									1				
GENERAL ROOM			Coat Ho	ooks:	Standard	✓ Anti-L	igature		oks:				rrors: Standar		al-Proof
	Tac		Dim:								eboard	Dim:			
	Rer	ŗ	oull dov	wn pane	l over cour		le door,	; acces	s to Fo	od Ca	art alcov	•	stove, dishwasher ll be provided. 1 s		

Project Name:	Department:	A ADJEV CADE LINUT	SUB DEPARTMENT:	AND INVINCTINIT
VALLEYVIEW PROJECT	12.0 CC	MPLEX CARE UNIT	12B-SECURE PROGRAM	I AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720		2 Final		12.0-16
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		UNIT KITCHEN
IDI	Client:	MTICS	m²:	
		WITICS	20. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 1	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumb	oing Remarks
Handwash ✓ Counter Goosene		Urinal • Hopper	Water Fountain provi	de hot water for
✓ Lavatory ✓ Wall ✓ Standard	Standard	WC	Emergency Shower	vasher.
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
✓ Double	✓ Electronic Controls		<u>- </u>	
Deep Equipment				
Other: Hand Sink, splash mounted faucet	_			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Hui Local Adjustment		n Isolation Patient Cont	crolled
Room Control Remarks:	via DDC			
FIRE PROTECTION. Controller Towns.	v	ta a daisa		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Si	tandpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negat	tive Other:		
Air Temp: 📝 Standa	ard Special	Other: Domestic Ra	nge Hood	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	uence: 2 dunlex. Counterto	n: dunlexes along counte	er, Special Equipment (additional o	outlets): fridge, stove.
dishwa		p. adpiexes diong counte	ir, special Equipment (additional C	outlets). Mage, stove,
Power Remarks:				
Power Remarks:				
Patient Care Area Designation Basic				
(as per CSA Z32):				
	intain	=		
LIGHTING: Workstation Task L		Lighting Ren		
☐ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light	Undercabi	net lighting	
✓ Switch & Light Cont Charting Light	rols Vanity Light			

Project Name: VALLEYV	valleyview PROJECT		12.0 COMPLEX C	ARE UNIT	SUB DEPARTMENT: 12B-SECURI	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2 Final		Program Number:		12.0-16
	Sign Off:		20)17-01-25	RoomName:		UNIT KITCHEN
IBI		Client:		MTICS	m²: 20. m²		
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:				,			
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Intercom Station Video Intercom Sta Intercom Master St		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	inical Camera inical Camera Moni	_	ader No.:		aff Assist tient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:	Dishwasher CP	CI	Operation Remarks:	al			
Room Data Sheet Comm	ent:		<u>-</u>				

Project Name:			Department:	12.0.001	MDLEV.C	DE LINUT	SUB DEPARTM		AND HVING HINT
VAL	LEYVIE	W PROJEC	Draft:	12.0 CO	MPLEX CA	ARE UNIT			AND LIVING UNIT
Project Number:		3572	20 prepop	1 2	Pinal		Program Num	per.	12.0-17
IBI	1	Sign Off:	Date Issued:		20:	17-01-25	RoomName:		DINING AREA
	ı		Client:			MTICS	m²:	0. m²	
RISK LEVEL:			Mediun	า					
ARCHITECTUR	AL REQ	UIREMENTS	S						
INTERIOR FINISH	ES:	height	material		fin	ish		remarks	
Ceiling:	275	0	GWB - Impact Resist	ant	Paint				
Wall:			GWB - Impact Resist	tant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Ra Chair Rai	ils: Sta	andard Anti-L	igature igature igature	J	Remarks:	1200 mm hig	h Fibre Reinforced La	minate Panel (FRL)
Door(s):	_	or Sidelight	914 x 2135	Material:	Solid Core	!	Fi	nish: Plam	
Door Hardware:	Door C	or Protection Itomatic Opener	Locking	ire & oof Hardware	Door Remar	ks: Double	swing		
Windows:	Operal Extern Extern Exterio	ble Windows: al Glazing and Fra al Glazing Hardw or Window Treatr al Glazing and Fra	are: Standard ment: Standard ame: Standard	✓ Sec ✓ Sec ✓ Sec	cure cure cure	High Secu High Secu High Secu High Secu rror	rity rity rity	Maximize interior gla	nzing for observation
Casework / Millwor	·k:	Casework Secu	rity: Regular	✓ Secur	re		Remarks:	Provide counter and	lower cupboards for
		near Length 240	00	Counter/	Work Surface Height (mm)			food trays.	
(IIIII) C	Up	imeter wall: Loper Cupboards	✓ Count	er Top ess Steel	•	Lockable			
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	1	RT 60:	0.7		Remarks:	Refer to Appendix 10 Noise Control	O - Acoustics and
GENERAL ROOM			Hooks: Standard	Anti	igature No	of Coat		Mirrors: Standar	d Vandal-Proof
GENERAL ROOM		ckboard Dim:		AIIU-LI	igature No	Hooks:	Whiteboard	Dim:	u vanual-F1001
	Re	emarks: Shall	accommodate 10 at	family style	dining				

Project Name:	Department:	ON ADJEV CADE LINUT	SUB DEPARTMENT:	AND UNING UNIT
VALLEYVIEW PROJECT	12.0 C	OMPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		12.0-17
Sign Off:	Date Issued:	2047.04.25	RoomName:	
IRI		2017-01-25		DINING AREA
	Client:	MTICS	m²: 20. m²	
			20.111	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbii	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Contro	ols Floor Drain	Other:	
Deep Equipment				
Other:	_			
Size:				
ROOM CONTROLS: Room Temp Control v	1 1		n Isolation Patient Contro	olled
Local Adjustment Room Control Remarks:	Local Adjustmen	t Room P	ressure Monitor	
Room Control Remarks.	Via DDC			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	✓ Positive Neg	ative Other:		
Air Temp: ✓ Standa	ırd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clarity	
Types of Power: Normal	& Emergency		✓ Clock	
December 1 County 1				
Receptacle Count: Conven	ience: 8 duplex			
Power Remarks: Overrid	e switch at nurse base to	shutoff all power to all red	ceptacles	
Patient Care Area Designation Basic				
(as per CSA Z32):				
	inhainn	=		
LIGHTING: Workstation Task Lighting		Lighting Ren	IIdTKS:	
✓ Dimmable Lighting	"In Use" Light		ch and override switch at nurse bas	
Switch & Light Cont Charting Light	rols Vanity Light	lighting in	room. All lighting on emergency p	ower.
Graning agit				

Project Name: VALLEYVIEW PROJECT	Department:	12.0 COMPLEX CARE	UNIT SUB DEPARTMENT: 12B-SECURE PRO	OGRAM AND LIVING UNIT
Project Number: 35720	Draft:		Program Number:	12.0-17
	III.	o 1 2 Final		12.0-17
Sign Off:	Date Issued:	2017-0	Name:	DINING AREA
	Client:	N	//TICS m ² : 20. m ²	
RISK LEVEL:	Mediu	m		
TECHNOLOGY REQUIREMENTS				
IMIT SYSTEMS:				
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:		☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station	Hands Free Telemetry Teleconferencing	Room Status
Security Camera Monitor	Clinical Camera Clinical Camera Mor	☐ Card Reader Initor ☐ Intrusion Dete		_
Security Remarks:				
OTHER				
Equipment Remarks:		Operational Remarks:		
Room Data Sheet Comment:				

Project Name: VALL	EYVIEW P	ROJECT	Department:	12.0 CO	MPLEX CAR	RE UNIT	SUB DEPAR 12B-		E PROGRAM	1 AND LIVIN	IG UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Nu	ımber:		12.0-1	.8
	Sign O	ff:	Date Issued:		2017	7-01-25	RoomName	::	C	LIENT PHONE	STATION
IBI			Client:			MTICS	m²:	1. m²			
RISK LEVEL:			Medium								
		AFNITC	Mediani								
ARCHITECTURA											
INTERIOR FINISHE	2750 heigh		material	- n+	finish	1			remarks		
Ceiling:	2/50	G	WB - Impact Resista	arit	Pallit						
Wall:		G	WB - Impact Resista	ant	Paint						
Flori					D. atticati						
Floor:					Resilient						
Base:	100	Fl	ash Cove								
Wall Protection:	Corner Guards:	✓	Sheet:		ı R	Remarks:	1200 mm h	nigh Fibr	e Reinforced L	aminate Pane	l (FRL)
	Crash Rails:	Stand	dard 🗌 Anti-Lig	gature				•			. ,
	Hand Rails:	Stand	dard 🗌 Anti-Lig	gature							
	Chair Rail:	Stand	dard 🗌 Anti-Lig	gature							
Door(s):	ear Opening (W	x H):		Material:				Finish:			<u> </u>
Door(s).	Door Side										
Door Hardware:	Door Prot		Anti-Ligatur Tamperpro	e & of Hardware	Door Remarks:	:					
	Access Co		Locking								
	Door Glazing:										
	Hardware Type::										
Windows:	Operable Win External Glazio		Standard	☐ Sec		liah Coou	Remark	S:			
	External Glazii	-		Sec Sec	_	ligh Secui ligh Secui					
	Exterior Wind	_		Sec		ligh Secu					
	Internal Glazir	ng and Fram	ne: Standard	Sec	ure 🗌 H	ligh Secu	rity				
	Blackout	Bli	inds Roller S	Shutter	1 Way Mirro	or	Other	-			
Casework / Millwork	c: Casev	vork Securit	y: Regular	Secur	·e		Remar	ks:			
Min Millwork /Co	ounter Linear Lei	ngth		Counter/	Work Surface						
(mm) or	% of perimeter			_	Height (mm):						
	Upper Cup Lower Cup		Counte Stainles			Lockable					
ACOUSTICS:	STC Rating Wall , Floor / Ceilin			RT 60:	0.7		Remar		to Appendix 1	.D - Acoustics	and
		g: 30-35						NOISE	e Control		
GENERAL ROOM		Coat Ho	ooks: Standard	Anti-Li	igature No of	f Coat		Mirro	ors: Standa	rd Vanda	al-Proof
	Tackboard	ſ				Hooks:	Whiteboard	Dim:			
	Remarks:										

Project Name:	Department:	COMMENT CARE LIMIT	SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:		Program Number:
Project Number: 35720	prepop 1	2 Final	12.0-18
Sign Off:	Date Issued:		RoomName:
IDI		2017-01-25	CLIENT PHONE STATION
IBI	Client:	MTICS	m²:
		IVITICS	1. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tan		Plumbing Remarks
Handwash Counter Goosene	tap eck Lever/Blades	Urinal _	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		WC _	Emergency Shower
Double	Electronic Cont	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment		Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustme	ent Room P	n Isolation Patient Controlled ressure Monitor
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Ne	egative Other:	
Air Temp: Standa	ard Special	Other:	
SUSCEPTION DECLUSIONS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			Clock
Types of Power: Emerge	ency		Clock
Receptacle Count: No rece	anta das		
No receptable Count. No rece	eptacies		
Power Remarks:			
Patient Care Area Designation Basic (as per CSA Z32):			
(22 p. 300 . 202).			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
Dimmable Lighting	In Use" Ligh	t	
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 (COMPLEX CAP	RE UNIT	SUB DEPARTMENT: 12B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		12.0-18
· ·	Sign Off:	Date Issued:		201	7-01-25	RoomName:	Cl	LIENT PHONE STATION
IBI		Client:			MTICS	m²: 1. m²		
RISK LEVEL:		Mediun	า					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): tlet: 1		Vid	ercom Station leo Intercom Statio ercom Master Stati		Hands Free Telemetry Teleconferencing	Room State	15
SECURITY SYSTEMS: Security Camera Security Camera	Monitor Cli	nical Camera nical Camera Moni	tor	Card Reade	<u></u>		aff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLEYVIEW PRO	Department:	Department: 12.0 COMPLEX CARE UNIT					SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT			
Project Number:		Draft:			✓		Program Num	ber:	12.0.10	
Sign Off:	35720	prep Date Issued:	op 1	2 Fi	nal 2017-(01-25	RoomName:		12.0-19 OFFICE, TEAM LEAD	
IBI		Client:			N	MTICS	m²:	3. m²		
RISK LEVEL:		Low								
ARCHITECTURAL REQUIREM	ENTS									
INTERIOR FINISHES: height		mate	rial		finish			remarks		
Ceiling: 2750	Aco	ustic Tile		Pre-Fi	nished					
Wall:	GW	В		Paint						
Floor:				Resilie	ent					
Base: 100	Flas	h Cove								
Wall Protection: Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	rd	nti-Ligature nti-Ligature nti-Ligature		Rer	marks:	1200 mm hig	h Fibre Reinforced L	aminate Panel (FRL)	
Door(s): Clear Opening (W x H		914 x 2135	Mater	ial: Solid	Core		Fir	nish: Plam		
Door Hardware: ☐ Door Protect ☐ Automatic O ☑ Access Contr Door Glazing: ☐ Hardware Type:: ☐	oener ol pper glazi	Tampe Lockin	igature & erproof Hardw g		Remarks:					
Windows: Operable Windov External Glazing External Glazing Exterior Window Internal Glazing a	and Frame: Hardware: Treatment	Stand Stand Stand	lard :	Secure Secure Secure Secure Secure I 1 W	Hig	gh Secur gh Secur gh Secur gh Secur	ity ity ity	Maximize interior g	lazing for observation	
Casework / Millwork: Casewor	k Security:	✓ Regular	r Se	cure			Remarks:			
Min Millwork /Counter Linear Lengt (mm) or % of perimeter wa Upper Cupbo	ards		Counter Top ainless Steel	er/ Work Su Height	(mm):	0 ockable				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating:	30-35		RT	60: 0.7			Remarks:	Refer to Appendix 1 Noise Control	.D - Acoustics and	
GENERAL ROOM REMARKS:	Coat Hook	s: 🗸 Stand	lard Ant	ti-Ligature		Coat 2		Mirrors: Standa	rd Vandal-Proof	
✓ Tackboard	Dim: 61	5mm x 915r	mm				Vhiteboard (Dim: 615mm wide	x 915mm high	
Remarks:										

Project Name:	Department:	DI 5.V 64 D.5 I III I	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	12.0 COM	PLEX CARE UNIT	12B-SECURE PROGRAM A	AND LIVING UNIT
31.122.11.121.11.11.11.11.11.11.11.11.11.	Draft:		Program Number:	
Project Number: 35720	prepop 1 2	✓ Final	rrogram Number.	12.0-19
Sign Off:	Date Issued:	Titlet	RoomName:	
· ·	Julie Issuedi	2017-01-25		OFFICE, TEAM LEAD
IBI	Client:		m²:	
		MTICS	13. m²	
DICK I EVEL:	Law			
RISK LEVEL:	Low			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6:	2.1-01 Rer	narks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
			Plumbin	a Romarks
sink mounting faucet	tap	Urinal	Eyewash	g Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Controls	Floor Drain	Other:	
Deep Equipment				
Other:	-			
Size:				
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Negative	dpipe Oth	er:	
5,5570,64, 050,405,454,75				
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			✓ Clock	
Types of Power: Normal	& Emergency		Clock	
	ience: 4 duplex, Workstations	: 2 quadpiex		
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
LIGHTING: Workstation Task Li ✓ Dimmable Lighting		rigiting iten		
	"In Use" Light			
✓ Switch & Light Cont Charting Light	rols Vanity Light			

-									
Project Name: VALLEYVIEW PR	OIECT	Department:	12.0	СОМР	LEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECUR	E PROGRAM	AND LIVING UNIT
VALLETVIEW PR	OJECI								
Project Number:	35720	-Draft: prepop	1	2	✓ Final		Program Number:		12.0-19
Sign Off	:	Date Issued:			2017	-01-25	RoomName:		OFFICE, TEAM LEAD
IBI		Client:				MTICS	m²: 13. m²		
RISK LEVEL:		Low							
TECHNOLOGY REQUIREMEN	NTS								
IMIT SYSTEMS:									
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:			Vic		itation rcom Station Master Statio	n	Hands Free Telemetry Teleconferencing	Room State	us
SECURITY SYSTEMS: Security Camera Security Camera Monito		nical Camera nical Camera Moni	itor		Card Reader Intrusion De	_		aff Assist atient Assist	Duress - Wired ✔ Duress - Wireless
OTHER									
Equipment Remarks:					perational emarks:				
Room Data Sheet Comment:									

Project Name: VALLEY	VIEW PROJE	CT Department:	2.0 COMPI	LEX CARE U		SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNI			
Project Number:	357	Draft: [1 2	Final	Pro	ogram Numb	oer:	12.0-20	
IBI	Sign Off:	Date Issued:		2017-01		omName:		LIVING ROOM	
		Client:		МТ	ΓICS m²		5. m²		
RISK LEVEL:		Medium							
ARCHITECTURAL R	FOLUREMENT								
INTERIOR FINISHES:	height	material		finish			remarks		
F	2750	GWB - Impact Resistant	t Pair				Temarks		
Wall:		GWB - Impact Resistant	t Pair	nt					
Floor:			Res	ilient					
Base:	100	Flash Cove						Į.	
Cras Hand	d Rails: St	Sheet: 🗹 andard Anti-Ligat andard Anti-Ligat andard Anti-Ligat	ture	Remai	rks: 120	00 mm high	n Fibre Reinforced Lar	ninate Panel (FRL)	
Door(s): Clear C	pening (W x H):	914 x 2135	Material: So	lid Core		Fin	ish: Plam		
	Door Sidelight								
Hard Windows: Op Ex Ex	Door Protection Automatic Opener Access Control OOF Glazing: Upper Ware Type:: CR-01 Decrable Windows: ternal Glazing and Fiternal Glazing Hardwiterior Window Treat	glazing Standard rame: Standard vare: Standard	Doo Hardware ✓ Secure ✓ Secure ✓ Secure ✓ Secure ✓ Secure			Remarks:			
Int	ernal Glazing and Fr	ame: Standard	✓ Secure	High	Security				
	Blackout	Blinds Roller Shu	tter 1	Way Mirror		Other			
Casework / Millwork: Min Millwork /Counte (mm) or % of	perimeter wall:		ор	s Surface 915 tht (mm):	kable		Built-in unit for game 650mm deep	s. 1200mm long X	
	Rating Wall / 50 loor / Ceiling: 35-4	0	RT 60: 0.7	7			Refer to Appendix 1D Noise Control	- Acoustics and	
GENERAL ROOM REN	IARKS: Coat	: Hooks: Standard	Anti-Ligatu	ure No of Coat Hooks			Mirrors: Standard	l Vandal-Proof	
	Tackboard Dim:	:				eboard [Dim:		
	Remarks: Shall	accommodate 10 in soft	t furniture						

Project Name:	Department:	COMPLEY CARE LIMIT	SUB DEPARTMENT:	AND HVING UNIT
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNII
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-20
Sign Off:	Date Issued:	2017-01-25	RoomName:	10/00/2003
IBI	ol:	2017-01-25	2	LIVING ROOM
	Client:	MTICS	m²: 25. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
Type: CCA 7217 2 10 ACUDAT C	2.1-01	Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 6				
Can Air be Returned Rate (A)	'C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosen		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborate	_	Barrier Free WC	Corrosion Resistant Fittings	
Double Deep Equipment	Electronic Con	Floor Drain	Other:	
Other:				
Size:	_			
JIEC				
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with	n Isolation	rallad
Local Adjustment	Local Adjustm	·	Patient Contr	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)				
_	Types:			
EXHAUST: Pressure: Fqual	Positive N	egative Other:		
Air Temp: 🗸 Standa	ard Special	Other:		
_	<u>—</u>			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:	10.5		✓ Clock	
Types of Power: Norma	ı & Emergency		<u>ت</u>	
Receptacle Count: Conver	nience: 8 duplex			
	·			
Power Remarks: Overrio	le switch at nurse base t	o shutoff all power to all red	ceptacles	
Patient Care Area Designation Basic (as per CSA Z32):				
LIGHTING: Workstation Task L		Lighting Ren	narks:	
Dimmable Lighting	In Use" Ligh	Local Switt	ch and override switch at nurse ba	
✓ Switch & Light Con Charting Light	trols Vanity Light	lighting in	room. All lighting on emergency p	ower.
crossing right				

Project Name: VALLEYV	valleyview project		12.0 (COMPLEX CA	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGR	AM AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	12.0-20
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	LIVING ROOM
181		Client:			MTICS	m²: 25. m²	
RISK LEVEL:		Mediun	า				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Vid	ercom Station leo Intercom Static ercom Master Stat		Hands Free Room Telemetry Teleconferencing	Status
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reade		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commo	ent:						

Project Name: VAL	LEYVIE	W PROJEC	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPART 12B-S		OGRAM AI	ND LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	nber:		12.0-21
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:		F	RECREATION ROOM
IBI	J		Client:			MTICS	m²:	55. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	AL REO	UIREMENT:	S							
INTERIOR FINISH		height	material		finish			re	marks	
Ceiling:	275		GWB - Impact Resist	ant	Paint			16	IIIdiks	
B										
Wall:			GWB - Impact Resist	:ant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: 🗹 andard Anti-Li	igature igature igature	R	emarks:	1200 mm hi	gh Fibre Rein	forced Lamir	nate Panel (FRL)
Door(s):	Clear Oper	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plam		
2001(3).	□ Do	or Sidelight								
Door Hardware:	Au Ac Door C	or Protection Intomatic Opener Interest Control Interest	✓ Locking	oof Hardware	Door Remarks:	Double :				
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	igh Secu igh Secu igh Secu igh Secu or	rity rity rity	: Maximize i	nterior glazin	g for observation
Casework / Millwo	rk:	Casework Secu	urity: 🗌 Regular	✓ Secur	e		Remark	5:		
	or % of per	near Length 180 imeter wall: oper Cupboards wer Cupboards	✓ Count		Work Surface 9 Height (mm):	15 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 35-40	0	RT 60:	0.7		Remark	Refer to Ap Noise Cont		Acoustics and
GENERAL ROOM	I REMAR	RKS: Coat	Hooks: Standard	Anti-Li	gature No of	Coat looks:		Mirrors:	Standard	Vandal-Proof
	Та	ckboard Dim:					Whiteboard	Dim:		
	Re	emarks: Shall	accommodate pool	:able, ping p	ong table and	l foosball	l			

Project Name:	Department: 12.0 COM	PLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND LIVING UNIT
VALLEYVIEW PROJECT				, and Ervand Oran
Project Number: 35720	Draft:	✓ Final	Program Number:	12.0-21
Sign Off:	Date Issued:	2017-01-25	RoomName:	RECREATION ROOM
	Client:	MTICS	m²: 55. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01 Rem	arks: Additional cod	oling demand and Exhaust	
Can Air be Returned Rate (A/C to System	C):	Special Exhau	ıst Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Humidi Local Adjustment		n Isolation Patient Contro ressure Monitor	olled
FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)		pipe Dthe	er:	
EXHAUST: Pressure:	Positive Negative	Other:		
Air Temp: 🗸 Standa	rd Special C	ther:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			✓ Clock	
Receptacle Count: Conven	ience: 12 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li Dimmable Lighting Workstation Task Li Charting Light Cont Charting Light	In Use" Light	Lighting Rem	on emergency power.	

Project Name: VALLEYV	valleyview project		12.0 COM	PLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UI			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-21	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		RECREATION ROOM	
IB I		Client:			MTICS	m²: 55. m²			
RISK LEVEL:		Mediun	n						
TECHNOLOGY REQU	IIREMENTS								
Communications Quantity (1 voice, 2 Tel Coax/ Data TV IMIT Remark	Outlet: 0		=	Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room State	us	
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader			aff Assist tient Assist	☐ Duress - Wired ☑ Duress - Wireless	
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comm	ent:								

Project Name: VAL	LEYVIE	W PROJEC	Department CT		MPLEX CA	RE UNIT	SUB DEPARTN 12B-SE		OGRAM A	ND LIVING UNIT
Project Number:		3572	Draft: [pop 1 2	✓ 2 Final		Program Num	ber:		12.0-22
IRI	ı	Sign Off:	Date Issued:		201	7-01-25	RoomName:		1	V/ E-GAMES ROOM
			Client:			MTICS	m²:	4. m²		
RISK LEVEL:			Med	lium						
	A L DEO	LUDENAENT		num -						
ARCHITECTURA										
INTERIOR FINISH		height		erial	finis	sh		r	emarks	
Ceiling:	275	U	GWB - Impact F	Resistant	Paint					
Wall:			GWB - Impact F	Resistant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G		Sheet:			Remarks:	1200 mm hig	h.Fibre Rei	nforced Lam	inate Panel (FRL)
	Crash Ra			nti-Ligature						
	Hand Rai			nti-Ligature						
	Chair Rai		andard A	nti-Ligature						
Door(s):	lear Open	ing (W x H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam		
	Do	or Sidelight								
Door Hardware:	Au Ac	or Protection tomatic Opener cess Control	Tamp ✓ Locki	Ligature & perproof Hardware ng	Door Remark	s: Double	swing			
		Upper CR-01	glazing							
Windows:	Externa Externa Exterio	ole Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	rame: Stan vare: Stan ment: Stan ame: Stan	dard See dard See dard See dard See dard See dard See dard See Roller Shutter	cure cure cure	High Secu High Secu High Secu High Secu ror	rity rity rity	Maximize	interior glazi	ng for observation
Casework / Millwor	k:	Casework Secu	ırity: 🗌 Regula	ar 🗸 Secu	re		Remarks			screen with plexi-
Min Millwork /0		near Length		Counter/	Work Surface Height (mm):			mounted	_	s console.TV to be
, , -		per Cupboards		Counter Top		Lockable				
	Lo	wer Cupboards		stainless Steel						
ACOUSTICS:	STC Ratin	ng Wall / 50 / Ceiling:		RT 60	0.7		Remarks	Refer to A		Acoustics and
	N	C Rating: 35-40	0							
GENERAL ROOM	REMAR	KS: Coat	Hooks: Stan	dard 🗌 Anti-L	igature No			Mirrors:	Standard	Vandal-Proof
	П	ckboard Dim:				Hooks: \	Whiteboard	Dim:		
	Re	marks:	-		1					

VALLEYVIEW PROJECT Project Number: 35720 Droft: Droft Project Number: Project Number: Project Number: 12.0-22	Project Name:	Department:	0.001.451.51/.01		SUB DEPARTMENT:						
Source S	VALLEYVIEW PROJECT	12.0	O COMPLEX CA	RE UNIT	12B-SECURE PROGRA	AM AND LIVING UNIT					
Source S		-Draft:			Program Number:						
RISK LEVEL Medium	Project Number: 35720					12.0-22					
RISK LEVEL: Medium Medium	Sign Off:	Date Issued:			RoomName:						
MECHANICAL REQUIREMENTS We Can air be Returned Rano (A/Cl: Remarks: Additional cooling demand Special Enhant Air Required: O	IDI		201	17-01-25		TV/ E-GAMES ROOM					
RISK LEVEL: Medium MECHANICAL REQUIREMENTS HVAC: Type: CSA 2317.2-10, ASHRAE 62.1-01 Remarks: Additional cooling demand Special Enhants Air Required: D PLUMBING FIXTURES: Sink mounting faucet Lup Special Enhants Air Required: D Sink mounting faucet Lup Special Enhants Air Required: D Hadwash Counter Gooseneck Lever/Blades Lup Special Enhants Air Required: D Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Lup Lup Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Lup Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Lup Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Hadwash Counter Gooseneck Lever/Blades Lup Lup Lup Lup Barrier Free W Cornstoin Resistant Fittings Floor Drain Other: Barrier Free W Cornstoin Resistant Fittings Pole Counter Counter Counter Counter Room Control Remarks: Via DDC Standpipe Other: EXHAUST: Pressure: Equal Positive Lup Positive Counter Counter Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment; game console ELECTRICAL REQUIREMENTS Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment; game console Power Remarks: Override switch at nurse base to shut off all power to all receptacles Patient Care Area Designation Basic Lup Pol Vandy L	IDI	Client:									
MECHANICAL REQUIREMENTS Type: Can Air be Returned Rate (A/C): Special Enhance Air Required: D				WITICS	24. m²						
HVAC: Type: CSA 2317-2-10, ASHRAE 62.1-01 Remarks: Additional cooling demand	RISK LEVEL:	Medium									
HVAC: Type: CSA 2317-2-10, ASHRAE 62.1-01 Remarks: Additional cooling demand	MECHANICAL REQUIREMENTS										
PLUMBING FIXTURES:	Type: CCA 7217 2 10 ACHBAE 61	2.1-01	Remarks: A	dditional cod	oling demand						
PLUMBING FIXTURES: sink											
PLUMBING FIXTURES: sink		C):		Special Exhau	ust Air Required: 0						
Sink	to System										
Sink	PLUMBING FIXTURES:										
Handwash Counter Gooseneck Lever/Blades Hopper Water Fountain Hopper Water Fountain Hopper Water Fountain Hopper Water Fountain WC Emergency Shower Electronic Controls Barrier Free WC Corrosion Resistant Fittings Floor Drain Other: Size:		tan			Plu	umhing Remarks					
Lavatory Wall Standard Standard WC Emergency Shower			. 11=	L	Eyewasii	arribing remarks					
Janitorial Floor Laboratory Foot Pedal Barrier Free WC Corrosion Resistant Fittings Floor Drain Other: Floor Drain Ot			ПП порре	r _							
Double] '						
Deep Equipment Other: Size: Room Temp Control with Room Relative Humidity with Infection Isolation Patient Controlled Room Pressure Monitor Room Pressure Monitor Patient Controlled Room Pressure Monitor Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Patient Controlled Patient Controlled Patient Controlled Other: Pressure: Equipment Positive Negative Other: Pressure: Equipment Standard Special Other: Pressure: Equipment Positive Standard Special Other: Pressure: Pressure: Power Remarks: Pressure: Power Remarks: Pressure: Power Remarks: Pressure: Power Remarks: Pressure: Power Remarks: Pressure:		, <u>_</u>		r Free WC	<u> </u>						
Other: Size: ROOM CONTROLS: Room Temp Control with Room Relative Humidity with Infection Isolation Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Room Pressure Monitor Patient Controlled Patient Cont		Electronic Co	Phon [Orain	Other:						
ROOM CONTROLS: Room Temp Control with											
ROOM CONTROLS: Room Temp Control with Room Relative Humidity with Infection Isolation Room Patient Controlled Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Fequal Positive Negative Other: Air Temp: Standard Special Other: ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.	Other:	_									
Local Adjustment Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other:	Size:										
Types of Power: Normal Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): Basic Ummable Lighting Night Light Lighting Lighting House Lighting Local switch at nurse base to shut off all lighting in room. All lighting on emergency power.	FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks: via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types:									
Types of Power: Normal Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): Basic Ummable Lighting Night Light Lighting Lighting In Use" Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.											
Types of Power: Normal Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): Basic Ummable Lighting Night Light Lighting Lighting In Use" Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.	ELECTRICAL DECLUBERATATE										
Types of Power: Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA 232): Basic Area Designation (as per CSA 232): Uighting: Workstation Task Lighting Night Light Light Light Night Lighting Plant Night Light Local switch at nurse base to shut off all lighting in room. All lighting on emergency power.											
Receptacle Count: Convenience: 8 duplex, Special Equipment (additional outlets): TV, audio equipment, game console Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): Basic (as per CSA Z32): Workstation Task Lighting Night Light Light Light Remarks: Dimmable Lighting In Use" Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.				٦	Clock						
Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Lighting Local switch at nurse base to shut off all lighting in room. All lighting on emergency power.	Types of Power: Normal				• order						
Power Remarks: Override switch at nurse base to shutoff all power to all receptacles Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting In Use" Light Local switch at nurse base to shut off all lighting in room. All lighting on emergency power.	December 1 County 1		15		. \ =\ .						
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Workstation Task Lighting "In Use" Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.						le console					
LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.											
Dimmable Lighting □ "In Use" Light □ Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.											
Dimmable Lighting □ "In Use" Light □ Local switch and override switch at nurse base to shut off all lighting in room. All lighting on emergency power.	Workstation Task Li	ghting Night Light		Lighting Rem	narks:						
	Dimmable Lighting Switch & Light Cont	"In Use" Li	ght	Local switc	ch and override switch at nurse						

Project Name: VALLEY\	/IEW PROJECT	Department:	12.0 COM	PLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECUR	E PROGRAM	1 AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-22
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		TV/ E-GAMES ROOM
IВ I		Client:			MTICS	m²: 24. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data TV	1 data): 0 Outlet: 1		=	Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Stat	tus
SECURITY SYSTEMS: Security Can Security Can	nera Monitor CI	inical Camera inical Camera Mon	itor	Card Reader			aff Assist atient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comn	nent:							

Project Name:			Department:					SUB DEPA	RTMEN.	т.			
	LEYVIEW P	ROJECT	zeparanent.	12.0 COI	MPLEX (CARE (ROGRAM	AND LIV	'ING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final			Program	Number:			12.0	-23
	Sign Of	f:	Date Issued:		2	2017-0		RoomNar	ne:			(CLASSROOM
IBI	,		Client:			M	TICS	m²:	25. n	n²			
RISK LEVEL:			Medium	າ									
ARCHITECTUR	AL REQUIREI	MENTS											
INTERIOR FINISH			material			finish				r	emarks		
Ceiling:	2750		/B - Impact Resist	ant	Paint								
Wall:		GW	/B - Impact Resist	ant	Paint								
Floor:					Resilient	İ.							
Base:	100	Flas	sh Cove										
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	ard Anti-Li	gature	J	Rema	arks:						
Door(s):	Clear Opening (W		1220 x 2135	Material:	Solid Co	ore			Finish	Plam			
Door Hardware:	Door Prote Automatic Access Con Door Glazing: Hardware Type::	Opener ntrol Upper glaz	Locking	re & oof Hardware	Door Rem	narks: Do	ouble sv	wing					
Windows:	Operable Wind External Glazir External Glazir Exterior Windo Internal Glazin Blackout	dows: ng and Frame ng Hardware: ow Treatmen	Standard t: Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure [ure [ure [High	Securit Securit Securit Securit	ty ty					
Casework / Millwo	rk: Casew	ork Security:	Regular	✓ Secui	re			Rem	arks:				
	Counter Linear Ler			Counter/	Work Surfa]				
(mm) (or % of perimeter v Upper Cup Lower Cup	boards	Counte	er Top ess Steel	Height (m		ckable						
ACOUSTICS:	STC Rating Wall / Floor / Ceiling NC Rating	g:		RT 60	: 0.7			Rem		fer to A	appendix 1[atrol) - Acousti	cs and
GENERAL ROOM		Coat Hoo	ks: Standard	✓ Anti-L	igature	No of Coa	at 6		М	irrors:	Standar	d 🗸 Var	ndal-Proof
	Tackboard		Standard	· Jaidi-E		Hook	ks:	hiteboard			2440mm v		
	Remarks:	Shall acco	ommodate count	ers, sink, gr	oup table	e for 4, v	whitebo	pards, dis	splay, te	eachers	desk		

Project Name:	Department:	12.0.00		`ADE ! ! ! ! .	SUB DEPARTMENT:	AND III/INC LINE
VALLEYVIEW PROJECT		12.0 C	JIVIPLEX (CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
Project Number: 35720	Draft: prepop	1	2 Final		Program Number:	12.0-23
Sign Off:	Date Issued:		2	017.01.25	RoomName:	
IRI			2	017-01-25		CLASSROOM
151	Client:			MTICS	m²: 25. m²	
RISK LEVEL:	Mediur	m				
MECHANICAL REQUIREMENTS	Wicarai					
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01		Remarks:			
HVAC:						
Can Air be Returned Rate (A/	C):			Special Exha	ust Air Required: 0	
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap		Urin	al [Eyewash	ing Remarks
Handwash Counter Goosene		/Blades	П Нор	per	Water Fountain	
Lavatory		ard Pedal	wc		Emergency Shower	
Double	. =	reual ronic Contro	ı, <u> </u>	ier Free WC	Corrosion Resistant Fittings	
Deep Equipment				r Drain	Other:	
Other: single comp. sink						
Size:	-					
ROOM CONTROLS: Room Temp Control Local Adjustment		n Relative Hu Adjustment		1 1	on Isolation Patient Contr	rolled
Room Control Remarks:	Via DDC					
FIRE PROTECTION: Sprinkler Type: V	/et Dry	, \square	Standpipe	Oth	ner:	
			ota napipe			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure: Fqual	Positive	Nega	ative	Other:		
Air Temp: 🗸 Standa	rd Spec	cial	Other:			
5,5570,64, 050,495,454,75						
ELECTRICAL REQUIREMENTS						
GENERAL POWER: Types of Power: Normal				\neg	✓ Clock	
Types of Power. Normal						
	ience: 8 duplex				oxes: quadplex under table, Counte	rtop: duplexes along
	. 1. 1.	,				
Power Remarks:						
Patient Care Area Designation (as per CSA Z32):						
	abting :			liebai. D	marke.	
LIGHTING: Workstation Task Li ✓ Dimmable Lighting		ht Light		Lighting Rei	marks:	
Switch & Light Cont	. =	Use" Light nity Light				
Charting Light	vai	,				

Project Name: VALLEYVI	EW PROJECT	Department:	12.0 0	COMPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROGR	AM AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:	12.0-23
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	CLASSROOM
		Client:			MTICS	m²: 25. m²	
RISK LEVEL:		Mediun	า				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Outlet: 0 Outlet: 0		Vid	ercom Station eo Intercom Statior ercom Master Statio		Hands Free) Status
SECURITY SYSTEMS: Security Came		nical Camera nical Camera Moni	tor	Card Reade	L	Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remark	(S:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	ent:						

Project Name: VA	LLEYVIE	W PROJEC	Department:	12.0 CO	MPLEX CARI	E UNIT	SUB DEPART 12B-S		GRAM AN	D LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nur	mber:	1	12.0-24
	1	Sign Off:	Date Issued:		2017	-01-25	RoomName:			LAUNDRY ROOM
ΙB	7		Client:			MTICS	m²:	8. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	RAI RFO	UIRFMFNTS	S							
INTERIOR FINIS		height	material		finish			ron	narks	
Ceiling:	275		GWB - Impact & Mo Resistant Secure	isture	Paint			Tell	IIIII	
Wall:			GWB - Impact & Mo Resistant Secure	isture	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Ra Chair Ra	ils: Sta	andard Anti-L	igature igature igature	r Re	emarks:	1200 mm hi	gh		
Door(s):		ning (W x H):	914 x 2135	Material:	Solid Core		ı	inish: Plam		
Door Hardware:	Au Door (oor Protection stomatic Opener cess Control Glazing: Upper see Type:: CR-01	✓ Locking	ure & oof Hardware	Door Remarks:		swing. Provi	de second egr	ess door to S	oiled Utility.
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr. al Glazing Hardw or Window Treatr al Glazing and Fra ackout	vare: Standard ment: Standard ame: Standard	✓ Sec ✓ Sec Sec	ure Hi	igh Secu igh Secu igh Secu igh Secu r	rity rity			
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regular	✓ Secur	re		Remark	s:		
	or % of per	near Length 180 imeter wall:	✓ Count	er Top	Work Surface 9: Height (mm):	15 Lockable				
ACOUSTICS:	STC Ratir Floor	ng Wall / 45 / Ceiling: N/A	Stainle	ess Steel	: N/A		Remark	Refer to App Noise Contr	pendix 1D - Ad ol	coustics and
GENERAL ROOM			Hooks: Standard	Anti-Li	igature No of	ooks:		Mirrors:	Standard	Vandal-Proof
	∐ Ta	ckboard Dim:				∐ \	Whiteboard	Dim:		
	Re	emarks: Shall	accommodate large	capacity wa	sher and drye	r, folding	g table and ir	oning area		

Project Name:	Department:	MPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAI	M AND LIVING LINIT
VALLEYVIEW PROJECT				
Project Number: 35720	Draft: [[] [2 Final	Program Number:	12.0-24
Sign Off:	Date Issued:	2017-01-25	RoomName:	LAUNDRY ROOM
	Client:	MTICS	m²: 8. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/C to System	C):	Special Exhau	ust Air Required: 0	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Water Fountain star Emergency Shower con	nbing Remarks vide commercial ndard hot & cold water nections and drainage the washing machine.
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W Mark Storage (2.4m high)	Local Adjustment Via DDC		n Isolation Patient Co	ntrolled
EXHAUST: Pressure:	Positive Negat		cial Dryer - provide dryer exhau	st with separate lint trap
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven dryer, ir		p: duplexes along counte	er, Special Equipment (additiona	l outlets): washer,
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Ren	narks:	

Project Name: VALLEYV	IEW PROJECT	Department:	12.0 (COMPLEX CAI	RE UNIT	SUB DEPARTMEI 12B-SEC		M AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1	2 Final		Program Numbe	r:	12.0-24
	Sign Off:	Date Issued:		201	7-01-25	RoomName:		LAUNDRY ROOM
181		Client:			MTICS	m²: 8. ı	m²	
RISK LEVEL:		Mediun	า					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Vid	ercom Station leo Intercom Statio ercom Master Stat		Hands Free Telemetry Teleconferencing	☐ Room Sta	ntus
SECURITY SYSTEMS: Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	✓ Card Reade			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commo	ent:							

			1						
Project Name: VAL I	LEYVIEW PF	ROJECT	Department:	12.0 COI	MPLEX CAR	E UNIT	SUB DEPARTM 12B-SE	MENT: ECURE PROGRAM	AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Num	ber:	12.0-25
	Sign Off	:	Date Issued:		2017	'-01-25	RoomName:	FURNITURE AND E	QUIPMENT STORAGE
IRI			Client:			MTICS	m²:	6. m²	
DICK LEVEL.	l		Chandan	1			_		
RISK LEVEL:			Standar	a					
ARCHITECTURA		<u> 1ENTS</u>							
INTERIOR FINISH			material		finish	1		remarks	
Ceiling:	2750	Aco	oustic Tile		Pre-Finished				
Wall:		GW	/B		Paint				
Floor:					Resilient				
Base:	100	Flas	sh Cove						
Wall Protection:	Corner Guards:	✓	Sheet:		ı R	emarks:			
	Crash Rails:	Standa	ard Anti-L	igature					
	Hand Rails:	Standa	ard 🗌 Anti-L	igature					
	Chair Rail:	Standa	ard 🗌 Anti-L	igature					
Door(s):	lear Opening (W x	H):	914 x 2135	Material:	Solid Core		Fi	nish: Plam	
	Door Sideli	ght		ļ.					
Door Hardware:	Door Prote Automatic Access Con Door Glazing:	Opener	Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remarks:				
	Hardware Type::	OF-01							
Windows:	Operable Wind External Glazin; External Glazin; Exterior Windo Internal Glazin; Blackout	g and Frame g Hardware: w Treatmen	Standard Standard Standard Standard		ure	ligh Secur ligh Secur ligh Secur ligh Secur or	ity ity		
Casework / Millwor	k: Casewo	ork Security:	✓ Regular	Secur	·e		Remarks:	Provide 450mm deep	full height
	Counter Linear Len r % of perimeter w			Counter/	Work Surface Height (mm):			shelving.	
, ,	Upper Cupl	ooards	Count Stainle	er Top ess Steel		Lockable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling	. 40		RT 60	N/A		Remarks:	Refer to Appendix 1D	- Acoustics and
	NC Rating						_	Noise Control	
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	Anti-L	igature No of	Coat		Mirrors: Standard	l Vandal-Proof
	Tackboard	Dim:					Vhiteboard	Dim:	
	Remarks:								

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT:	AM AND LIVING UNIT
VALLEYVIEW PROJECT	12.0	CONFLEX CARE UNIT	12D-3ECONE PROGRA	WIND FINING OINLI
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-25
Sign Off:	Date Issued:		RoomName:	
IBI	Cl:	2017-01-25		IND EQUIPMENT STORAGE
151	Client:	MTICS	m²: 16. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS	Standard			
Type: CCA 7217 2 10 ACUBAE 63	2.1-01	Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 62				
Can Air be Returned Rate (A/0	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	umbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		□ wc	Emergency Shower	
Janitorial Floor Laborato Double	ry Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment		Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control volution and the Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Air Temp: Standa	Local Adjustment /et	·	ressure Monitor	Controlled
ELECTRICAL REQUIREMENTS		-		
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 4 duplex			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Rem	narks:	

Project Name:	roject Name: VALLEYVIEW PROJECT	Department:	12.0	COMPLEX CA	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT			
VALLEYV	IEW PROJECT								
Project Number:	35720	Draft: prepop	1	2 Final		Program Numbe	r:	12.0-25	
	Sign Off:	Date Issued:		201	7-01-25	RoomName:	FURNITURE AND	EQUIPMENT STORAGE	
IBI		Client:	Client: MTICS m ² : 16. m ²						
RISK LEVEL:		Standar	d						
TECHNOLOGY REQU	IREMENTS								
IMIT SYSTEMS:									
Coax/ Data TV	Outlet: 0		Vio	ercom Station deo Intercom Statio ercom Master Stat		Hands Free Telemetry Teleconferencing	☐ Room State	us	
IMIT Remar	ks:								
SECURITY SYSTEMS:					_		¬		
Security Came		nical Camera nical Camera Moni	tor	Card Read	L		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless	
Security Remar	ks:								
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comme	ent:								

Project Name: VALLE	VIEW PR	OJECT	Department:	12.0 CO	MPLEX CAR	E UNIT	SUB DEPARTM 12B-SE		M AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	✓ Final		Program Numb	oer:	12.0-26
ĪBĪ	Sign Off:		Date Issued: Client:			'-01-25	RoomName: m²:		HOUSEKEEPING CLOSET
						MTICS	3.	5 m²	
RISK LEVEL:			Standar	d					
ARCHITECTURAL	REQUIREN	IENTS							
INTERIOR FINISHES:	height		material		finish	ı		remarks	
Ceiling:	2750		VB - Moisture Res	istant	Paint				
Wall:		GW	VB - Moisture Res	istant	Paint				
			VD WOODLAND NES	istarre	T dill'e				
Floor:					Resilient				
Base:	100	Flas	sh Cove						
Wall Protection: Con	rner Guards:	✓	Sheet:		R	emarks:	1200 mm high	h	
Cra	sh Rails:	Standa	ard Anti-L	igature					
Ha	nd Rails:	Standa	ard Anti-L	igature					
Cha	air Rail:	Standa	ard Anti-L	igature					
Door(s): Clear	Opening (W x I	H):	914 x 2135	Material:	Solid Core		Fin	nish: Plam	
	Door Sidelig	ht		l					
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	pener	☐ Anti-Ligatu Tamperpro	ire & oof Hardware	Door Remarks:				
Han	dware Type:: S	R-01							
E E	Operable Windo external Glazing external Glazing exterior Windov external Glazing	and Frame Hardware: v Treatmen	Standard Standard Standard Standard	Sec Sec	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity		
Casework / Millwork:	Casewo	rk Security:	: 🕢 Regular	Secur	re			Floor to ceiling adj	
Min Millwork /Coun (mm) or %	iter Linear Leng of perimeter wa	all:	Count		Work Surface Height (mm):	Lockable			If height not to exceed om and mop hangers
	Lower Cupb		=	ess Steel		LOCKADIE			
	Rating Wall / Floor / Ceiling:	40		RT 60	N/A		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and
	NC Rating:	N/A							
GENERAL ROOM RE	MARKS: Tackboard	Coat Hoo	oks: 🗹 Standard	Anti-Li	gature No of H	looks: 🖵	Vhiteboard D	Mirrors: Stand	ard Vandal-Proof
	Remarks:		shelf with mop ar floor drain	nd broom ho	olders and hoc	oks, soap	dispenser, pa	per towel dispense	r. Shall include mop

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.00	COMPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:		Program Number:
Project Number: 35720	prepop 1	2 Final	12.0-26
Sign Off:	Date Issued:	2017.01.25	RoomName:
IBI		2017-01-25	HOUSEKEEPING CLOSET
IDI	Client:	MTICS	m²:
		IVITICS	3.5 m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust	
Can Air be Returned Rate (A/C	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	_	Urinal Hopper	Eyewash Water Fountain
Lavatory Wall Standard	Standard		Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Contr		Other:
Deep Equipment	24 X 24 floor mounted		
Other:	janitors sink		
Size: 24 X 24			
ROOM CONTROLS: Room Temp Control volucial Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustme /et		n Isolation Patient Controlled er:
Air Temp: 📝 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal	& Emergency		Clock
Receptacle Count: Conven	ience: 2 duplex GFI		
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
☐ Dimmable Lighting ✓ Switch & Light Conto ☐ Charting Light	□ "In Use" Light rols □ Vanity Light		

Project Name:		Department:				SUB DEPARTMENT:		
	W PROJECT		12.0	COMPLEX CAR	RE UNIT		PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		12.0-26
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	Н	DUSEKEEPING CLOSET
IBI		Client:			MTICS	m²: 3.5 m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 0 utlet: 0		Vic	ercom Station deo Intercom Station ercom Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
IVIII Remains								
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	tor	Card Reade	L		Assist nt Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	nt:							

Project Name:		Department:	42.0.60	ADLEV	CARE LINII		ARTMEN		A AND LIVING LINET
VA	LLEYVIEW PROJE	СТ	12.0 CO	VIPLEX	CARE UNI	1 12	B-2ECC	JRE PROGRAN	1 AND LIVING UNIT
Project Number:	357	720 Draft: prepop	1 2	✓ Final		Program	Number:		12.0-27
	Sign Off:	Date Issued:		2	2017-01-2	RoomNa	ime:		SOILED UTILITY
IB	ļ.	Client:			MTIC	S m²:	11. n	n²	
RISK LEVEL:	_	Standar	·d						
	RAL REQUIREMENT								
INTERIOR FINISI		material			finish			remarks	
Ceiling:	2750	GWB - Moisture Res	istant	Paint					
Wall:		GWB - Moisture Res	istant	Paint					
Floor:				Resilient	<u> </u>				
Base:	100	Flash Cove							
Wall Protection:	Hand Rails: St	tandard Anti-L	igature igature igature	I	Remarks:	1200 mi	n high		
Door(s):	Clear Opening (W x H):	914 x 2135	Material:	Solid Co	ore		Finish	Plam	
Door Hardware:	Door Protection Automatic Opener Access Control Door Glazing: Hardware Type:: OF-02	✓ Locking	ire & oof Hardware	Door Ren	narks: Provid	e second o	door to L	aundry . Door siz	e : 914 mm
Windows:	Operable Windows: External Glazing and F External Glazing Hards Exterior Window Trea Internal Glazing and Fi Blackout	ware: Standard utment: Standard rame: Standard	Sec	ure [ure [ure [High Sec High Sec High Sec High Sec Mirror	urity urity urity urity	harks:		
Casework / Millwo	ork: Casework Sec	curity: 🗹 Regular	Secur	·e		Rer	narks:		
	/Counter Linear Length 40 or % of perimeter wall: Upper Cupboards Lower Cupboards	✓ Count	Counter/ \ er Top ess Steel	Work Surfa Height (m		e			
ACOUSTICS:	STC Rating Wall / 40 Floor / Ceiling:		RT 60:	N/A		Rer		fer to Appendix 1	LD - Acoustics and
	NC Rating: N/A								
GENERAL ROOM	I REMARKS: Coa	t Hooks: Standard	Anti-Li	igature	No of Coat Hooks:		М	irrors: Standa	rd Vandal-Proof
	Tackboard Dim	n:				Whiteboa	d Dim	:	
	Remarks:								

Project Name:	Department: 12.0	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND LIVING UNIT
VALLEYVIEW PROJECT	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		12.0-27
Sign Off:	Date Issued:	2017-01-25	RoomName:	SOILED UTILITY
	Client:	MTICS	m²: 11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		J		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: single comp. sink Size:	✓ Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal	Local Adjustm	·	n Isolation Patient Contro	olled
Air Temp: ✓ Standa		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Types of Fower. NOTHIAI			_	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Ren	narks:	

Project Name: VALLEYVIEW	oject Name: VALLEYVIEW PROJECT		12.0 CO	MPLEX CAF	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UN		
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	12.0-27	
''	n Off:	Date Issued:		2017	7-01-25	RoomName:	SOILED UTILITY	
IBI		Client:			MTICS	m²: 11. m²		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUIREN	MENTS							
IMIT SYSTEMS: Communications Outlet Quantity (1 voice, 1 data) Tel Outlet Coax/ Data TV Outlet IMIT Remarks:	: 0		Video I	m Station ntercom Statio m Master Stati		Hands Free Room Statu Telemetry Teleconferencing	is	
SECURITY SYSTEMS: Security Camera Security Camera Mo		inical Camera inical Camera Moni	[tor [Card Reade		Staff Assist Patient Assist	Duress - Wired Duress - Wireless	
07450								
OTHER				0 11 1				
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name:			Department:	12.0 CON	ЛРI FX	CARFI	JNIT	SUB DEPAR		: RE PROGRAM A	AND HVING	GUNIT
VA	LLEYVIEW I	PROJECT	Draft:					Program Nu				
Project Number:		35720		1 2	Fina			T TOBIUM TVC	aniber.		12.0-28	3
	Sign (Off:	Date Issued:		:	2017-0	1-25	RoomName	2:		CLEAN	UTILITY
IB	J		Client:			М	TICS	m²:	11. m	12		
RISK LEVEL:			Standar	d								
ARCHITECTUR	RAL REQUIRE	MENTS										
INTERIOR FINIS	HES: hei	ght	material			finish				remarks		
Ceiling:	2750	G'	WB		Paint							
Wall:		G'	WB		Paint							
Floor:					Resilien	nt						
Base:	100	FI	ash Cove									
Wall Protection:	Corner Guards Crash Rails: Hand Rails: Chair Rail:	Stand	dard Anti-Li	gature		Rem	arks: 1	1200 mm h	nigh			
Door(s):	Clear Opening (W	/ x H):	914 x 2135	Material:	Solid C	Core			Finish:	Plam		
Door Hardware:	Door Pro Automat Access C Door Glazing Hardware Type	ic Opener ontrol	☐ Anti-Ligatui Tamperpro ✔ Locking	re & of Hardware	Door Rei	marks:						
Windows:	Exterior Win	ting and Fram ting Hardward dow Treatme ing and Fram	e: Standard ent: Standard e: Standard e: Standard	Seco	ure ure ure ure	High	Securi Securi Securi Securi	ity ity				
Casework / Millwo	ork: Case	work Securit	y: 🗸 Regular	Secur	e			Remar		or to ceiling shelvir		epth.
	=		Counte	r Top	Vork Suri Height (n	mm):	ckable		She	elf height not to exc	ceed 1.8m	
ACOUSTICS:	STC Rating Wal Floor / Ceili			RT 60:	N/A			Remar		er to Appendix 1D ise Control	- Acoustics ar	nd
	NC Rati	ng: N/A										
GENERAL ROOM	I REMARKS:	Coat Ho	ooks: 🗹 Standard	Anti-Li	gature	No of Coa			Mir	rrors: Standard	Vandal-	Proof
	Tackboa	rd Dim:						/hiteboard	Dim:	1220mm wide x	915mm high	
	Remarks	Shall ac	commodate shelve	es for linens	and sup	oplies, ac	commo	odates line	n cart;	; shall be accessible	from off-uni	t

Project Name:	Department:	CONTRACT CARE LINET	SUB DEPARTMENT:	AND INVINCTINIT
VALLEYVIEW PROJECT	12.00	COMPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		12.0-28
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		CLEAN UTILITY
IBI	Client:	MTICS	m²:	
		IVITICS	11. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks:		
✓ Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumhii	ng Remarks
Handwash Counter Goosene	_	Urinal _	Eyewasii	ig nemano
Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC _	Emergency Shower	
Double	Electronic Conti	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment		Floor Drain	Other:	
Other:				
	-			
Size:				
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustme		n Isolation Patient Contro	olled
Rack Storage (2.4m high)	Types:			
		🗆 🗆		
EXHAUST: Pressure: Equal	✓ Positive Ne	gative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting	In Use" Light	t		
✓ Switch & Light Cont	rols Vanity Light			
Charting Light				
		-		

Project Name: VALLEYV	roject Name: VALLEYVIEW PROJECT		12.0 0	COMPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	M AND LIVING UNIT
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:	12.0-28
	Sign Off:	Date Issued:		2017	' -01-25	RoomName:	CLEAN UTILITY
		Client:			MTICS	m²: 11. m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
IMIT SYSTEMS:							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV IMIT Remar	Outlet: 0		Vid	ercom Station eo Intercom Statior ercom Master Statio		Hands Free Room Sta	atus
SECURITY SYSTEMS: Security Came Security Came	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER							
				Operational			
Equipment Remarks:				Remarks:			
Room Data Sheet Commo	ent:						

							T			
Project Name: VA l	LLEYVIE	EW PROJEC	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPARTI 12B-SI		GRAM AND	LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	17	2.0-29-01
IBI	7 	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	ו ב		Client:			MTICS	m²:	3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	RAL REQ	UIREMENT	S							
INTERIOR FINISI		height	material		finish	ı		rem	narks	
Ceiling:	275	0	GWB - Impact Resist	tant	Paint					
Wall:			GWB - Impact Resist	tant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Ra Chair Rai	ils: Sta	andard Anti-L	igature igature igature	R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	nish: Plam		
Door Hardware:	Au Door (oor Protection atomatic Opener cess Control Glazing: Integra	Locking	ure & oof Hardware	Door Remarks:	Double s	wing			
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treati al Glazing and Fra ackout	vare: Standard ment: Standard ame: Standard	Seculor Seculo	ure	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity			
Casework / Millwo	ork:	Casework Secu	ırity: Regular	✓ Secur	e		Remarks	Provide built	t-in bed,wardro	obe and desk
Min Millwork , (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards			Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to App Noise Contro	endix 1D - Acc	oustics and
GENERAL ROOM	1 REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors:	Standard 🗸	Vandal-Proof
	∐ Ta	ckboard Dim:				✓ w	Vhiteboard	Dim: 915mn	n wide x 915m	m high
	Re	emarks: Provi	de magnetic whitebo	oard						

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: E UNIT 12B-SECURE PROGRAM AND LIVING UNIT			
VALLEYVIEW PROJECT	12.0	COIVIF LEX CARE UNIT	12D-JECONE PROGRAIVI	AND FIVING ONLI		
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-29-01		
Sign Off:	Date Issued:	2017-01-25	RoomName:	011511 T 00014		
IBI	Client	2017-01-23	m²:	CLIENT ROOM		
	Client:	MTICS				
RISK LEVEL:	Medium					
MECHANICAL REQUIREMENTS						
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:				
nvac.						
Can Air be Returned Rate (A/	C):	Special Exha	aust Air Required: 0			
to System						
PLUMBING FIXTURES:						
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks		
Handwash Counter Goosene		Hopper	Water Fountain			
Lavatory Wall Standard		wc [Emergency Shower			
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings			
Double	Electronic Con	Floor Drain	Other:			
Deep Equipment						
Other:	=					
Size:	44					
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative	' I I	on Isolation Patient Cont	rolled		
Room Control Remarks:	Via DDC					
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Otl	her:			
Rack Storage (2.4m high)	Types:					
EXHAUST: Pressure:	Positive N	egative Other:				
Air Temp: 📝 Standa	ard Special	Other:				
ELECTRICAL REQUIREMENTS						
GENERAL POWER:						
Types of Power: Norma	& Emergency		Clock			
,						
Receptacle Count: Quadpl	ex at desk, duplex besid	le bed, duplex at door				
		•	ch room's outlets shall be separate	ed switched from		
switch	oank located in Staff Sta	tion				
Patient Care Area Designation (as per CSA Z32):						
LIGHTING: Workstation Task L	ighting 🕒 Niabeliale	Lighting Re	marks:			
LIGHTING: Workstation lask L ✓ Dimmable Lighting						
Switch & Light Cont	"In Use" Light	All lighten	g on emergency power. Nurse insp d with separate momentary switch			
Charting Light	variity Light		door. Light switches beside bed an			
			=	,		

Project Name:		Department:					SUB DEPARTMENT:	
-	VIEW PROJECT	12.0 COMPLEX CARE UNIT			E UNIT	12B-SECURE PROGRAM	1 AND LIVING UNIT	
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:	12.0-29-01
IBI	Sign Off:				2017	'-01-25	RoomName:	CLIENT ROOM
		Client:				MTICS	13. m²	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REC	QUIREMENTS							
IMIT SYSTEMS:								
	re, 1 data): Tel Outlet: TV Outlet: 0		Vic		itation rcom Station Master Static		Hands Free Room Stat Telemetry Teleconferencing	tus
		inical Camera inical Camera Mon	itor	=	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
	DOOF MONITORING	•						
OTHER								
Equipmen Remarks:	t				perational emarks:			
Room Dat Sheet Con								

			I-				T			
Project Name: VAI	LLEYVIE	EW PROJEC	Department:	12.0 CON	ЛРLEX CAR	E UNIT	SUB DEPARTI 12B-SI		GRAM AND L	IVING UNIT.
Project Number:		3572	Draft: prepop	1 2	Final		Program Nun	ıber:	12.	.0-29-02
IBI	1	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	<u>,</u>		Client:			MTICS	m²:	.3. m²		
RISK LEVEL:			Mediun	า						
ARCHITECTUR	RAL REQ	UIREMENT:	S							
INTERIOR FINISH		height	material		finish	ı		rema	arks	
Ceiling:	275	0	GWB - Impact Resist	tant	Paint					
Wall:			GWB - Impact Resist	tant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove	L						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	nish: Plam		
Door Hardware:	Au Door (oor Protection stomatic Opener cess Control Glazing: Integra	Locking	ire & oof Hardware	Door Remarks:	Double s	swing			
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regular	✓ Secure	e		Remarks	Provide built-	-in bed,wardrob	e and desk
Min Millwork , (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	✓ Count	l I	Vork Surface 7 Height (mm):	'10 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to Appe Noise Contro	endix 1D - Acou ol	stics and
GENERAL ROOM	1 REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li _{	gature No of	Coat 2		Mirrors:	Standard 🗹 V	/andal-Proof
	∐ Ta	ckboard Dim:				✓ v	Vhiteboard	Dim: 915mm	n wide x 915mm	high
	Re	emarks: Provi	de magnetic whitebo	oard						

VALLEYVIEW PROJECT	Department:	.0 COMPLEX CA		SUB DEPARTMENT:	GRAM AND LIVING UNIT		
	12	.o COIVIFLEA CA	AINE OINII	12D-SECONE PROG	MAINI AIND LIVING UNII		
Project Number: 35720	Draft: [2 Final		Program Number:	12.0-29-02		
Sign Off:	Date Issued:	20.	17-01-25	RoomName:	0115117 00014		
IBI	Client	20.	17-01-23	m²:	CLIENT ROOM		
نت	Client:		MTICS	13. m²			
RISK LEVEL:	Medium						
MECHANICAL REQUIREMENTS							
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:					
HVAC.							
Can Air be Returned Rate (A/	C):		Special Exhau	ıst Air Required: 0			
to System							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal		Eyewash	Plumbing Remarks		
Handwash Counter Goosene		es Hoppe	er 🗌	Water Fountain			
Lavatory Wall Standard		☐ wc		Emergency Shower			
Janitorial Floor Laborato	Foot Pedal Electronic C	Controls =	r Free WC	Corrosion Resistant Fittings			
Deep Equipment	Licetronic	Floor	Drain	Other:			
Other:							
Size:	-						
ROOM CONTROLS: Room Temp Control		tive Humidity with		n Isolation Patier	nt Controlled		
Local Adjustment	Local Adjus	tment	Room P	ressure Monitor			
Room Control Remarks:	Via DDC						
FIRE PROTECTION: Sprinkler Type: V	Vet Dry	Standpipe	Oth	or:			
				EI.			
Rack Storage (2.4m high) Types:							
		Nogotivo					
Rack Storage (2.4m high) EXHAUST: Pressure: equal	Types:	Negative [Other:	er.			
	Positive	Negative [
EXHAUST: Pressure: Fqual	Positive			er.			
EXHAUST: Pressure:	Positive						
EXHAUST: Pressure: ✓ Equal Air Temp: ✓ Standa ELECTRICAL REQUIREMENTS	Positive			er.			
EXHAUST: Pressure:	Positive			Clock			
EXHAUST: Pressure: ✓ Equal Air Temp: ✓ Standa ELECTRICAL REQUIREMENTS	Positive						
EXHAUST: Pressure:	Positive rd Special	Other:	Other:				
EXHAUST: Pressure: Figual Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	Positive rd Special	Other:	Other:				
EXHAUST: Pressure: Figual Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	Positive rd Special	Other:	Other:				
EXHAUST: Pressure: Figual Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal	Positive rd Special	Other:	Other:				
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl	Positive rd Special & Emergency ex at desk, duplex be	Other:	Other:		parated switched from		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl	Positive Positive Represented Special Represented Repr	Other:	Other:	Clock	parated switched from		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl	Positive rd Special & Emergency ex at desk, duplex be	Other:	Other:	Clock	parated switched from		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl	Positive rd Special & Emergency ex at desk, duplex be	Other:	Other:	Clock	parated switched from		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl Power Remarks: Each ro switchb Patient Care Area Designation (as per CSA Z32):	Positive rd Special & Emergency ex at desk, duplex be om to utilize separate ank located in Staff S	Other: Side bed, duplex at e circuit w/ AFCI prostation	Other:	Clock	parated switched from		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl Power Remarks: Each ro switchb Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Light	Positive rd Special & Emergency ex at desk, duplex be om to utilize separate eank located in Staff S	Other: Side bed, duplex at the circuit w/ AFCI prostation	Other: t door otection.Eac	Clock h room's outlets shall be se			
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl Power Remarks: Each ro switchb Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	Positive Trd Special & Emergency ex at desk, duplex be and located in Staff	Other: Side bed, duplex at e circuit w/ AFCI prostation	Other: It door Otection.Eac Lighting Ren All lighting	Clock h room's outlets shall be se	rse inspection light		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl Power Remarks: Each ro switchb Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Light	Positive rd Special & Emergency ex at desk, duplex be om to utilize separate thank located in Staff Significant Staf	Other: Side bed, duplex at e circuit w/ AFCI prostation	Other: Other: Lighting Ren All lighting controlled	Clock h room's outlets shall be se	rse inspection light switch located outside room		
EXHAUST: Pressure: Fequal Air Temp: Standa ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Normal Receptacle Count: Quadpl Power Remarks: Each ro switchb Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Switch & Light Cont	Positive Trd Special & Emergency ex at desk, duplex be and located in Staff	Other: Side bed, duplex at e circuit w/ AFCI prostation	Other: Other: Lighting Ren All lighting controlled	h room's outlets shall be se	rse inspection light switch located outside room		

Project Name: VALLEY\	valleyview project	Department:	12.0 COM	PLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-29-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM
<u> </u>		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice, Te Coax/ Data Te	1 data): Outlet: O		_	Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room State	ıs
		inical Camera inical Camera Moni	itor 🗸	Card Reader			taff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comr	nent:							

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Project Name: VAL	LEYVIE	W PROJEC	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPARTI 12B-SI		GRAM AND I	LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ıber:	12	.0-29-03
IBI	1	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	J		Client:			MTICS	m²:	.3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	AL REQ	UIREMENT:	S							
INTERIOR FINISH		height	material		finish	ı		rema	arks	
Ceiling:	275	0	GWB - Impact Resis	tant	Paint					
Wall:			GWB - Impact Resis	tant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	J R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plam		
Door Hardware:	Au Door G	or Protection Itomatic Opener Itomatic Opener Itomatic Opener Itomatic Opener Integral Integral Integral Integral Integral Integral Integral	✓ Locking	ure & oof Hardware	Door Remarks:	Double s	ewing			
Windows:	Externa Externa Exterio	ble Windows: al Glazing and Fral Glazing Hardwor Window Treat al Glazing and France	vare: Standard :ment: Standard ame: Standard	Seculor Seculo	ure	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity			
Casework / Millwo	rk:	Casework Secu	urity: 🗌 Regular	✓ Secur	·e		Remarks	Provide built	-in bed,wardrol	oe and desk
Min Millwork / (mm)	or % of per	near Length imeter wall: oper Cupboards wer Cupboards	=		Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to Appo Noise Contro	endix 1D - Acou ol	istics and
GENERAL ROOM	I REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors:	Standard 🗸 \	/andal-Proof
	∐ Ta	ckboard Dim:	:			✓ w	Vhiteboard	Dim: 915mm	n wide x 915mm	ı high
	Re	emarks: Provi	ide magnetic whitebo	oard						

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	
VALLEYVIEW PROJECT	12.0	CONTRIES CARE UNIT	120-3ECONE PROGRAMI	UND FINING CIVII
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-29-03
Sign Off:	Date Issued:	2017-01-25	RoomName:	CUENT 2001
IBI	Client	2017-01-23	m²:	CLIENT ROOM
	Client:	MTICS	13. m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:		
nvac.				
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic con	Floor Drain	Other:	
Other:				
Size:	-			
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infection	on Isolation Patient Conti	rolled
Local Adjustment	Local Adjustm	ent Room F	Pressure Monitor	loneu
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)				
_	Types:			
EXHAUST: Pressure: Fqual	Positive N	egative Other:		
Air Temp: 🗸 Standa	ard Special	Other:		
_	_			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Norma	l & Emergency		Clock	
Receptacle Count: Quadpl	ex at desk, duplex besid	le bed, duplex at door		
Дааар	en de desn, dapien sesio	ie seu, aupien de dee.		
Power Remarks: Each ro	om to utilize separate c	ircuit w/ AFCI protection.Ea	ch room's outlets shall be separate	d switched from
	oank located in Staff Sta	·	·	
Patient Care Area Designation (as per CSA Z32):				
(11				
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Ligh	All lighting	g on emergency power. Nurse insp	
✓ Switch & Light Conf	trols Vanity Light	l l	with separate momentary switch	
Charting Light		by entry o	loor. Light switches beside bed and	u beside entry door.

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 COMPLEX CARE	UNIT SUB DEPARTMENT 12B-SEC		AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2 Final	Program Numbe	r:	12.0-29-03
	Sign Off:	Date Issued:	2017-0)1-25 RoomName:		CLIENT ROOM
]		Client:	M	MTICS m²:	m²	
RISK LEVEL:		Mediun	n			
TECHNOLOGY REQUIR	REMENTS					
IMIT SYSTEMS:						
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0		☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station	Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Camera Security Camera	_	nical Camera nical Camera Mon	☐ Card Reader		Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks:	Door Monitoring					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comment	::					

			I-				T			
Project Name: VAI	LLEYVII	EW PROJEC	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPARTI 12B-SI		GRAM AND	LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nun	nber:	12	.0-29-04
IBI	1	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	<u>,</u>		Client:			MTICS	m²:	.3. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	RAL REQ	UIREMENT:	rs							
INTERIOR FINISH		height	material		finish	ı		rem	arks	
Ceiling:	275	0	GWB - Impact Resis	tant	Paint					
Wall:			GWB - Impact Resis	tant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Ra Chair Ra	ils: Sta	andard Anti-L	igature igature igature	R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plam		
Door Hardware:	Au Door (oor Protection atomatic Opener cess Control Glazing: Integra	✓ Locking	ure & oof Hardware	Door Remarks:	Double s	wing			
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fral Glazing Hardwor Window Treat al Glazing and France	vare: Standard tment: Standard rame: Standard	Second Se	ure	ligh Secur ligh Secur ligh Secur ligh Secur	ity ity			
Casework / Millwo	ork:	Casework Secu	urity: Regular	✓ Secur	·e		Remarks	Provide built	t-in bed,wardro	be and desk
Min Millwork / (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards			Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to App Noise Contro	endix 1D - Acou bl	ustics and
GENERAL ROOM	1 REMAF	RKS: Coat	t Hooks: Standard	✓ Anti-Li	gature No of	Coat 2		Mirrors:	Standard 🗸	Vandal-Proof
	П	ckboard Dim:	:				Vhiteboard	Dim: 915mn	n wide x 915mn	n high
	Re	emarks: Provi	ide magnetic whiteb	oard						

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND LIVING LINIT
VALLEYVIEW PROJECT	12.0	CONTRIES CARE UNIT	120-3ECONE PROGRAMI	UND FINING CIVII
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-29-04
Sign Off:	Date Issued:	2017-01-25	RoomName:	CUENT 2001
IBI	Client	2017-01-23	m²:	CLIENT ROOM
	Client:	MTICS	13. m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:		
nvac.				
Can Air be Returned Rate (A/	(C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborate	ory Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic con	Floor Drain	Other:	
Other:				
Size:	_			
	444			
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infection	on Isolation Patient Conti	rolled
Local Adjustment	Local Adjustm	ent Room F	Pressure Monitor	loneu
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)				
_	Types:			
EXHAUST: Pressure: Fqual	Positive N	egative Other:		
Air Temp: 🗸 Standa	ard Special	Other:		
_	_			
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Norma	l & Emergency			
Receptacle Count: Quadp	lex at desk. duplex besid	le bed. duplex at door		
	, , , , , ,			
Power Remarks: Each ro	oom to utilize separate c	ircuit w/ AFCI protection.Ea	ch room's outlets shall be separate	d switched from
switchl	oank located in Staff Sta	tion	·	
Patient Care Area Designation Basic (as per CSA Z32):				
V C /				
LIGHTING: Workstation Task L	ighting Vight Light	Lighting Rer	marks:	
Dimmable Lighting	In Use" Ligh	All lighting	g on emergency power. Nurse insp	
Switch & Light Con Charting Light	trols Vanity Light	l l	I with separate momentary switch loor. Light switches beside bed and	
		by entry o	and a series of the second of	a sesiae entry door.

Project Name: VALLEY\	valleyview project		12.0 COM	PLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-29-04	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		CLIENT ROOM	
		Client:			MTICS	m²: 13. m²			
RISK LEVEL:		Mediun	n						
TECHNOLOGY REQ	UIREMENTS								
Communication Quantity (1 voice, Te Coax/ Data T	, 1 data): el Outlet: 0 V Outlet:			Station ercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	ıs	
		inical Camera inical Camera Mon	itor 🗸	Card Reader Intrusion Det			off Assist tient Assist	☐ Duress - Wired ✓ Duress - Wireless	
OTHER				-					
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Comr									

			- I							
Project Name: VA	LLEYVIE	EW PROJEC	Department:	12.0 CON	ЛРLEX CAR	E UNIT	SUB DEPARTI 12B-SI		GRAM AND L	IVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Nun	iber:	12.	.0-29-05
ΙΒ	1	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	ו ב		Client:			MTICS	m²:	.3. m²		
RISK LEVEL:			Mediun	า						
ARCHITECTUR	RAL REQ	UIREMENT	S							
INTERIOR FINISI		height	material		finish	ı		rema	arks	
Ceiling:	275	0	GWB - Impact Resist	:ant	Paint					
Wall:			GWB - Impact Resist	ant	Paint					
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature	R	emarks:				
Door(s):		ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plam		
Door Hardware:	Au Door (oor Protection atomatic Opener cess Control Glazing: Integra	✓ Locking	ire & oof Hardware	Door Remarks:	Double s	swing			
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fr al Glazing Hardw or Window Treate al Glazing and Fra ackout	vare: Standard ment: Standard ame: Standard	✓ Secu ✓ Secu ✓ Secu	ure	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity			
Casework / Millwo	ork:	Casework Secu	ırity: Regular	✓ Secure	e		Remarks	Provide built	-in bed,wardrob	e and desk
Min Millwork (mm)	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	✓ Counte		Vork Surface 7 Height (mm):	'10 Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	0.7		Remarks	Refer to Appo Noise Contro	endix 1D - Acou Il	stics and
GENERAL ROOM	/I REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	gature No of H	Coat 2		Mirrors:	Standard 🗹 V	/andal-Proof
	Та	ckboard Dim:					Vhiteboard	Dim: 915mm	n wide x 915mm	high
	Re	emarks: Provi	de magnetic whitebo	oard						

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND HVING HNIT
VALLEYVIEW PROJECT	12.0	COIVIFLEX CARE UNIT	120-3ECONE PROGRAMI	VIAD FIAIIAG CIAIL
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-29-05
Sign Off:	Date Issued:	2017-01-25	RoomName:	CHENT BOOK
IBI	Client	2017-01-23	m²:	CLIENT ROOM
	Client:	MTICS	13. m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:		
nvac.				
Can Air be Returned Rate (A/	'C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		wc [Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Electronic Con	Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic con	Floor Drain	Other:	
Other:				
Size:	-			
	444			
ROOM CONTROLS: Room Temp Control	with Room Relative	Humidity with Infectio	n Isolation Patient Conti	collect
Local Adjustment	Local Adjustm	ent Room P	ressure Monitor	olled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	er:	
Rack Storage (2.4m high)				
_	Types:			
EXHAUST: Pressure: Fqual	Positive N	egative Other:		
Air Temp: 🗸 Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Norma	l & Emergency			
Receptacle Count: Quadpl	lex at desk, duplex besid	e bed, duplex at door		
Дааар	ien at acon, aapien besie	e sea, aupien at acc.		
Power Remarks: Each ro	oom to utilize separate c	rcuit w/ AFCI protection.Eac	ch room's outlets shall be separate	d switched from
	oank located in Staff Sta	•	·	
Patient Care Area Designation (as per CSA Z32):				
(11				
LIGHTING: Workstation Task L	ighting 🕢 Night Light	Lighting Rer	marks:	
✓ Dimmable Lighting	In Use" Ligh	An ingriting	g on emergency power. Nurse insp	
✓ Switch & Light Conf	trols Vanity Light		with separate momentary switch	
Charting Light		by entry d	oor. Light switches beside bed and	a beside entry door.

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 COMPLEX CARE	UNIT SUB DEPARTMI		I AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2 Final	Program Numb	er:	12.0-29-05
	Sign Off:	Date Issued:	2017-0	01-25 RoomName:		CLIENT ROOM
		Client:	N	ATICS m²:	. m²	
RISK LEVEL:		Mediun	n			
TECHNOLOGY REQUIR	EMENTS					
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): tlet: 0		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Telemetry Teleconferencin	Room State	tus
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Moni	☐ Card Reader ✓ Intrusion Dete		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
Security Remarks:	Door Monitoring					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comment	:					

D : . N			ls				SUD DEDARE	AFNIT		
Project Name: VA l	LLEYVIE	W PROJEC	Department:	12.0 CON	MPLEX CAR	E UNIT	SUB DEPARTI 12B-S		OGRAM AN	D LIVING UNIT
Project Number:		3572	Draft: prepop	1 2	Final		Program Nun	nber:	1	12.0-29-06
IB	7 I	Sign Off:	Date Issued:		2017	'-01-25	RoomName:			CLIENT ROOM
	_		Client:			MTICS	m²:	13. m²		
RISK LEVEL:			Mediun	n						
ARCHITECTUR	RAL REO	UIREMENTS	<u> </u>							
INTERIOR FINISI		height	material		finish	1		rei	marks	
Ceiling:	275		GWB - Impact Resist	tant	Paint			101	marks	
5			, p. 1							
Wall:			GWB - Impact Resist	tant	Paint					
Floor:			L		Resilient					
Base:	100		Flash Cove]					
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-L	igature igature igature	J R	emarks:				
Door(s):	_	ning (W x H):	1220 x 2135	Material:	Solid Core		F	inish: Plam		
Door Hardware:	Au Door (oor Protection Itomatic Opener Itomatic Opener Itomatic Opener Itomatic Opener Integra Integra Integra Integra Integra	✓ Locking	ure & oof Hardware	Door Remarks:	Double s	swing			
Windows:	Extern Extern Exterio	ble Windows: al Glazing and Fraction al Glazing Hardwor Window Treatr al Glazing and Fraction ackout	rare: Standard ment: Standard ame: Standard	✓ Secol ✓ Secol ✓ Secol	ure H	ligh Secur ligh Secur ligh Secur ligh Secur	rity rity	:		
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regular	✓ Secur	re		Remarks	Provide bui	lt-in bed,ward	robe and desk
Min Millwork , (mm)	or % of per	near Length imeter wall: oper Cupboards wer Cupboards	✓ Count Stainle		Work Surface 7 Height (mm):	Lockable				
ACOUSTICS:		ng Wall / 50 / Ceiling: 30-35	5	RT 60:	: 0.7		Remarks	Refer to Ap Noise Contr	pendix 1D - Ad rol	coustics and
GENERAL ROON	/ REMAR	RKS: Coat	Hooks: Standard	✓ Anti-Li	igature No of	Coat 2		Mirrors:	Standard •	✔ Vandal-Proof
	Та	ckboard Dim:				✓ ∨	Vhiteboard	Dim: 915m	m wide x 915ı	mm high
	Re	emarks: Provi	de magnetic whitebo	oard						

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND LIVING LINIT
VALLEYVIEW PROJECT	12.0	CONTREA CARE UNIT	120-SECONE PROGRAM	UND FINING CIVII
Project Number: 35720	Draft:	2 Final	Program Number:	12.0-29-06
Sign Off:	Date Issued:	2017-01-25	RoomName:	0115117 00014
IBI	Client	2017-01-23	m²:	CLIENT ROOM
	Client:	MTICS		
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6	2.1-01	Remarks:		
nvac.				
Can Air be Returned Rate (A/	C):	Special Exha	oust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash	ing Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		☐ wc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Con	Floor Drain	Other:	
Deep Equipment				
Other:	=			
Size:	44			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative	·	on Isolation Patient Contr	rolled
Room Control Remarks:	Via DDC			
FIRE PROTECTION: Sprinkler Type:	Vet Dry	Standpipe Oth	ner:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive N	egative Other:		
Air Temp: 📝 Standa	ard Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Norma	& Fmergency		Clock	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Carlier General			
Receptacle Count: Quadpl	ex at desk, duplex besid	le bed, duplex at door		
Power Remarks: Each ro	om to utilize separate c	ircuit w/ AFCI protection.Ea	ch room's outlets shall be separate	d switched from
switcht	oank located in Staff Sta	tion		
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task L	ighting V Night Light	Lighting Re	marks:	
✓ Dimmable Lighting	"In Use" Ligh		g on emergency power. Nurse insp	ection light
Switch & Light Conf		All lighten	g on emergency power. Nurse insp d with separate momentary switch	
Charting Light			door. Light switches beside bed and	

Project Name: VALLEYVII	W PROJECT	Department:	12.0 COMPLEX CARE	UNIT SUB DEPARTMI		1 AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2 Final	Program Numb	er:	12.0-29-06
	Sign Off:	Date Issued:	2017-0	Name:		CLIENT ROOM
_]		Client:	N	ATICS m²:	J. m²	
RISK LEVEL:		Mediun	n			
TECHNOLOGY REQUIR	REMENTS					
IMIT SYSTEMS:				_		
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet: 0		☐ Intercom Station ☐ Video Intercom Station ☐ Intercom Master Station	Hands Free Telemetry Teleconferencin	Room Stat	tus
IMIT Remarks	::					
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Mon	☐ Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	Door Monitoring					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Commer	nt:					

Project Name: VALL	EYVIEW	PROJEC	'	rtment:	12.0 COI	MPLEX	(CARE	UNIT	SUB DEF			ROGRAI	M AND	LIVINO	3 UNIT
Project Number:		3572	Draft:	prepop	1 2	Fina			Program	Numbe	er:		1	2.0-30	-01
[Sign	Off:	Date	Issued:			2017-0	01-25	RoomNa	ame:				WC/ S	HOWER
IBI			Client	:			N	/ITICS	m²:	4.6	m²				
RISK LEVEL:				Mediun	,										
	LDEOLUD	FNAFNITO		Medium											
ARCHITECTURA INTERIOR FINISHE	c .						6								
Ceiling:	2750	ight	GWR - Im	material pact & Mo	isture	Paint	finish					remarks			
ceimig.	2730		Resistant	-	istare	- unite									
Wall:			GWB - Im Resistant	pact & Mo Secure	isture	HIHF pa	anel								
Floor:		L				Slip Res	sistant								
Base:	100		Flash Cov	e				I							
(Corner Guards Crash Rails: Hand Rails: Chair Rail:	Sta	Sheet: ndard ndard ndard	Anti-Li Anti-Li	•		Ren	marks:							
Door(s): Cle	ear Opening (V		914 x		Material:	Solid (Core	L		Finis	sh: Plam	1			
Door Hardware:	_	g:	✓	Tamperpro	re & oof Hardware	Door Re	emarks: D	oor swi	ing outw	vards.	Door to	be slope	at top a	nd lower	cut.
Windows:	Operable W External Gla External Gla Exterior Wir Internal Gla	nzing and Fra nzing Hardwa ndow Treatn zing and Fra	are:	Standard Standard Standard Standard Standard Roller	Sec	ure ure ure	High	h Secur h Secur h Secur h Secur	rity rity rity rity	ther					
Casework / Millwork	: Cas	ework Secui	rity: 🔲 (Regular	Secui	re			Ren	narks:					
Min Millwork /Co (mm) or	% of perimete			Counte	Counter/ er Top ess Steel	Work Sur Height (ı	mm):	ockable							
ACOUSTICS: S	TC Rating Wa Floor / Ceil NC Rat	ling:			RT 60	: N/A			Rer		tefer to loise Co	Appendix ontrol	1D - Ac	oustics ar	nd
GENERAL ROOM F	REMARKS:	Coat I	Hooks:	Standard	✓ Anti-L	igature					Mirrors:	Stand	lard 🗸	Vandal-	Proof
	Tackboa	ard Dim:					Hoo		Vhiteboar	rd Di	m:				
	Remark				ories: 1 soa room. All v									ser, 1 rec	essed

Project Name:	Department:			SUB DEPARTMENT:	AND UNIONS UNIT
VALLEYVIEW PROJECT	12.0) COMPLEX CA	RE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:			Program Number:	
Project Number: 35720	prepop 1	2 Final			12.0-30-01
Sign Off:	Date Issued:			RoomName:	
IDI		201	.7-01-25		WC/ SHOWER
IBI	Client:		MTICS	m²:	
			WITICS	4.6 m²	
RISK LEVEL:	Medium				
MECHANICAL REQUIREMENTS					
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Ex	haust		
Can Air be Returned Rate (A/0	C):		Special Exhau	ust Air Required: 0	
to System					
PLUMBING FIXTURES:					
sink mounting faucet	tap	☐ Using!		Plumbi	ng Remarks
Handwash Counter Goosene		Urinal Hoppe	,	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard		' <u></u>	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal		Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Con		=	Other:	
Deep Equipment			er to meet o	code	
Other:	_				
Size:					
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustn	e Humidity with nent Standpipe Negative Other:	1 1	n Isolation Patient Contr	olled
ELECTRICAL REQUIREMENTS					
GENERAL POWER:					
Types of Power: Normal	& Emergency			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI				
Power Remarks: GFI					
Dationt Core Area Designation D]		
Patient Care Area Designation Basic (as per CSA Z32):					
LIGHTING: Workstation Task Li	ghting 🕢 Night Light		Lighting Ren	narks:	
☐ Dimmable Lighting ☑ Switch & Light Cont ☐ Charting Light	☐ "In Use" Light		Night light	on emergency power.	

Project Name: VALLEYVII	W PROJECT	Department:	12.0 CON	ЛРLEX CAR	RE UNIT	SUB DEPARTME 12B-SEC		M AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Numbe	er:	12.0-30-01
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		WC/ SHOWER
_]		Client:			MTICS	m²:	m²	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet: 0		Video Ir	m Station ntercom Statior m Master Statio	n _	Hands Free Telemetry Teleconferencin	∐ Room Sta	itus
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Mon	[itor [Card Reader		<u> </u>	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name:			Department:				SUB DEPAR	TMENT:		
VA	LLEYVIEW PR	OJECT		12.0 COI	MPLEX	CARE UNI	T 12B-	SECURE P	ROGRAM A	AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Fina		Program Ni	umber:		12.0-30-02
	Sign Off:		Date Issued:			2017-01-2	RoomName	<u>:</u>		WC/ SHOWER
IB	_		Client:			MTIC	S m²:	4.6 m²		
RISK LEVEL:			Medium	1						
ARCHITECTUR	RAL REQUIREM	ENTS								
INTERIOR FINISI			material			finish			remarks	
Ceiling:	2750		B - Impact & Mo	isture	Paint					
Mall:			stant Secure							
Wall:			B - Impact & Moi istant Secure	isture	HIHF pa	anel				
Floor:					Slip Res	istant				
Base:	100	Flas	h Cove							
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	rd	gature	I	Remarks:				
Door(s):	Clear Opening (W x F		914 x 2135	Material:	Solid C	Core		Finish: Plam	1	
Door Hardware:	Door Protect Automatic O Access Contr Door Glazing: Hardware Type:: C	pener ⁻ ol	✓ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Re	marks: Door s	wing outwar	ds. Door to	be slope at to	op and lower cut.
Windows:	Operable Windo External Glazing External Glazing Exterior Window Internal Glazing	and Frame: Hardware: Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Shutter	ure ure ure ure	High Second High Second High Second High Second High Second High Second Mirror	urity urity			
Casework / Millwo	ork: Casewor	k Security:	Regular	Secur	·e		Remar	·ks:		
	Counter Linear Lengt or % of perimeter wa Upper Cupbo	ill:	Counte	Counter/ Ner Top	Work Sur Height (r		e			
	Lower Cupbo		=	ss Steel						
ACOUSTICS:	Floor / Ceiling:	50		RT 60:	N/A		Remar	Refer to Noise Co		- Acoustics and
GENERAL ROON	NC Rating:	Coat Hool	ks: Standard	√ Λn+i I i	igaturo	No of Coat)	Mirrors:	Standard	✓ Vandal-Proof
GENERAL ROOM	Tackboard	Dim:	Standard	▼ Anti-Li	igature	Hooks:	Whiteboard	Dim:	Standard	▼ Varidal-11001
	Remarks:	Provide w	vashroom Access enser in shower				toilet paper	holder,1 p		penser, 1 recessed of

Project Name:	Department:	U.E.V. CARE LIAUT	SUB DEPARTMENT:	AND INVALCTIBLE
VALLEYVIEW PROJECT	12.0 COMF	LEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:	✓	Program Number:	
Project Number: 35720	prepop 1 2	Final		12.0-30-02
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		WC/ SHOWER
IBI	Client:	MTICS	m²:	
		WITICS	4.6 m²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Rema	rks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap		Plumbir	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard] wc	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	The state of the Company of the Comp	Floor Drain	<u> </u>	
Deep Equipment		Shower to meet	<u> </u>	
Other:				
Size:				
ROOM CONTROLS: Room Temp Control	1 1		n Isolation Patient Contro	olled
Local Adjustment	Local Adjustment	Room P	Pressure Monitor	
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type:	Vet Dry Stand	oipe Oth	er:	
Rack Storage (2.4m high)				
Mack Storage (2.4111 High)	Types:			
EXHAUST: Pressure: Equal	Positive Negative	Other:		
Air Temp: 🗸 Standa	ord Consist O	ther:	,	
Air Temp: Standa	ord Special O	nier.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
,				
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation Basic				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ighting Vight Light	Lighting Rer	marks:	
Dimmable Lighting	"In Use" Light			
✓ Switch & Light Cont		Night light	t on emergency power.	
Charting Light	▼ Varincy Light			

Project Name: VALLEYV	IEW PROJECT	Department:	12.0 COM	IPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	12.0-30-02
	Sign Off:	Date Issued:		2017	' -01-25	RoomName:	WC/ SHOWER
IBI		Client:			MTICS	m²: 4.6 m²	
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQU	JIREMENTS						
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0			n Station tercom Station n Master Statio		Hands Free Room State Telemetry Teleconferencing	us
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader		Staff Assist Patient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comm	ent:						

Project Name:		Department:			SUB DEPARTM	ENT:	
	LLEYVIEW PROJEC		12.0 CO	MPLEX CARE UNI	T 12B-SE	CURE PROGRAM A	AND LIVING UNIT
Project Number:	3572	Draft: prepop	1 2	✓ Final	Program Numb	er:	12.0-30-03
	Sign Off:	Date Issued:		2017-01-2	RoomName:		WC/ SHOWE
IB	_	Client:		MTIC	S m ² :	6 m²	
RISK LEVEL:		Medium	1				
ARCHITECTU	RAL REQUIREMENTS						
INTERIOR FINIS		material		finish		remarks	
Ceiling:		GWB - Impact & Moi Resistant Secure	isture	Paint			
Wall:		GWB - Impact & Moi Resistant Secure	isture	HIHF panel			
Floor:	L			Slip Resistant			
Base:	100 F	Flash Cove					
Wall Protection:	Hand Rails: Star	Sheet: Anti-Li	gature	J Remarks:			
Door(s):	Clear Opening (W x H): Door Sidelight	914 x 2135	Material:	Solid Core	Fin	ish: Plam	
Door Hardware:	Door Protection Automatic Opener Access Control Door Glazing: Hardware Type:: CW-01	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks: Door s	wing outwards.	Door to be slope at to	op and lower cut.
Windows:	Operable Windows: External Glazing and Fra External Glazing Hardwa Exterior Window Treatm Internal Glazing and Fra	re: Standard	Sec Sec Sec Sec Sec Sec	ure High Sec ure High Sec ure High Sec	urity urity		
Casework / Millw	ork: Casework Secur	ity: Regular	Secur	re	Remarks:		
	/Counter Linear Length) or % of perimeter wall:		Counter/	Work Surface Height (mm):			
(Upper Cupboards Lower Cupboards	Counte	er Top ss Steel	Lockable	e		
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 60	: N/A		Refer to Appendix 1D Noise Control	- Acoustics and
OFNERAL TOTAL	NC Rating: 35-40	🗆				🗆 - :	
GENERAL ROOF	M REMARKS: Coat F	Hooks: Standard	✓ Anti-L	igature No of Coat 2 Hooks:		Mirrors: Standard	✓ Vandal-Proof
						older,1 paper towel dis	

Project Name:	Department:	A ADLEY CADE LINE	SUB DEPARTMENT:	AND INVALCTION
VALLEYVIEW PROJECT	12.0 CO	MPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720				12.0-30-03
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		WC/ SHOWER
IBI	Client:	MTICS	m²:	
		WITICS	4.6 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 F	Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	D Heinel	Plumbir	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard	WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls		Other:	
Deep Equipment		Shower to meet	<u> </u>	
Other:				
Size:				
ROOM CONTROLS: Room Temp Control	1 1		n Isolation Patient Contro	olled
Local Adjustment	Local Adjustment	Room P	ressure Monitor	
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry St	andpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negat	ive Other:		
		OII		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
, and a second	a Emergency			
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
511				
Patient Care Area Designation Basic				
(as per CSA Z32):				
Workstation Task Li	ghting V Night Light	Lighting Ren	narks:	
LIGHTING: Workstation lask Lighting	ghting Night Light In Use" Light			
✓ Switch & Light Cont	_	Night light	on emergency power.	
Charting Light	▼ variity Light			
_				
		L		

						1		
Project Name: VALLEYV	IEW PROJECT	Department:	12.0 COM	PLEX CARE		SUB DEPARTMENT: 12B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-30-03
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		WC/ SHOWER
IBI		Client:		1	MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, Te Coax/ Data Tv	1 data): Outlet: 0 Outlet: 0			Station Prcom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor CI	inical Camera inical Camera Mon	itor	Card Reader Intrusion Dete			aff Assist utient Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				perational emarks:				
Room Data Sheet Comm	nent:							

Project Name: VALL	EYVIE	W PROJ	ECT	Depar	rtment:	12.0 CO	MPLEX	CARE	UNIT		EPARTM L 2B-S E		E PRO	GRAM .	AND LIV	ING UNI	Τ
Project Number:		35	5720	Draft:	prepop	1 2	. Fina			Progra	am Numl	ber:			12.0	-30-04	
[Sign Off:		Date I	ssued:			2017-	01-25	Room	Name:				W	C/ SHOWE	R
IBI				Client	:			1	MTICS	m²:	4.	.6 m²					
RISK LEVEL:					Mediun	2											
	, DEO	D.E.A.E.A	ITC		vieululi												
ARCHITECTURA INTERIOR FINISHE			113														
Ceiling:	2750	height)	G۷	VB - Im	material pact & Mo	isture	Paint	finish					rem	narks			1
ceiling.	2750	,		sistant	-	istare	, and										
Wall:				VB - Im sistant	pact & Mo Secure	isture	HIHF pa	anel									
Floor:							Slip Res	sistant									
Base:	100		Fla	sh Cov	e												J
Wall Protection:	Corner Go Crash Rai Hand Rail Chair Rail	ls:	Stand Stand Stand	ard	Anti-Li	igature igature igature		Re	marks:								
Door(s): Clo		ing (W x H): or Sidelight		914 x	2135	Material:	Solid (Core			Fir	nish: P	lam				
Door Hardware:	Aut Acc	comatic Oper cess Control lazing: Type:: CW-	ner	✓		ire & oof Hardware	Door Re	emarks:	Door sw	ring ou	twards.	. Doo	r to be	slope at t	op and lov	wer cut.	
Windows:	Externa Externa Exterio Interna	le Windows: I Glazing and I Glazing Hai r Window Tre I Glazing and ckout	d Frame rdware eatmer	::	Standard Standard Standard Standard Standard Roller	Sec	cure cure cure cure dure	Hig	gh Secui gh Secui gh Secui gh Secui	rity rity rity rity	emarks: Other						
Casework / Millwork	:	Casework S	ecurity	/:	Regular	Secu	re			R	Remarks:						
Min Millwork /Co (mm) or	% of peri	near Length meter wall: per Cupboard ver Cupboard			Counte	Counter/ er Top ess Steel	Work Sur Height (mm):	.ockable								
ACOUSTICS:	Floor	g Wall / / Ceiling: 50 C Rating: 35				RT 60	: N/A			R	Remarks:		r to App e Contro		- Acoustic	cs and	
GENERAL ROOM I	REMAR	KS: C	oat Ho	oks:	Standard	✓ Anti-L	igature		Coat 2			Mirro	ors:	Standard	l ✓ Van	dal-Proof	
	Тас	ckboard D	im:					Ho	ooks:	Whitebo	oard [Dim:]
	Re					sories: 1 soa room. All v										recessed]

Project Name:	Department:	AADLEV CADE LINE	SUB DEPARTMENT:	AND UNUNCURUE
VALLEYVIEW PROJECT	12.0 CC	MPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720		2 Final		12.0-30-04
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-25		WC/ SHOWER
IBI	Client:	MTICS	m²:	
		WITICS	4.6 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	D Using C	Plumbir	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard	WC	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings	
Double	✓ Electronic Controls		Other:	
Deep Equipment		Shower to meet	<u> </u>	
Other:				
Size:				
	_	! [
ROOM CONTROLS: Room Temp Control	1 1		n Isolation Patient Contro	olled
Local Adjustment	Local Adjustment	Room P	ressure Monitor	
Room Control Remarks:				
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Si	tandpipe Oth	er:	
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure: Equal	Positive Negat	ive Other:		
		011		
Air Temp: Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Fmergency		Clock	
, and a second	a Emergency			
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
611				
Patient Care Area Designation Basic				
(as per CSA Z32):				
Workstation Task Li	ghting V Night Light	Lighting Ren	narks:	
LIGHTING: Workstation lask Lighting	ghting Night Light In Use" Light			
✓ Switch & Light Cont		Night light	on emergency power.	
Charting Light	variity Light			
		L		

Project Name: VALLEYVIE	W PROJECT	Department:	12.0 CON	∕IPLEX CAR	RE UNIT	SUB DEPARTMEN 12B-SECU		M AND LIVING UNIT
Project Number:	35720	-Draft: prepop	1 2	Final		Program Number		12.0-30-04
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		WC/ SHOWER
_]		Client:			MTICS	m²: 4.6 r	n²	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): utlet: 0 utlet: 0		Video Ir	m Station ntercom Statior m Master Statio	n _	Hands Free Telemetry Teleconferencing	Room Sta	ıtus
SECURITY SYSTEMS: Security Camer. Security Camer.	a Monitor Cli	nical Camera nical Camera Mon	[itor	Card Reader			Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
,								
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name:			Department:				SUB DEPART	MENT:	
VA	LLEYVIEW P	ROJECT	•	12.0 COI	MPLEX	CARE UNIT	Г 12B-S	SECURE PROGR	AM AND LIVING UNIT
Project Number:		35720	Draft: prepop	1 2	Fina		Program Nu	mber:	12.0-30-05
	Sign C	Off:	Date Issued:			2017-01-25	RoomName	:	WC/ SHOWER
IB]		Client:			MTICS	m²:	4.6 m²	
RISK LEVEL:			Medium	<u> </u>					
ARCHITECTUI	RAL REQUIRE	MENTS							
INTERIOR FINIS			material			finish		remarks	
Ceiling:	2750		WB - Impact & Moi	isture	Paint				
M/all:			esistant Secure						
Wall:			WB - Impact & Moi esistant Secure	isture	HIHF pa	anel			
Floor:					Slip Res	sistant			
Base:	100	Fla	ash Cove				-		
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Stand Stand	dard Anti-Li	gature		Remarks:			
Door(s):	Clear Opening (W		914 x 2135	Material:	Solid C	Core		Finish: Plam	
Door Hardware:	Door Prot Automati Access Co Door Glazing: Hardware Type::	c Opener ontrol	✓ Anti-Ligatu Tamperpro ✓ Locking	re & of Hardware	Door Re	marks: Door sv	wing outward	ds. Door to be slop	e at top and lower cut.
Windows:	Operable Wir External Glazi External Glazi Exterior Wind Internal Glazi	ing and Fram ing Hardware dow Treatme ng and Fram	Standard nt: Standard	Sec Sec Sec Sec Sec Sec	ure ure ure	High Seco High Seco High Seco High Seco Seco	urity urity		
Casework / Millwo	ork: Case	work Security	y: Regular	Secur	re		Remark	s:	
	/Counter Linear Le or % of perimeter Upper Cu	wall:	Counte	Counter/ '	Work Sur Height (r		2		
	Lower Cu	pboards	Stainle	ss Steel					
ACOUSTICS:	STC Rating Wall Floor / Ceilir			RT 60	: N/A		Remark	Refer to Append Noise Control	lix 1D - Acoustics and
GENERAL ROOM		Coat Ho	ooks: Standard	✓ Anti₋li	igature	No of Coat 2		Mirrors: Sta	ndard 🗸 Vandal-Proof
	Tackboar	г		7 11111 2		Hooks:	Whiteboard	Dim:	Tadara Vandar 11001
	Remarks:	Provide	washroom Access spenser in shower				toilet paper	holder,1 paper tov	vel dispenser, 1 recessed dalproof

Project Name:	Department:	CAADLEV CADE LINUT	SUB DEPARTMENT:	AND INVANCIONIT						
VALLEYVIEW PROJECT	12.0 0	COMPLEX CARE UNIT	12B-SECURE PROGRAM	AND LIVING UNIT						
	Draft:		Program Number:							
Project Number: 35720	prepop 1	2 Final		12.0-30-05						
Sign Off:	Date Issued:		RoomName:							
IDI		2017-01-25		WC/ SHOWER						
IBI	Client:	MTICS	m²:							
		WITICS	4.6 m ²							
RISK LEVEL:	Medium									
MECHANICAL REQUIREMENTS										
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust								
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tan		Plumbin	g Remarks						
Handwash Counter ✓ Goosene	tap ck Lever/Blades	Urinal _	Eyewasii	g nemano						
Lavatory Wall Standard		Hopper	Water Fountain							
Janitorial Floor Laborato		wc _	Emergency Shower							
Double	Electronic Contr	Barrier Free WC	Corrosion Resistant Fittings							
Deep Equipment	V Electronic contri	Floor Drain	Other:							
Other:		Shower to meet	code							
	-									
Size:										
Local Adjustment Room Control Remarks:	FIRE PROTECTION: Sprinkler Type:									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 1 duplex GFI									
Power Remarks: GFI										
Patient Care Area Designation (as per CSA Z32):										
LIGHTING: Workstation Task Li	ghting V Night Light	Lighting Ren	narks:							
☐ Dimmable Lighting ✓ Switch & Light Cont	In Use" Light	Night light	on emergency power.							
Charting Light	vanity Light									

Project Name: VALLEY	/IEW PROJECT	Department:	12.0 CON	IPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE	PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-30-05
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		WC/ SHOWER
IB I		Client:			MTICS	m²: 4.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQ	UIREMENTS							
Communication Quantity (1 voice Te Coax/ Data Te IMIT Remain	of 1 data): Outlet: Outlet: O		=	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Car Security Car	mera Monitor CI	inical Camera inical Camera Mon	itor	Card Reader Intrusion De			f Assist ent Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comr	ment:							

Project Name: VALL	EYVIE	W PRO	OJEC		artment:	12.0 COI	MPLEX	(CARE	UNIT	SUB DEP 12I			PROGRAI	M ANI	O LIVINO	G UNIT
Project Number:			3572	Draft	repop	1 2	Fina			Program	Numbe	er:		1	2.0-3	1
		Sign Off:		Date	Issued:			2017-0	1-25	RoomNa	ime:		wc/s	SHOWE	R, BARRII	FR- FRFF
IBI				Clien	t:				TICS	m²:		. 2	****	JIIOWE	II, DAIRI	IN TINEE
								IV	11103		5.6	i m²				
RISK LEVEL:					Medium	า										
ARCHITECTURA		UIREM	<u>ENTS</u>													
INTERIOR FINISHE		height			material	_	I	finish					remarks			
Ceiling:	2750)		GWB - In Resistant	npact & Mo t Secure	isture	HIHF pa	anel								
Wall:				GWB - In Resistant	npact & Mo t Secure	isture	HIHF pa	anel								
Floor:							Slip Res	sistant								
Base:	100		ı	Flash Cov	ve											
	Corner Go Crash Rai Hand Rail Chair Rail	ls:	Stai	Sheet ndard ndard ndard	Anti-Li	_	J	Rem	narks:	Anti-liga	ture g	rab bar	s as per co	de		
Door(s):	ear Openi	ing (W x H	1):	914 x	2135	Material:	Solid C	Core			Fini	sh: Plan	า			<u> </u>
(-)	Do	or Sideligh	nt													
Door Hardware:	Aut Acc Door G Hardware Operab Externa	or Protect comatic Operation contained by the control	ws: and Fra	ire:	Tamperpro	Sec	Door Re	High	n Secur n Secur n Secur	Rem rity rity	vards					
		l Glazing a		_	Standard	_	ure		n Secur	_	. [
	Bla	ckout	E	Blinds	Roller	Shutter [1 Wa	y Mirror		Ot	her					
Casework / Millwork Min Millwork /Co (mm) or	ounter Lin % of peri	Casewor near Lengt meter wa per Cupbo ver Cupbo	h II: pards	ity:	Regular Counte	Counter/ er Top ess Steel		mm):	ckable	Ren	narks:					
ACOUSTICS:	Floor	g Wall / / Ceiling: C Rating:				RT 60	: N/A			Ren		Refer to Noise C	Appendix ontrol	1D - Ac	oustics a	nd
GENERAL ROOM F	REMAR	KS:	Coat I	Hooks:	Standard	✓ Anti-L	igature	No of Co	at 2			Mirrors:	Stand	ard 🗸	Vandal	-Proof
		kboard	Dim:					Ноо	ks:	Vhiteboar		im:				
	Rei		1 rece		oom access ip dispenser											

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 CC	MPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft: [Program Number:
Project Number: 35720		2 Final	12.0-31
Sign Off:	Date Issued:		RoomName:
IDI		2017-01-25	WC/SHOWER, BARRIER- FREE
IBI	Client:	MTICS	m²:
		WITCS	5.6 m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust	
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Figuresh Plumbing Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain
✓ Lavatory ✓ Wall ✓ Standard	Standard	WC	Emergency Shower
Janitorial Floor Laborato	ry Foot Pedal	✓ Barrier Free WC	Corrosion Resistant Fittings
Double	✓ Electronic Controls		
Deep Equipment		Shower to meet of	
Other:			
Size:			
		-] [
ROOM CONTROLS: Room Temp Control	with Room Relative Hu	midity with Infection	n Isolation Patient Controlled
Local Adjustment	Local Adjustment	Room P	ressure Monitor
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type: V	Vet Dry S	tandpipe Oth	er.
	- I Siy	ш отп	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negat	ive Other:	
_			
Air Temp: ✓ Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
	0		Clock
Types of Power: Normal	& Emergency		
Receptacle Count: Conven	ience: 1 dunlex GFI		
Conven	ience. I duplex Gri		
Dawar Dawarday [CS]			
Power Remarks: GFI			
Patient Care Area Designation Basic			
(as per CSA Z32):			
LIGHTING: Workstation Task Li		Lighting Ren	narks:
Dimmable Lighting	"In Use" Light	Night light	on emergency power.
✓ Switch & Light Cont Charting Light	rols Vanity Light		
Undrung Light			

Project Name:		Department:				SUB DEPARTMENT:		
	IEW PROJECT	Беринения	12.0 CON	IPLEX CAR	E UNIT	12B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-31
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	WC/SHO	OWER, BARRIER- FREE
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	<i>JIREMENTS</i>							
IMIT SYSTEMS:								
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		Video In	n Station tercom Statior n Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader			raff Assist atient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLEYVIEW PROJECT	Department: 12.0 CON	MPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT				
Project Number: 35720	Draft:	✓ Final	Program Number:	12.0-32-01			
Sign Off:	Date Issued:	2017-01-25	RoomName:	ILETS, BARRIER-FREE			
IBI	Client:	MTICS	m²: 5.6 m²				
RISK LEVEL:	Medium						
	iviealum						
ARCHITECTURAL REQUIREMENTS							
INTERIOR FINISHES: height	material	finish	remarks				
Ceiling: 2750 GV	WB - Impact Resistant	Paint					
Wall:	WB - Impact Resistant	Paint	Water resistant				
Floor:		Resilient					
Base: 100 Fla	ash Cove						
Wall Protection: Corner Guards: Crash Rails: Stand Hand Rails: Stand		Remarks:	Anti-ligature grab bars as per code				
Chair Rail: Stand							
Door(s): Clear Opening (W x H): Door Sidelight	914 x 2135 Material:	Solid Core	Finish: Plam				
Door Hardware: Door Protection Automatic Opener Access Control	Anti-Ligature & Tamperproof Hardware Locking	Door Remarks:					
Door Glazing: Hardware Type:: WR-03							
Windows: Operable Windows: External Glazing and Fram External Glazing Hardware Exterior Window Treatmer Internal Glazing and Frame Blackout Blir	e: Standard Seco	ure High Secur ure High Secur ure High Secur	rity rity				
Casework / Millwork: Casework Security	y: Regular Secur	e	Remarks:				
Min Millwork /Counter Linear Length (mm) or % of perimeter wall:		Work Surface Height (mm):					
Upper Cupboards Lower Cupboards	Counter Top Stainless Steel	Lockable	L				
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60:	N/A	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and			
GENERAL ROOM REMARKS: Coat Ho	ooks: Standard 🗸 Anti-Li	gature No of Coat 2 Hooks:	Mirrors: Standard	✓ Vandal-Proof			
Tackboard Dim:			Whiteboard Dim:				
			paper holder, grab bars, 1 sanitary na ccessories are to be anti-ligature and				

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVIN	G UNIT
VALLEYVIEW PROJECT				
Project Number: 35720	Draft:	2 Final	Program Number: 12.0-3	2-01
Sign Off:	Date Issued:	2017-01-25	RoomName: TOILETS, BARR	IER-FREE
IBI	Client:	MTICS	m²:	
DICK LEVEL	20.1	WITICS	5.6 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/	21.	Special Exha	ust Air Required: 0	
Can Air be Returned Rate (A/G to System	-).	Зресіаї Extiai	ust All Required.	
PLUMBING FIXTURES:		I		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC ✓ Barrier Free WC Irols Shower to meet		
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	,	n Isolation Patient Controlled ressure Monitor	
EXHAUST: Pressure: Equal	Positive Ne	egative Other:		
Air Temp: 🕡 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency			
Receptacle Count: Conven	ience: 1 duplex GFI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Ren	narks: : on emergency power.	

Project Name:		Department:	12.0.00	1PLEX CAR	FIINIT	SUB DEPARTMENT:	PROGRAM	AND LIVING UNIT
VALLEYV	IEW PROJECT		12.0 CON	IPLEX CAR	E UNII	12b-3ECURE	PROGRAMI	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-32-01
	Sign Off:	Date Issued:		2017	' -01-25	RoomName:	тс	DILETS, BARRIER-FREE
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	<i>JIREMENTS</i>							
IMIT SYSTEMS:								
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Reman	1 data): Outlet: Outlet: 0		_	n Station tercom Station n Master Static	, [Hands Free Telemetry Teleconferencing	Room Status	S
SECURITY SYSTEMS: Security Cam Security Cam		inical Camera inical Camera Moni	itor	Card Reader			f Assist ent Assist	Duress - Wired Duress - Wireless
Security Remark	rks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VAL	LEYVIEW PR	ROJECT	Department:	12.0 CO	MPLEX CA	RE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT			
Project Number:		35720	Draft: prepop	1 2	! Final		Program Nun	nber:	12.0-32-02	
	Sign Off		Date Issued:		201	7-01-25	RoomName:		TOILETS, BARRIER-FREE	
IBI			Client:			MTICS	m²:	5.6 m²		
DIGIT I EVE	,						`	5.0 111		
RISK LEVEL:			Mediun	n						
<u>ARCHITECTUR</u>		<u> 1ENTS</u>								
INTERIOR FINISH			material		finis	sh	T	remarks		
Ceiling:	2750	GW	B - Impact Resist	tant	Paint					
Wall:		GW	B - Impact Resist	ant	Paint		Water resist	ant		
Floor:					Resilient					
Base:	100	Flas	h Cove							
Wall Protection:	Corner Guards:	✓	Sheet:			Remarks:	Anti-ligature	grab bars as per cod	le	
	Crash Rails:	Standa	_	igature						
	Hand Rails:	Standa		igature						
	Chair Rail:	Standa	ird Anti-Li	igature						
Door(s):	Clear Opening (W x	H):	914 x 2135	Material:	Solid Core		F	inish: Plam		
	Door Sidelig	ght								
Door Hardware:	Door Protection Automatic Control Access Control	Opener	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	s:				
	Door Glazing:									
	Hardware Type::	WR-03								
Windows:	Operable Wind	ows:	Standard	Sec	cure		Remarks	:		
	External Glazing	g and Frame		=		High Secu	rity			
	External Glazing	g Hardware:	Standard	Sec	=	High Secu	•			
	Exterior Windo			=		High Secu				
	Internal Glazing Blackout	and Frame:		Shutter [cure 1 Way Mir	High Secu	Other			
						101				
Casework / Millwo		ork Security:	Regular	Secu	1		Remarks	5:		
	Counter Linear Leng or % of perimeter w			Counter/	Work Surface Height (mm):					
	Upper Cupb	ooards	Count	er Top		Lockable				
	Lower Cupb	ooards	Stainle	ess Steel						
ACOUSTICS:	STC Rating Wall / Floor / Ceiling			RT 60	: N/A		Remarks	Refer to Appendix 2	1D - Acoustics and	
	NC Rating	35-40								
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	✓ Anti-L		of Coat 2		Mirrors: Standa	ard 🗹 Vandal-Proof	
	Tackboard	Dim:					Whiteboard	Dim:		
	Remarks:							grab bars, 1 sanitary e to be anti-ligature a		

Project Name:	Department:	COMPLEX CARE UNIT	SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT
VALLEYVIEW PROJECT			
Project Number: 35720	-Draft:	2 Final	Program Number: 12.0-32-02
Sign Off:	Date Issued:	2017-01-25	RoomName: TOILETS, BARRIER-FREE
IBI	Client:	MTICS	m²:
DICK LEVEL	D 0 - 11	WITICS	5.6 m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust	
Can Air be Returned Rate (A/	c).	Special Exha	ust Air Required: 0
Can Air be Returned Rate (A/G to System	C).	эресіаі Ехпа	ust All Required.
PLUMBING FIXTURES:		J	
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC ✓ Barrier Free WC Floor Drain Shower to meet	
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustme	, I I	n Isolation Patient Controlled er:
EXHAUST: Pressure: Equal	Positive N	egative Other:	
Air Temp: 📝 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:	0.5		Clock
Types of Power: Normal	& Emergency		
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING:	In Use" Ligh	Lighting Ren Night light	narks: : on emergency power.

Project Name: VALLEYV	IEW PROJECT	Department:	12.0 COM	1PLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE	PROGRAM .	AND LIVING UNIT
Project Number:	35720	Draft:	1 2	✓ Final		Program Number:		12.0-32-02
	Sign Off:	prepop Date Issued:	1 2		'-01-25	RoomName:	TC	DILETS, BARRIER-FREE
IBI		Client:			MTICS	m²: 5.6 m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet: 0		=	n Station tercom Station n Master Statio	, [Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor CI	inical Camera inical Camera Moni	itor	Card Reader			f Assist ent Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name:			Departm	ent:					SUB	DEPART	MENT:				
	LLEYVIEV	N PROJEC	т	1	100 CO	MPLEX	CARE	UNIT	•	12B-S	ECUF	RE PRC	GRAM /	AND LIV	'ING UNIT
Project Number:		3572	Draft:	prepop	1 2	Fina			Prog	gram Nun	nber:			12.0	-33
	7 S	ign Off:	Date Issu	ıed:			2017-	01-25		mName:				BAT	H/SHOWER
IB	<u>.</u>		Client:				ı	MTICS	m²:	3	3.5 m²	!			
RISK LEVEL:			М	edium											
ARCHITECTUR	RAI REOU	URFMFNTS		caram											
INTERIOR FINIS		height		material			finish					ren	narks		
Ceiling:	2750		GWB - Impa Resistant Se		ure	Paint									
Wall:			GWB - Impa		ure	HIHF pa	anel								
Floor:						Slip Res	sistant								
Base:	100		Flash Cove												
Wall Protection:	Corner Gua Crash Rails Hand Rails: Chair Rail:	: Sta	Sheet: Indard Indard Indard Indard Indard Indard Indard	Anti-Liga Anti-Liga Anti-Liga Anti-Liga	iture		Re	marks:	Anti-	ligature	grab	bars as	per code		
Door(s):	Clear Openin	g (W x H):	914 x 21	35	Material:	Solid C	Core			F	inish: [Plam			
Door Hardware:	Auto Acce	r Protection smatic Opener ess Control azing: Type:: WR-03	Ta	nti-Ligature amperproof ocking		Door Re	marks:								
Windows:	External External Exterior	e Windows: Glazing and Fra Glazing Hardw Window Treatr Glazing and Fra kout	ame: Si are: Si ment: Si	tandard tandard tandard tandard tandard Roller Sh	Secondary Second	ure ure ure	Hig	gh Secu gh Secu gh Secu gh Secu	rity rity rity	Remarks Other	:				
Casework / Millwo	ork:	Casework Secu	rity: Reg	gular	✓ Secur	re				Remarks	5:				
Min Millwork (mm)	or % of perim		•	Counter Stainless		Work Sur Height (r	mm):	.ockable							
ACOUSTICS:	Floor /				RT 60	: 0.7				Remarks		er to App se Contr	pendix 1D ol	- Acousti	cs and
	NC	Rating: 35-40)								<u> </u>				
GENERAL ROOM	И REMARK	Coat	Hooks: St	tandard [✓ Anti-L	igature		Coat 2			Mirr	rors:	Standard	✓ Var	ndal-Proof
	Tack	board Dim:						\ 	Whitek	board	Dim:	L			
	Rem		de washroon nser at batht												

Project Name:	Department:	COMPLEY CARE III	SUB DEPARTMENT:	ANDINANGLANIT
VALLEYVIEW PROJECT	12.0	COMPLEX CARE UI	NIT 12B-SECURE PROGRAM	AND LIVING UNIT
	Draft:		Program Number:	
Project Number: 35720	prepop 1	2 Final		12.0-33
Sign Off:	Date Issued:		RoomName:	
IDI		2017-01-	-25	BATH/SHOWER
IBI	Client:	MT	m²:	
		IVII	3.5 m ²	
RISK LEVEL:	Medium			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/0	C):	Special	Exhaust Air Required: 0	
to System				
PLUMBING FIXTURES:		•		
sink mounting faucet	tap	Living	Plumb	ing Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
✓ Lavatory ✓ Wall ✓ Standard	Standard	wc	Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free W		
Double	✓ Electronic Cont	trols Floor Drain	Other:	
Deep Equipment		bathtub		
Other:	-			
Size:	_			
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustme /et □ Dry □ Types: □ Positive ✔ No		ection Isolation Patient Cont Other:	rolled
ELECTRICAL REQUIREMENTS				
GENERAL POWER:			Clock	
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 1 dunley GEI			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Vight Light	Lightin	g Remarks:	
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	□ "In Use" Light Vanity Light	nt Night	light on emergency power.	

		_						
Project Name: VALLEYV	IEW PROJECT	Department:	12.0 CO	MPLEX CAF	RE UNIT	SUB DEPARTMENT: 12B-SECUI		AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 :	∑ Final		Program Number:		12.0-33
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		BATH/SHOWER
IBI		Client:			MTICS	m²: 3.5 m²	1	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: 0 Outlet: 0		Video	om Station Intercom Statio om Master Stati		Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor CI	inical Camera inical Camera Moni	tor	Card Reade	L		Staff Assist Patient Assist	□ Duress - Wired ☑ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VAL	LEYVIE	W PROJEC	Department:	12.0 CON	MPLEX CARE	UNIT	SUB DEPART 12B-S		PROGRAM A	AND LIVING	UNIT
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nui	mber:		12.0-34	
	1	Sign Off:	Date Issued:		2017-0	01-25	RoomName:		ARRIER-FREE T	UB/ SHOWER I	ROOM
IBI	J		Client:		N	MTICS	m²:	4.5 m²			
RISK LEVEL:			Medium	1							
ARCHITECTUR	AL DEO	IIIDENAENIT									
INTERIOR FINISH					6.11						
	275	height	material	isturo	finish				remarks		
Ceiling:	2/3	U	GWB - Impact & Mo Resistant Secure	isture	Paint						
Wall:			GWB - Impact & Mo Resistant Secure	isture	HIHF panel						
Floor:					Slip Resistant						
Base:	100		Flash Cove					<u> </u>			
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	andard Anti-Li	igature igature igature	Rer	marks:	Anti-ligature	e grab baı	rs as per code		
Door(s):	Clear Open	ing (W x H):	914 x 2135	Material:	Solid Core		-	inish: Plai	m		
	☐ Do	or Sidelight									
Door Hardware: Windows:	Au Door G Hardware Operal Extern Extern Extern	or Protection tomatic Opener cess Control Glazing: Type:: WR-03 ole Windows: al Glazing and Fr al Glazing Hardw or Window Treat	Locking Standard rame: Standard ware: Standard tment: Standard	Section Sectio	ure Hig ure Hig ure Hig	gh Secui gh Secui gh Secui	rity rity	::			
	_	al Glazing and Fra			_	sh Secui					
	Bla	ckout	Blinds Roller	Shutter	1 Way Mirror		Other				
Casework / Millwo	rk:	Casework Secu	urity: Regular	✓ Secur	·e		Remark	s:			
Min Millwork /					Work Surface						
(mm)	✓ Up	imeter wall: per Cupboards wer Cupboards	✓ Counte		Height (mm): Lo	ockable					
ACOUSTICS:		y Wall / 50 / Ceiling: 35-40	0	RT 60:	0.7		Remark	s: Refer to Noise C		- Acoustics and	i
GENERAL ROOM				✓ Anti-Li	igature No of C			Mirrors	: Standard	✓ Vandal-P	roof
	Та	ckboard Dim:	:		Hoo	oks: v	Whiteboard	Dim:			
	Re	holde	hroom Accessories: 1 er, recessed soap disp ptacle.								

Project Name:	Department:		SUB DEPARTMENT:							
VALLEYVIEW PROJECT	12.0 CO	OMPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT							
	Draft:		Program Number:							
Project Number: 35720	prepop 1	2 Final	12.0-34							
Sign Off:	Date Issued:	2 111101	RoomName:							
	Jace issuedi	2017-01-25	BARRIER-FREE TUB/ SHOWER ROOM							
IBI	Client:		m²:							
		MTICS	4.5 m²							
RISK LEVEL:	Medium									
	IVICUIUIII									
MECHANICAL REQUIREMENTS										
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks: Exhaust								
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0							
to System										
PLUMBING FIXTURES:										
sink mounting faucet	tap		Plumbing Remarks							
Handwash Counter Goosene		Urinal	Eyewasii							
✓ Lavatory ✓ Wall ✓ Standard		Hopper	Water Fountain							
Janitorial Floor Laborato		wc _	Emergency Shower							
Double	✓ Electronic Contro	Barrier Free WC	Corrosion Resistant Fittings							
Deep Equipment	V Electronic contro	Floor Drain	Other:							
Other:		bathtub								
	-									
Size:	_									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:										
Air Temp: ✔ Standa	rd Special									
ELECTRICAL REQUIREMENTS										
GENERAL POWER:										
Types of Power: Normal	& Emergency		Clock							
Receptacle Count: Conven	ience: 1 duplex GFI									
Power Remarks: GFI										
Patient Care Area Designation (as per CSA Z32):										
Workstation Task Li	ghting Vight Light	Lighting Ren	narks:							
LIGHTING: Workstation lask Lighting	ghting Night Light "In Use" Light									
Switch & Light Cont Charting Light	_	Night light	on emergency power.							

a		Te						
Project Name: VALLEYV	IEW PROJECT	Department:	12.0 CON	IPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECUI	RE PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2] 🗸 Final		Program Number:		12.0-34
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	BARRIER-FREE	TUB/ SHOWER ROOM
		Client:			MTICS	m²: 4.5 m²	2	
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	IIREMENTS							
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	1 data): Outlet: Outlet: O		Video In	n Station Itercom Statior n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Cam Security Cam	era Monitor CI	inical Camera inical Camera Moni	itor	Card Reader			Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER	·							
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLE	YVIEW PRO	JECT	Department:	12.0 COI	MPLEX	CARE UI		SUB DEPAR 12B-			RAM A	AND LIVING UN	ΙΤ
Project Number:		35720	Draft: prepop	1 2	✓ Fina			Program N	umber:			12.0-35-01	
[Sign Off:		Date Issued:		7	2017-01-		RoomNam	e:			COMFORT ROO	М
IBI			Client:			MT		m²:	13. m) ²			
RISK LEVEL:			Medium						10	•			
	DEOLUBEAG	NTC	Medium										
ARCHITECTURAL INTERIOR FINISHES:		1015				6							
Ceiling:	height 2750	GW	material B - Impact Resista	ant	Paint	finish				remar	KS		7
	2730		- III paot Nooist										
Wall:		GW	B - Impact Resista	ant	Paint		F	Feature wa	all				
Floor:					Resilien	t							
Base:	100	Flas	h Cove										
Wall Protection: Cc Cr Ha	erner Guards: ash Rails: and Rails: air Rail:	_	Sheet: 🗹 rd 🗌 Anti-Liį rd 🔲 Anti-Liį	gature		Remar	ks: S	Soft padin	g on th	e walls			
Door(s): Clea	r Opening (W x H)		220 x 2135	Material:	Solid C	ore			Finish:	Plam			
	Door Protection Automatic Op Access Control Door Glazing: Up	ener I per glazi	Locking	re & of Hardware	Door Rer	marks: Dou	ible s	wing					
	Operable Window External Glazing a External Glazing H Exterior Window [*] Internal Glazing ar Blackout	nd Frame: ardware: Freatment	Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure ure ure ure	High S High S High S High S High S	Securi Securi	ity ity ity	obs	oximize inter servation. P		ing for vindow film	
Casework / Millwork:	Casework	Security:	Regular	Secur	·e			Remai	rks:				1
Min Millwork /Cou (mm) or % [[nter Linear Length of perimeter wall Upper Cupboa Lower Cupboa	rds	Counte	Counter/ ' er Top ss Steel	Work Surf Height (n		able						
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:			RT 60	0.7			Rema		er to Apper ise Control	ndix 1D	- Acoustics and	
GENERAL ROOM RE	MARKS:	Coat Hool	ks: Standard	Anti-L	igature				Mir	rrors: St	andard	☐ Vandal-Proof	
[Tackboard	Dim:				Hooks:		/hiteboard	Dim:				7
	Remarks: [Bean bag	chair and mats- :	soft furnish	ing. Sha	<u>l</u> Ill be locate	ed in	quiet area	, with	high acoust	ic separ	ation	

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	12.0 CC	MPLEX CARE UNIT	12B-SECURE PROGRAM AND LIVING UNIT
	Draft:		Program Number:
Project Number: 35720		2 Final	12.0-35-01
Sign Off:	Date Issued:		RoomName:
IDI		2017-01-25	COMFORT ROOM
IDI	Client:	MTICS	m²:
		WITICS	13. m²
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks:	
✓ Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tan		Plumbing Remarks
Handwash Counter Goosene	tap eck Lever/Blades	Urinal	Eyewasii
Lavatory Wall Standard		Hopper	Water Fountain
Janitorial Floor Laborato		wc _	Emergency Shower
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings
Deep Equipment	Electronic controls	Floor Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment Via DDC		n Isolation Patient Controlled ressure Monitor er:
EXHAUST: Pressure:	Positive Negat		
Air Temp: 🕜 Standa	ard Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks: Overrid	le switch at nurse base to sl	nutoff all power to all red	ceptacles
Potiont Core Area D			
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	"In Use" Light crols Vanity Light	Local switt lighting in	ch and override switch at nurse base to shut off all room

Project Name: VALLEYV	IEW PROJECT	Department:	12.0 COM	IPLEX CAR	E UNIT	SUB DEPARTMENT: 12B-SECURE	PROGRAM	AND LIVING UNIT
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		12.0-35-01
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		COMFORT ROOM
IBI		Client:			MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n					
TECHNOLOGY REQU	JIREMENTS							
Communications Quantity (1 voice, Tel Coax/ Data TV IMIT Rema	1 data): Outlet: Outlet: 0		=	n Station tercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
SECURITY SYSTEMS: Security Cam Security Cam	nera Monitor CI	inical Camera inical Camera Mon	itor _	Card Reader Intrusion De			ff Assist tient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	nent:							

Project Name: VALLE	YVIEW PRO	DJECT	Department:	12.0 COI	MPLEX	CARE UNI		SUB DEPARTMENT: 12B-SECURE PROGRAM AND LIVING UNIT				
Project Number:		35720	Draft: prepop	1 2	✓ Fina		Prog	ram Numl	ber:		12.0	-35-02
[Sign Off:		Date Issued:		2	2017-01-25		mName:			СОМ	FORT ROOM
IBI			Client:			MTIC	m²:	13	3. m²			
RISK LEVEL:			Medium									
	DECLUDENT	ENTC	Medium									
ARCHITECTURAL INTERIOR FINISHES		ENIS										
Ceiling:	height 2750	GW	material B - Impact Resista	ant	Paint	finish				remarks		
ceimig.	2730	000	b impact nesisti	unc	l dille							
Wall:		GW	B - Impact Resista	ant	Paint		Featu	ire wall				
Floor:					Resilien	t						
Base:	100	Flas	h Cove									
Wall Protection: Co	orner Guards: ash Rails: and Rails: and Rails:	_	Sheet: 🗹 rd 🗌 Anti-Lig rd 🔲 Anti-Lig	gature		Remarks:	Soft p	padding	on the	walls		
Door(s): Clea	r Opening (W x H		220 x 2135	Material:	Solid C	ore		Fir	nish: Pla	ım		
	Door Protect Automatic Op Access Contro Door Glazing: Up rdware Type:: CF	oener ol oper glazi	Locking	re & of Hardware	Door Ren	narks: Double	e swing	S				
	Operable Windov External Glazing a External Glazing I Exterior Window Internal Glazing a	and Frame: Hardware: Treatment	Standard Standard Standard	✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec ✓ Sec	ure ure ure ure	High Second High S	urity urity urity	Remarks:		nize interior gration. Provid		ilm
Casework / Millwork:	Casewor	k Security:	Regular	Secur	·e			Remarks:				
Min Millwork /Cou (mm) or % [nter Linear Lengtl of perimeter wal Upper Cupbo Lower Cupbo	l: ards	Counte		Work Surf Height (n		e					
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling:	50-50 30-35		RT 60	0.7			Remarks:		o Appendix Control	1D - Acousti	cs and
GENERAL ROOM RE	MARKS:	Coat Hool	ks: Standard	Anti-L	igature	No of Coat			Mirror	s: Standa	ard 🗌 Vai	ndal-Proof
[Tackboard	Dim:				Hooks: L	Whiteb	ooard [Dim:			
	Remarks:	Bean bag	chair and mats- s	soft furnish	ing. Sha	l II be located	in quie	t area, w	rith hig	h acoustic se	paration	

Project Name:	Department:	SUB DEPARTMENT:	CDANA AND LIVENC LINET						
VALLEYVIEW PROJECT	12.0 COMPLE	X CARE UNIT 12B-SECURE PRO	GRAM AND LIVING UNIT						
	Draft:	Program Number:							
Project Number: 35720	prepop 1 2 Fi		12.0-35-02						
Sign Off:	Date Issued:	RoomName:							
IDI		2017-01-25	COMFORT ROOM						
IDI	Client:	MTICS m²:							
		MITCS 13. m ²							
RISK LEVEL:	Medium								
MECHANICAL REQUIREMENTS									
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks:								
✓ Can Air be Returned Rate (A/	C):	Special Exhaust Air Required: 0							
to System									
PLUMBING FIXTURES:									
sink mounting faucet	tan		Plumbing Remarks						
Handwash Counter Goosene	usk D Lover/Blades	Jrinal Eyewash	Transing Remarks						
Lavatory Wall Standard	standard '	lopper Water Fountain							
	Foot Bodal	VC Emergency Shower							
		carrier Free WC Corrosion Resistant Fittings							
Double	Electronic Controls F	loor Drain Other:							
Deep Equipment									
Other:	_								
Size:									
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks: Via DDC FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Fequal Positive Negative Other: Air Temp: Standard Special Other:									
r									
ELECTRICAL REQUIREMENTS									
GENERAL POWER:		Clock							
Types of Power: Normal		Clock							
Receptacle Count: Conven	ionco: 1 dunlov								
	le switch at nurse base to shutoff al	l power to all receptacles							
Dation C. A. D									
Patient Care Area Designation (as per CSA Z32):									
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks:							
✓ Dimmable Lighting ✓ Switch & Light Cont Charting Light	In Use" Light	Local switch and override switch at n lighting in room	urse base to shut off all						

Project Name: VALLEYVII	EW PROJECT	Department:	12.0 COMPLE	X CARE UNIT	SUB DEPARTMENT: 12B-SECUR	E PROGRAM	AND LIVING UNIT
Project Number:	35720	-Draft: prepop		✓ inal	Program Number:		12.0-35-02
	Sign Off:	Date Issued:		2017-01-25	RoomName:		COMFORT ROOM
_]		Client:		MTICS	m²: 13. m²		
RISK LEVEL:		Mediun	n				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:							
Communications C Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	data): utlet: 0 utlet: 0		☐ Intercom Stati	m Station	Hands Free Telemetry Teleconferencing	Room Statu	us
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Mon		d Reader No.:		aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
OTHER							
Equipment Remarks:			Opera Rema	ational arks:			
Room Data Sheet Commer	nt:						

						1			
Project Name: VALLEY	VIEW PROJE	Department: 13.0 GEN	ERAL BU	IILDING SEF	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENANCE AND STORES FACILITY			
Project Number:	357	Draft:	1 2] 🗸 Final		Program Numb	ber:	13.0-01	
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	CENTRAL MAINT	ENANCE WORKSHOP	
IBI		Client:			MTICS	m²:	D. m²		
RISK LEVEL:		Standard							
ARCHITECTURAL F	DECH IIDEMENT								
INTERIOR FINISHES:				finish			romorks		
Ceiling:	height 2750	material Exposed Structure		finish			remarks		
Wall:		GWB - Moisture Resist	tant	Paint					
Floor:				Ероху					
Base:	100	Flash Cove	L						
	ner Guards:	Sheet:		Ri	emarks:				
		andard Anti-Liga	ature		cinanoi				
Han	nd Rails: St	andard 🗌 Anti-Liga	ature						
Cha	ir Rail: St	andard 🗌 Anti-Liga	ature						
Door(s): Clear	Opening (W x H):	1830 x 2135	Material:	Hollow Meta	al	Fin	nish: Paint		
	Door Sidelight								
Door Hardware: ✓	Door Protection	Anti-Ligature	&	Door Remarks:					
	Automatic Opener	Tamperproof ✓ Locking							
	Access Control								
	oor Glazing: Upper	glazing							
Hard	Iware Type:: SR-01								
	perable Windows:	✓ Standard	Secu			Remarks:			
	kternal Glazing and Fr kternal Glazing Hardv		Secu		igh Secur igh Secur				
	xterior Window Treat		Secu		igh Secur				
Ir	iternal Glazing and Fr	ame: Standard	Secu	ure 🗌 Hi	igh Secur	ity			
	Blackout	Blinds Roller Sh	utter	1 Way Mirro	r	Other			
Casework / Millwork:	Casework Secu	urity: ✔ Regular	Secure	е		Remarks:			
Min Millwork /Count	ter Linear Length 120	000		Vork Surface 9: Height (mm):	15				
() et 70 e	¬ ·	✓ Counter			Lockable				
•	Lower Cupboards	Stainless	Steel						
	Rating Wall / 50 Floor / Ceiling:		RT 60:	N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
	NC Rating: N/A								
GENERAL ROOM REM	MARKS: Coat	Hooks: Standard	Anti-Li	gature No of			Mirrors: Standard	☐ Vandal-Proof	
	Tackboard Dim:			H	ooks: w	Vhiteboard [Dim:		
	Remarks:								

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT	13.0 GENERAL BUILDING S	ERVICES 13A-CENTRAL MAINTENANCE AND STORES FACILITY
Designat Numbers	Draft:	Program Number:
Project Number: 35720	prepop 1 2 Final	13.0-01
Sign Off:	Date Issued: 203	RoomName: L7-01-25 CENTRAL MAINTENANCE WORKSHOP
IBI	Client:	m²:
		MTICS 20. m²
RISK LEVEL:	Standard	
MECHANICAL REQUIREMENTS		
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01 Remarks: Ex	haust
Can Air be Returned Rate (A/ to System	C):	Special Exhaust Air Required: 0
to system		
PLUMBING FIXTURES:		
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		r Water Fountain
✓ Lavatory ✓ Wall ✓ Standard Janitorial Floor Laborato	Foot Bodal	Emergency Shower
Double	Electronic Controls Floor [Free WC Corrosion Resistant Fittings Orain Other:
Deep Equipment	THOU E	otter.
Other:		
Size:		
Poom Temp Control	with Doom Polative Humidity with	☐ Infection Isolation ☐ Desire Controlled
ROOM CONTROLS: Room Temp Control of Local Adjustment	with Room Relative Humidity with Local Adjustment	Room Pressure Monitor Patient Controlled
Room Control Remarks:	Via DDC	
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Other:
		Other.
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Equal	Positive Negative	Other:
Air Temp: 🗸 Standa	ord Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		Clock
Types of Power: Normal	& Emergency	W Clock
Receptacle Count: Conven	ience: 8 duplex. Countertop: split duple	xes along counters, Special Equipment (additional outlets): tbc
Power Remarks: Emerge	ency power shutoff buttons located thro	ughout for workshop machinery/equipment
Patient Cons Anna Parienation		
Patient Care Area Designation (as per CSA Z32):		
	ighting	Lighting Domaster
LIGHTING: ✓ Workstation Task Li Dimmable Lighting		Lighting Remarks:
Switch & Light Cont	"In Use" Light rols Vanity Light	Task lighting above work benches
Charting Light		

Project Name: VALLEYVIE	oject Name: VALLEYVIEW PROJECT		NERAL BU	IILDING SE	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENANCE AND STOF			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	13.0-01		
	Sign Off:	Date Issued:		201	7-01-25	RoomName: CENTRAL MA	INTENANCE WORKSHOP		
	IBI				m²: 20. m²				
RISK LEVEL:		Standar	d						
TECHNOLOGY REQUIR	REMENTS								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): 0 stlet: 0		Video Ir	n Station Itercom Statio n Master Stati		Hands Free Room St Telemetry Teleconferencing	atus		
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:		inical Camera inical Camera Moni	_	Card Reade Intrusion D		Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless		
OTHER									
Equipment Remarks:				Operational Remarks:					
Room Data Sheet Commen	t:								

Project Name:			Department:				s	UB DEPAR	TMENT	<u>:</u>		
	LLEYVIEW PR	OJECT	13.0 GE	NERAL BU	JILDIN	G SERV	ICES	13A-CE	ENTRA	AL MAINTENA		STORES FACILITY
Project Number:		35720	-Draft: prepop	1 2	Fina		P	Program Nu	umber:		13.0-	
	Sign Off:		Date Issued:			2017-0:		RoomName	2:		W	ASHROOM
I B	l <u>. </u>		Client:			M	TICS	n²:	3.7 m	,2		
RISK LEVEL:	4		Standar	<u>ا</u>					3.7 111			
	RAL REQUIREM	IENITS	Stanuar	<u>u</u>								
INTERIOR FINIS			material			finish				remarks		
Ceiling:	2750		B - Moisture Resi	istant	Paint	11111311				Temarks		
Wall:		GW	B - Moisture Resi	istant	Paint							
Floor:					Resilien	nt						
11001.					rtesilleri							
Base:	100	Flas	h Cove									
Wall Protection:	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	✓ Standa Standa Standa	rd Anti-Li	gature		Rema	arks:					
Door(s):	Clear Opening (W x		914 x 2135	Material:	Solid C	Core			Finish:	Plam		
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing: Hardware Type::	Opener rol	☐ Anti-Ligatur Tamperpro ✔ Locking	re & of Hardware	Door Rei	marks:						
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame: Hardware: v Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High	Securit Securit Securit Securit	y y				
Casework / Millwo	ork: Casewo	rk Security:	Regular	Secur	e			Remar	ks:			
	/Counter Linear Leng or % of perimeter w Upper Cupb	all: oards	Counte		Work Surf Height (n	mm):	ckable					
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:	45		RT 60:	N/A			Remar		er to Appendix 1E) - Acoustic	s and
	NC Rating:	40-45										
GENERAL ROOM	I REMARKS:	Coat Hoo	ks: 🗸 Standard	Anti-Li	gature	No of Coa			Mir	rrors: 🗹 Standar	d 🗌 Vand	lal-Proof
	Tackboard	Dim:				1100		niteboard	Dim:			
	Remarks:	Provide w receptacl		ories: 1 soa	p disper	nser, 1 to	ilet pape	er holder	, 1 sani	itary napkin dispo	sal, 1 waste	2

Project Name: VALLEYVIEW PROJECT	Department: 13.0 GENERA	L BUILDING SERVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENAI	NCE AND STORES FACILITY
Project Number: 35720	Draft:	2 Final	Program Number:	13.0-02
Sign Off:	Date Issued:	2017-01-25	RoomName:	WASHROOM
	Client:	MTICS	m ² : 3.7 m ²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 63	2.1-01	Remarks: Exhaust		
Can Air be Returned Rate (A/ to System	C):	Special Exha	ust Air Required: 0	
PLUMBING FIXTURES:		ı		
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	trols Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ng Remarks
ROOM CONTROLS: Room Temp Control Cocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) FXHAUST: Pressure: Equal	Local Adjustm	ent Room F	on Isolation Patient Control	olled
EXHAUST: Pressure:		Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex GFI			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Ligh	Lighting Ren	marks: t on emergency power.	

Project Name: VALLEYVIEW P	valleyview project		Department: 13.0 GENERAL BUILDING SERVICES					SUB DEPARTMENT: S 13A-CENTRAL MAINTENANCE AND STO				
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		13.0-02			
Sign Of	ff:	Date Issued:			2017	-01-25	RoomName:		WASHROOM			
		Client:				MTICS	m²: 3.7 m²					
RISK LEVEL:		Standar	d									
TECHNOLOGY REQUIREME	NTS											
IMIT SYSTEMS: Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:)		Vid		ation com Station aster Statio		Hands Free [Telemetry Teleconferencing	Room Statu	is			
SECURITY SYSTEMS: Security Camera Security Camera Monit		inical Camera inical Camera Monit	or	\equiv	ard Reader ntrusion Det			Assist ent Assist	☐ Duress - Wired ✓ Duress - Wireless			
OTHER												
Equipment Remarks:					erational marks:							
Room Data Sheet Comment:												

la ·		ls			CUR DEDARTA		
Project Name: VALLEY	VIEW PROJECT	Department: 13.0 GE	NERAL BU	JILDING SERVICES	SUB DEPARTME 13A-CENT	RAL MAINTENAN	ICE AND STORES FACILITY
Project Number:	35720	Draft: prepop	1 2	Final	Program Numbe	er:	13.0-03
ĪBĪ	Sign Off:	Date Issued: Client:		2017-01-25	RoomName:	CENTRAL J	ANITORIAL STORAGE
				MTICS	20.	. m²	
RISK LEVEL:		Standar	d				
ARCHITECTURAL F	REQUIREMENTS						
INTERIOR FINISHES:	height	material		finish		remarks	
Ceiling:	2750 A	coustic Tile		Pre-Finished			
Wall:	G	WB - Impact Resist	ant	Paint			
Floor:				Resilient			
Base:	100 F	lash Cove					
Cras Han	nd Rails: Stan	Sheet: 🗹 dard Anti-Li dard Anti-Li dard Anti-Li	gature	J Remarks:			
Door(s): Clear	Opening (W x H):	1220 x 2135	Material:	Hollow Metal	Fini	sh: Paint	
	Door Sidelight						
Door Hardware:	Door Protection Automatic Opener Access Control oor Glazing:	☐ Anti-Ligatu Tamperpro ✔ Locking	re & of Hardware	Door Remarks:			
Hard	lware Type:: SR-01						
E) E) E)	perable Windows: kternal Glazing and Frar kternal Glazing Hardwai kterior Window Treatm iternal Glazing and Fran Blackout B	re: Standard ent: Standard ne: Standard	Secondary Secondary Secondary Secondary Secondary Secondary Secondary Shutter	ure High Secu ure High Secu ure High Secu	rity		
Casework / Millwork:	Casework Securi	ty: 🗌 Regular	Secur	re	Remarks:		
Min Millwork /Count (mm) or % o	ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Counte		Work Surface Height (mm): Lockable			
	Rating Wall / 40 Floor / Ceiling:		RT 60	: N/A		Refer to Appendix 1D Noise Control	- Acoustics and
	NC Rating: N/A						
GENERAL ROOM REM	MARKS: Coat H	ooks: Standard	Anti-L	igature No of Coat Hooks:		Mirrors: Standard	Vandal-Proof
L	Tackboard Dim:				Whiteboard Di	im:	
	Remarks: Shall be	e subdivided into P.	AC and Map	oles			

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	13.0 GENERAL BU	JILDING SERVICES	13A-CENTRAL MAINTENANCE AND STORES FACILITY
Project Number:	Draft:		Program Number:
35/20	prepop 1 2	Final	13.0-03
Sign Off:	Date Issued:	2017-01-25	RoomName: CENTRAL JANITORIAL STORAGE
IBI	Client:		m²:
		MTICS	20. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Re	emarks: Exhaust - Che	emical Storage
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory ✓ Wall ✓ Standard ✓ Janitorial Floor Laborato		wc _	Emergency Shower
Double	✓ Electronic Controls	Barrier Free WC ✓ Floor Drain	Corrosion Resistant Fittings Other:
Deep Equipment	24 X 24	Tiodi Bidiii	
Other:	_		
Size: 24 X 24			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative Hum Local Adjustment		n Isolation Patient Controlled ressure Monitor
FIRE PROTECTION: Sprinkler Type: V	/et Dry Sta	ndpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	re Other:	
Air Temp: 🗸 Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy		Clock
Receptacle Count: Conven	ience: 1 duplex GFI		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
	🗖		
LIGHTING: Workstation Task Lighting		Lighting Ren	narks:
☐ Dimmable Lighting ✓ Switch & Light Cont	"In Use" Light rols Vanity Light		
Charting Light	valilty Light		

Project Name: VALLEYVII	EW PROJECT	Department: 13.0 GE	NERAL BU	JILDING SE	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENANCE AND STO				
Project Number:	35720	Draft: prepop	1 2	F inal		Program Number:		13.0-03		
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	CENTRAL	JANITORIAL STORAGE		
		Client:			MTICS	m²: 20. m²				
RISK LEVEL:		Standar	d							
TECHNOLOGY REQUI	REMENTS									
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	utlet: 0		Video II	m Station ntercom Statior m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s		
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor [Card Reader			ff Assist ient Assist	☐ Duress - Wired ☑ Duress - Wireless		
OTHER										
Equipment Remarks:				Operational Remarks:						
Room Data Sheet Commer	nt:									

			T								
Project Name: VALL	EYVIEW PR	OJECT	Department: 13.0 GE	NERAL BU	JILDING SE	RVICES	13A-CEI	13A-CENTRAL MAINTENANCE AND STORES FACILITY			
Project Number:		35720	Draft: prepop	1 2	Final		Program Nur	nber:	1	3.0-04	
	Sign Off:		Date Issued:		2017	7-01-25	RoomName:	MISCELLAI	NEOUS/ FURI	NITURE STORAGE	
IBI			Client:			MTICS	m²:	50. m²			
RISK LEVEL:			Standar	d							
ARCHITECTURA	I REOUIREN	IFNTS									
INTERIOR FINISHE	·c.		material		finish			rema	arks		
Ceiling:	2750 height		ustic Tile		Pre-Finished	1		reme	diks		
Cennig.	2750	7100	dotte The		Tre Tillistica						
Wall:		GW	B - Impact Resist	ant	Paint						
Floor:					Resilient						
Base:	100	Flas	h Cove								
	Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	rd Anti-Li	gature	F	Remarks:					
Door(s):	ear Opening (W x		.830 x 2135	Material:	Hollow Met	al	F	inish: Paint			
Door Hardware:	Door Protect Automatic C Access Cont Door Glazing:	Opener rol	☐ Anti-Ligatu Tamperpro ✔ Locking	re & oof Hardware	Door Remarks:	:					
Windows:	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame Hardware: v Treatment	Standard Standard Standard	Sec Sec Sec Sec Sec Sec	ure	High Secur High Secur High Secur High Secur or	rity rity	:			
Casework / Millwork	:: Casewo	rk Security:	Regular	Secur	re		Remark	s:			
	wounter Linear Leng of perimeter wo	all: oards	Counte	er Top	Work Surface Height (mm):	Lockable					
ACOUSTICS:	Lower Cupb	oards 40	Stainle	ss Steel RT 60	: N/A		Remark	Refer to App	endix 1D - Ac	oustics and	
	Floor / Ceiling: NC Rating:	N/A						Noise Contro	ol		
GENERAL ROOM	REMARKS:	Coat Hoo	ks: Standard	Anti-L	igature No of	f Coat Hooks:		Mirrors:	Standard	Vandal-Proof	
	Tackboard	Dim:					Vhiteboard	Dim:			
	Remarks:	Shall be s	ubdivided for PA	C and Mapl	es; also assun	nes availa	bility of on-o	campus storage	9		

Project Name:	Department:	SUB DEPARTM	
VALLEYVIEW PROJECT	13.0 GENERAL BUILDII	NG SERVICES 13A-CEN	ITRAL MAINTENANCE AND STORES FACILITY
Project Number:	Draft:	Program Num	ber:
Project Number: 35720		nal	13.0-04
Sign Off:	Date Issued:	2017-01-25 RoomName:	MISCELLANEOUS/ FURNITURE STORAGE
IBI	Client:	m²:	WIISCELLANEOUS, TOWNTONE STONAGE
	chert.	A 471.00	0. m²
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type: CCA 7217 2 10 ACUDAT C	2.1-01 Remarks:		
HVAC: (CSA 2317.2-10, ASHRAE 6.			
Can Air be Returned Rate (A/	C):	Special Exhaust Air Require	d: 0
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap	Jrinal Eyewash	Plumbing Remarks
Handwash Counter Goosene	.ck	Hopper Water Foun	tain
Lavatory Wall Standard	Ctondord	VC Emergency S	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC Corrosion Re	esistant Fittings
Double	Electronic Controls	loor Drain Other:	
Deep Equipment			
Other:	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	with Room Relative Humidity wi	th Infection Isolation Room Pressure Monito	Patient Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTROST.			
Air Temp: Standa	rd Special Other		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 1 duplex		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
		1	

Project Name: VALLEYVII	EW PROJECT	Department: 13.0 GE	NERAL	BUIL	DING SE	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENANCE AND STORES FACILITY			
Project Number:	35720	Draft: prepop	1	2	✓ Final		Program Number:		13.0-04	
	Sign Off:	Date Issued:			2017	'-01-25	RoomName: MISCI	ELLANEOUS/	FURNITURE STORAGE	
		Client:				MTICS	m²: 50. m²			
RISK LEVEL:		Standar	d							
TECHNOLOGY REQUI	REMENTS									
IMIT SYSTEMS:										
Communications O Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remarks	data): outlet: 0 outlet: 0		Vid		tation com Station Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5	
SECURITY SYSTEMS: Security Camer Security Camer	ra Monitor Cli	nical Camera nical Camera Monit	or	\equiv	Card Reader ntrusion De			Assist nt Assist	□ Duress - Wired ✓ Duress - Wireless	
OTHER										
Equipment Remarks:					perational marks:					
Room Data Sheet Commer	nt:									

Project Name:			Department:	NERAL BU	JILDING S	SERVICES	SUB DEPARTN	MENT: ITRAL MAINTENAN	ICE AND STORES
VALI	.EYVIE	W PROJEC							FACILITY
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Num	ber:	13.0-05
IBI		Sign Off:	Date Issued:		20:	17-01-25	RoomName:	HIPNG & REC. DROP-O	FF & MARSHAL AREA
			Client:			MTICS	m²:	0. m²	
RISK LEVEL:			Standar	·d					
ARCHITECTURA	L REO	UIREMENTS							
INTERIOR FINISHE		height	material		fin	ish		remarks	
Ceiling:	2750		Exposed Structure						
Wall:			01412 1 12 11						
vvaii.			GWB - Impact Resist	ant	Paint				
Floor:		l			Ероху				
Base:	100		Flash Cove						
	Corner G Crash Rai Hand Rai Chair Rail	Is: Sta	nndard Anti-Li	igature igature igature	I	Remarks:			
Door(s):	ear Open	ing (W x H):	1830 x 2135	Material:	Aluminum	1	Fi	nish: Plam	
	Do	or Sidelight							
Door Hardware:	Aut Acc Door G	or Protection comatic Opener cess Control lazing: Type:: OF-02	☐ Anti-Ligatu Tamperpro ✓ Locking	ire & oof Hardware	Door Remar	ks:			
Windows:	Externa Externa Exterio Interna	al Glazing Hardw r Window Treatr I Glazing and Fra	ment: Standard	Sec Sec Sec	ure ure ure	High Secur High Secur High Secur High Secur	rity rity	Provide 3.2m roller sh	utter
Casework / Millwork	c:	Casework Secu	rity: Regular	Secur	·e		Remarks		
Min Millwork /C		ear Length meter wall:		Counter/	Work Surface				
(mm) or	Up	per Cupboards ver Cupboards	Counte	er Top ess Steel	Height (mm)	Lockable			
ACOUSTICS:		/ Ceiling:		RT 60:	N/A		Remarks	Refer to Appendix 1D Noise Control	- Acoustics and
	N	C Rating: N/A							
GENERAL ROOM		KS: Coat	Hooks: Standard	Anti-Li	gature No	Hooks:	Vhiteboard	Mirrors: Standard	☐ Vandal-Proof
			be located adjacent	to loading d	ock below:				
	ne	Silali	oc iocaleu aujaceiil	to loauilig u	OCK DEIUW				

Project Name:	Department: 13.0 GENERAL	BUILDING SERVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENA	NCE AND STORES
VALLEYVIEW PROJECT				FACILITY
Project Number: 35720	prepop 1	2 Final	Program Number:	13.0-05
Sign Off:	Date Issued:	2017-01-25	RoomName: SHIPNG & REC. DROP-0	OFF & MARSHAL AREA
IRI	Client:	MTICS	m²: 30. m²	
RISK LEVEL:	Standard	1411165	30.111	
MECHANICAL REQUIREMENTS	Standard			
HVAC: Type: CSA Z317.2-10, ASHRAE 62	2.1-01	Remarks:		
Can Air be Returned Rate (A/C to System	C):	Special Exhau	ust Air Required:	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	ing Remarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative H Local Adjustmen Via DDC		n Isolation Patient Contr ressure Monitor	rolled
FIRE PROTECTION: Sprinkler Type: W W Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Neg	Standpipe Oth	er:	
ELECTRICAL REQUIREMENTS		L		
GENERAL POWER:			Clock	
Types of Power: Emerge	ncy		Clock	
Receptacle Count: Conven	ence: 4 duplex			
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	☐ "In Use" Light	Lighting Ren	narks:	

Project Name: VALLEYVIE	VALLEYVIEW PROJECT		NERAL BU	ILDING SE		SUB DEPARTMENT: 13A-CENTRAL MAINTENAI	NCE AND STORES FACILITY
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	13.0-05
·	Sign Off:	Date Issued:		2017	7-01-25	RoomName: SHIPNG & REC. DROP-C	OFF & MARSHAL AREA
IBI		Client:			MTICS	m²: 30. m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQUIR	EMENTS						
Communications Out Quantity (1 voice, 1 da Tel Out Coax/ Data TV Out	ta): let: 0	outside		n Station tercom Statior n Master Statio		Hands Free Room Statu Telemetry Teleconferencing	is
SECURITY SYSTEMS: Security Camera Security Remarks:		inical Camera inical Camera Moni	=	Card Reader		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comment:							

Project Name:	LLEYVIEW PROJI	Department: 13.0 G	ENERAL BU	JILDING SERV	/ICES	SUB DEPARTM		ANCE AND STORES
Project Number:		Draft: prepop	1 2	Final		Program Numl	oer:	FACILITY 13.0-06
	Sign Off:	Date Issued:		2017-0	1-25	RoomName:	9	SOILED LINEN STORAGE
IB	J	Client:		M	ITICS	m²: 20). m²	
RISK LEVEL:		Standa	ırd					
ARCHITECTUR	RAL REQUIREMEN	ITS						
INTERIOR FINISI	HES: height	materia	I	finish			remarks	
Ceiling:	2750	Acoustic Tile		Pre-Finished				
Wall:		GWB - Impact Resi	stant	Paint				
Floor:				Resilient				
				1				
Base:	100	Flash Cove			_			
Wall Protection:	Hand Rails:	Standard Anti-	Ligature Ligature Ligature	Rem	arks:			
Door(s):	Clear Opening (W x H):	1830 x 2135	Material:	Hollow Metal		Fir	nish: Paint	
	Door Sidelight		_					
Door Hardware:	✓ Door Protection ☐ Automatic Open ☐ Access Control Door Glazing: Hardware Type:: SR-02	Tamperp Locking	ture & rroof Hardware	Door Remarks:				
Windows:	Operable Windows: External Glazing and External Glazing Hard Exterior Window Tre Internal Glazing and Blackout	dware: Standar eatment: Standar Frame: Standar	rd Sec	ure Highure Highure High	n Securi n Securi n Securi n Securi	ity		
Casework / Millwo	ork: Casework Se	ecurity: Regular	Secur	re		Remarks:		
	/Counter Linear Length or % of perimeter wall: Upper Cupboard Lower Cupboard		Counter/ inter Top illess Steel	Work Surface Height (mm): Lo	ckable			
ACOUSTICS:	STC Rating Wall / Floor / Ceiling:		RT 60	N/A		Remarks:	Refer to Appendix 1 Noise Control	D - Acoustics and
	NC Rating: N/A	Α					L	
GENERAL ROOM		oat Hooks: Standar	d Anti-L	igature No of Co Hoo	ks:		Mirrors: Standa	rd Vandal-Proof
	Tackboard Dir	m:			∐ w	/hiteboard [Dim:	
	ACHIGIAS.							

Project Name:	Department:		SUB DEPARTMENT:	ICE AND CTOREC
VALLEYVIEW PROJECT	13.0 GENERAL BUILDI	NG SERVICES	13A-CENTRAL MAINTENAN	FACILITY
Project Number: 35720		✓ Pal	Program Number:	13.0-06
Sign Off:	Date Issued:	F	RoomName:	
IBI		2017-01-25	SO	ILED LINEN STORAGE
	Client:	MTICS	^{n²} : 20. m²	
RISK LEVEL:	Standard			
	Staridard			
MECHANICAL REQUIREMENTS Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Remarks	Exhaust		
HVAC: (CSA 2317.2-10, ASHRAE 6)				
Can Air be Returned Rate (A/	C):	Special Exhaus	st Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Jrinal	Eyewash	g Remarks
Handwash Counter Goosene		Hopper	Water Fountain	
Lavatory Wall Standard		vc	Emergency Shower	
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings	
Deep Equipment	Electronic Controls	loor Drain	Other:	
Other: single comp. sink				
Size:				
Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Types: Positive Negative	Other	r:	
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conven	ience: 1 duplex			
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task L	ghting Night Light	Lighting Rema	arks:	
Dimmable Lighting	"In Use" Light	J : .g		
Switch & Light Cont				
Charting Light				

<u> </u>							T	
Project Name:	\#.#F\#. BBQ.IEGT	Department: 13.0 GE	NERAL	BUILDIN	G SERVI	ICES	SUB DEPARTMENT: 13A-CENTRAL MAINTEN	NANCE AND STORES
VALLE	YVIEW PROJECT							FACILITY
Project Number:	35720	Draft: prepop	1	2 Final			Program Number:	13.0-06
	Sign Off:	Date Issued:			2017-01	1 25	RoomName:	600 50 10050 6700 105
IRI					2017-01	1-23		SOILED LINEN STORAGE
		Client:			M	TICS	m²: 20. m²	
RISK LEVEL:		Standar	d					
TECHNOLOGY RE	QUIREMENTS							
IMIT SYSTEMS:								
	ions Outlet 0		Inte	rcom Statio	n		Hands Free Room S	tatus
Quantity (1 vo	ice, 1 data): Tel Outlet: ()		Vide	o Intercom	Station		Telemetry	
- 1-			Inte	rcom Maste	r Station		Teleconferencing	
Coax/ Data	a TV Outlet: 0							
IMIT Re	emarks:							
05011DITY 040TEN 40								
SECURITY SYSTEMS Security		inical Camera		✓ Card	Reader N	Jo .	Staff Assist	Duress - Wired
		inical Camera Monit	tor	\equiv	sion Detect	_	Patient Assist	Duress - Wireless
Security	camera memter c.	mod. Camera mom			J.O. Detect			Turess vinciess
Security Re	emarks:							
OTHER								
Equipme				Operat Remarl				
Remarks	:			cidi				
D: 5								
Room Da Sheet Co								

Project Name: VALLE	YVIE	W PROJ	ECT	Departi		ENERAL BI	JILDIN	G SER\	VICES		DEPARTM BA-CEN		L MAIN	TENAN	ICE AND	STORES FACILITY
Project Number:		35	720	Draft:	prepop	1 2	Fina			Progr	ram Num	ber:			13.0-	07
		Sign Off:		Date Iss	sued:			2017-0)1-25		nName:				FOOD RE	HEAT AREA
<u>.</u>]				Client:				Ν	/ITICS	m²:	5(0. m²				
RISK LEVEL:				S	tandaı	rd										
ARCHITECTURAL	DE∩I	IIDENAEN	TC													
			13													
INTERIOR FINISHES		height	CIA	/D 14-1	material		D - 1 - 1	finish					remar	rks		
Ceiling:	2750)	GW	/B - Moi	sture Res	sistant	Paint									
Wall:			Cor	ncrete B	lock		Paint									
Floor:							Resilier	nt								
Base:	100		Flas	sh Cove												
Wall Protection: Co	orner Gu	uards:		Sheet:	✓			Ren					mm stain			
Cı	rash Rail	ls:	Standa	ard	Anti-L	igature							plete inte inless ste			
H	and Rail	s:	Standa	ard	Anti-L	igature				toget	her to fo	orm a	water tig	ht join	·	
CI	hair Rail	: 🔲 :	Standa	ard	Anti-L	igature										
Door(s):	r Openi	ng (W x H):	-	1830 x 2	135	Material:	Hollov	v Metal			Fir	nish: P	aint			
	Doc	or Sidelight				J										
Door Hardware:	Doc	or Protection			Anti-Ligatı	ure &	Door Re	marks.								
	_	omatic Open	er		_	oof Hardware	Door Ne	illaiks.								
	✓ Acc	ess Control		✓	Locking											
	Door G	lazing: Uppe	er glaz	ing												
На	rdware	Type:: SR-1)													
Windows:	Operab	le Windows:			Standard					F	Remarks:					
		l Glazing and			Standard				h Secui							
		I Glazing Har Window Tre			Standard	=	ure		h Secui							
		Glazing and			Standard Standard	_	ure ure		h Secui h Secui	-						
	_	ckout	Bline	,		Shutter	_	y Mirror	ii Secui	y	Other					
		_	_	_ '										11	F01	
Casework / Millwork:		Casework Se	curity:	✓ Re	egular	Secu					kemarks:	кеtе	r to Appe	naıx 1G:	EQUIPM	ENT LIST
Min Millwork /Cou (mm) or %		ear Length meter wall:				Counter/	Work Sur Height (۱									
		per Cupboard	s	[✓ Count	er Top			ockable							
	✓ Low	ver Cupboard	S	[✓ Stainle	ess Steel		_								
ACOUSTICS: ST	C Rating	g Wall / / Ceiling:				RT 60	: N/A			ı	Remarks:		r to Appe e Control	ndix 1D	- Acoustic	s and
	NO	C Rating: N/	4													
GENERAL ROOM RI				ks: 🗸	Standard	Anti-L	igature	No of Co	oks:			Mirro		tandard		dal-Proof
	Tac	kboard Di	m:					_	✓ v	Whiteb	oard I	Dim:	915 mm	wide x 9	915 mm h	igh
	Rer	marks: Sha	all be l	ocated	adjacent	to loading d	ock; allo	ow for 8	Food C	Carts a	ınd divis	ion fo	or cart wa	sh dowr	area	

Project Name:	Department:	III DINIC CEDVICEC	SUB DEPARTMENT:	NCE AND STORES
VALLEYVIEW PROJECT	13.0 GENERAL BU	JILDING SERVICES	13A-CENTRAL MAINTENA	FACILITY
Project Number: 35720	Draft:	✓ Final	Program Number:	13.0-07
Sign Off:	Date Issued:	2017 01 25	RoomName:	
IRI		2017-01-25	2	FOOD REHEAT AREA
	Client:	MTICS	m²: 50. m²	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01 Re	emarks:		
Can Air be Returned Rate (A/ to System	C):	Special Exhai	ust Air Required: 1	
PLUMBING FIXTURES:				
sink mounting faucet	tap	Urinal	Eyewash Plumb	ing Remarks
Handwash Counter Goosene Lavatory Wall Standard		Hopper	Water Fountain	
Janitorial Floor Laborato		WC Engrish From WC	Emergency Shower	
Double	Electronic Controls	Barrier Free WC	Corrosion Resistant Fittings Other:	
Deep Equipment			a - Hot & cold Hose Bib	
Other:			and food basket to	
Size:	-	collect any misce	llaneous food waste.	
ROOM CONTROLS: Room Temp Control of Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Equal Air Temp: Standa	Local Adjustment /et □ Dry □ Sta Types: □ Positive ✔ Negative	Room P	n Isolation Patient Cont	rolled
7.11 remp.	Special	other.		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Emerge	ency		Clock	
Receptacle Count: Conven	ience: 12 duplex, Counterto	p: split duplexes along o	counters, Special Equipment (addi	tional outlets): tbc
Patient Care Area Designation				
(as per CSA Z32):				
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:	
Dimmable Lighting ✓ Switch & Light Cont Charting Light	☐ "In Use" Light		net lighting	

Project Name: VALLEYVI	VALLEYVIEW PROJECT	Department: 13.0 GE	NERAL BU	ILDING SE	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINT	ENANCE AND STORES FACILITY
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:	13.0-07
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:	FOOD REHEAT AREA
		Client:			MTICS	m²: 50. m²	
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
Coax/ Data TV (Outlet: 0			n Station tercom Station n Master Statio		Hands Free Roon Telemetry Teleconferencing	n Status
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L	Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Comme	ent:						

Project Name:			Departme	nt:			SUB DEPAR				
	LLEYVIE	W PROJEC	CT 13	3.0 GENERAL BU	JILDING	SERVICES	13A-C	ENTRA	AL MAINTENAN		TORES ACILITY
Project Number:		3572	Draft:	repop 1 2	✓ Final		Program N	umber:		13.0-08	
	7	Sign Off:	Date Issue	d:	20	017-01-25	RoomNam	e:			OFFICE
IBI	.		Client:			MTICS	m²:	11.2 m	n²		
RISK LEVEL:			Sta	ndard				11.2 11	'		
ARCHITECTUR	RAI RFOL	<i>JIRFMFNT</i> :		Tradi d							
INTERIOR FINISH		height		aterial	f	inish			remarks		
Ceiling:	2750		Acoustic Tile		Pre-Finish				, ca.n.e		
Wall:			GWB		Paint						
Floor:					Resilient						
Dane	100		Flack Cove								
Base:	100	. 🗖	Flash Cove	•							
Wall Protection:	Corner Gu Crash Rail		Sheet: Landard	∠ Anti-Ligature		Remarks:					
	Hand Rails		andard	Anti-Ligature							
	Chair Rail:	_	andard 🗌	Anti-Ligature							
Door(s):	Clear Openii	ng (W x H):	914 x 213	5 Material:	Hollow N	Vletal		Finish:	Paint		
200.(0).	✓ Doo	or Sidelight									
Door Hardware:	Auto	or Protection omatic Opener ess Control lazing:	Tar	ti-Ligature & nperproof Hardware kking	Door Rema	arks:					
	Hardware '	Type:: OF-02									
Windows:	Externa Externa Exterior Internal	le Windows: I Glazing and Fr I Glazing Hardw Window Treati I Glazing and Fra Ckout	vare: 🗸 Sta	andard Secondard Secondard Secondard Secondard	ure [ure [ure [High Secu High Secu High Secu High Secu	rity rity rity		servation required	to corridor ar	nd yard
Casework / Millwo	ork:	Casework Secu	ırity: 🗌 Regu	ılar 🗌 Secur	e		Rema	rks:			
Min Millwork / (mm)	or % of perin				Work Surfac Height (mn						
ACOUSTICS:	STC Rating Floor /	g Wall / 45 Ceiling:		RT 60:	0.7		Rema		er to Appendix 1D se Control	- Acoustics ar	nd
	NC	Rating: 30-35	5								
GENERAL ROOM	1 REMARI	KS: Coat	Hooks: 🗸 Sta	andard Anti-Li	gature N	No of Coat 2		Mir	rors: Standard	Vandal-	Proof
	✓ Tac	kboard Dim:	915 mm wi	de x 915 mm high		Hooks: ✓	Whiteboard	Dim:	915 mm wide x 9	915 mm high	
	Ren	narks:									

Project Name:	Department:	L DUIL DING CEDVICE	SUB DEPARTMENT:	NCE AND STORES
VALLEYVIEW PROJECT	13.0 GENERA	L BUILDING SERVICES	13A-CENTRAL MAINTENAI	FACILITY
Project Number: 35720	Draft: [] prepop 1	2 Final	Program Number:	13.0-08
Sign Off:	Date Issued:	2017.01.25	RoomName:	
IBI		2017-01-25		OFFICE
101	Client:	MTICS	m²: 11.2 m²	
RISK LEVEL:	Ctondovd			
	Standard			
MECHANICAL REQUIREMENTS Type: CSA 7217 2 10 ASHBAE 6	2 1 01	Remarks:		
HVAC: Type: CSA Z317.2-10, ASHRAE 6.	2.1-01	Remarks.		
✓ Can Air be Returned Rate (A/	C):	Special Exha	aust Air Required: 0	
to System				
PLUMBING FIXTURES:				
sink mounting faucet	tap	Uring	Plumbi	ng Remarks
Handwash Counter Goosene		Urinal Hopper	Eyewash Water Fountain	
Lavatory Wall Standard	Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal	Barrier Free WC	Corrosion Resistant Fittings	
Double	Electronic Cont	trols Floor Drain	Other:	
Deep Equipment				
Other:	-			
Size:				
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Room Relative Local Adjustme		on Isolation Patient Contro Pressure Monitor	olled
FIRE PROTECTION: Sprinkler Type:	/et Dry	Standpipe Ot	her:	
Rack Storage (2.4m high)	Types:			
		🗆 🖂 ou		
EXHAUST: Pressure:	Positive Ne	egative Other:		
Air Temp: 🗸 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal	& Emergency		Clock	
Receptacle Count: Conven	ience: 4 duplex, Workst	ations: 1 quadplex		
Power Remarks:				
Patient Care Area Designation				
(as per CSA Z32):				
IIGHTING: Workstation Task L	ghting Night Light	Lighting Re	marks:	
LIGHTING: Workstation lask L	"In Use" Light			
✓ Switch & Light Cont		-		
Charting Light				

Project Name: VALLEYVI	EW PROJECT	Department: 13.0 GE	NERAL BU	ILDING SEI	RVICES	SUB DEPARTMENT: 13A-CENTRAL MAINTENANCE AND STO FACI				
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:	13.0-08			
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	OFFICE			
		Client:			MTICS	m²: 11.2 m²				
RISK LEVEL:		Standar	d							
TECHNOLOGY REQUI	REMENTS									
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): outlet: 0 outlet: 0			n Station tercom Station n Master Statio		Hands Free Room State Telemetry Teleconferencing	us			
SECURITY SYSTEMS: Security Came	ra Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader	L	Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless			
OTHER										
Equipment Remarks:				Operational Remarks:						
Room Data Sheet Comme	nt:									

									П		
Project Name: VAL	LEYVIE	W PR	OJEC.		rtment:			TYPICAL	SUB DEPARTN	MENT:	TYPICAL
Project Number:			3572	Draft 0	prepop	1 2			Program Num	ıber:	20.0-01
	l	Sign Off:		Date	Issued:		2	2017-01-25	RoomName:	TYPICAL MAIN	N ENTRANCE VESTIBULE
IBI				Client	::				m²:		
								MTICS			
RISK LEVEL:					Standar	d					
ARCHITECTURA	AL REQ	UIREM	ENTS								
INTERIOR FINISH	ES:	height			material			finish		remarks	
Ceiling:	350	0	C	GWB - M	oisture Res	istant	Paint		Feature ceilir	ng (wood ceiling, m	etal etc)
Wall:				SWP Im	nact Posist	ant	Paint		Foaturo wall	(wood wall panels e	to \
				3 W D - III	pact Resist	.dIIL	raiiit		reature wan	(wood wall pallels e	ic.)
Floor:							Other:		Porcelain Tile	e. Recessed entrance	mat
Base:	100		C	Other:]				
Wall Protection:	Corner G	uards:	✓	Sheet:	✓		J	Remarks:			
	Crash Ra	ils:	Star	ndard	Anti-Li	igature					
	Hand Rai	ls:	Star	ndard	Anti-Li	igature					
	Chair Rai	l:	Star	ndard	Anti-Li	igature					
Door(s):	lear Open	ing (W x F	H):			Material:	Alumin	um	Fi	nish: Prefinished	
	✓ Do	or Sideligh	ht								
Door Hardware:	✓ Au	or Protect tomatic O cess Contr Glazing: Fi	pener		Anti-Ligatu Tamperpro	ire & oof Hardware	Door Ren	narks: Automa	atic Doors		
		Type:: E									
Windows:	Operate External External External External Internal	ole Windo al Glazing al Glazing or Window al Glazing a	ws: and Fran Hardwa / Treatm and Fran	nent:	Standard Standard Standard Standard Standard Roller	✓ Sec ✓ Sec	ure [ure [ure [High Secu High Secu High Secu High Secu Mirror	rity rity		
Casework / Millwor	k:	Casewor	rk Securi	ity:	Regular	Secui	·e		Remarks	:	
Min Millwork /C (mm) o	r % of per	near Lengt imeter wa per Cupbo wer Cupbo	all: pards		Counte	Counter/ er Top ess Steel	Work Surfa Height (m				
ACOUSTICS:	STC Ratin Floor	ng Wall / / Ceiling:	45			RT 60	1		Remarks	Refer to Appendix :	1D - Acoustics and
	N	C Rating:	35-40								
GENERAL ROOM	REMAR	KS:	Coat F	Hooks:] Standard	Anti-L	igature	No of Coat Hooks:		Mirrors: Standa	ard Vandal-Proof
	Та	ckboard	Dim:						Whiteboard	Dim:	
	Re	marks:									

VALLEYVIEW PROJECT VALLEYVIEW PROJECT Draft:
Project Number: 35720
Sign Off: Date Issued: 2017-01-25 Prinal 20.0-01
Date Issued: 2017-01-25 TYPICAL MAIN ENTRANCE VESTIBULE ITPICAL MA
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type:
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type:
RISK LEVEL: Standard MECHANICAL REQUIREMENTS HVAC: Type:
MECHANICAL REQUIREMENTS HVAC: Type:
MECHANICAL REQUIREMENTS HVAC: Type:
HVAC: Type:
Can Air be Returned to System Special Exhaust Air Required:
PLUMBING FIXTURES: sink mounting faucet tap Urinal Eyewash Hopper Water Fountain WC Emergency Shower Barrier Free WC Corrosion Resistant Fittings Double Electronic Controls Deep Equipment Other: Size: ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks:
PLUMBING FIXTURES: sink mounting faucet tap Urinal Eyewash Hopper Water Fountain WC Emergency Shower Barrier Free WC Corrosion Resistant Fittings Double Electronic Controls Deep Equipment Other: Size: ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks:
PLUMBING FIXTURES: Sink
sink mounting faucet tap Handwash Counter Gooseneck Lever/Blades Lavatory Wall Standard Standard Janitorial Floor Laboratory Foot Pedal Double Berrier Free WC Corrosion Resistant Fittings Floor Drain Other: Size: ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks:
sink mounting faucet tap Handwash Counter Gooseneck Lever/Blades Lavatory Wall Standard Standard Janitorial Floor Laboratory Foot Pedal Double Berrier Free WC Corrosion Resistant Fittings Floor Drain Other: Size: ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks:
Handwash Counter Gooseneck Lever/Blades Hopper Water Fountain WC Emergency Shower Barrier Free WC Corrosion Resistant Fittings Floor Double Electronic Controls Other: Deep Equipment Other: Size: Room Temp Control with Local Adjustment
Lavatory Wall Standard Standard WC Emergency Shower Barrier Free WC Corrosion Resistant Fittings Floor Drain Other: Size: Room Temp Control with Local Adjustment Room Control Remarks: Room Control Remarks: Standard WC Emergency Shower Barrier Free WC Corrosion Resistant Fittings Floor Drain Other: Size: S
Janitorial Floor Laboratory Foot Pedal Barrier Free WC Corrosion Resistant Fittings Double Electronic Controls Floor Drain Other: Size: Room Temp Control with Room Relative Humidity with Infection Isolation Room Pressure Monitor Room Control Remarks: Room Contro
Double Electronic Controls Floor Drain Other: Size: Room Temp Control with Room Relative Humidity with Infection Isolation Room Pressure Monitor Room Control Remarks: Room Contro
Deep Equipment Other: Size: ROOM CONTROLS: Room Temp Control with Local Adjustment Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks: Room Control Remarks:
CONTROLS: ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks:
ROOM CONTROLS: Room Temp Control with Local Adjustment Local Adjustment Room Pressure Monitor Room Control Remarks:
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Control Remarks:
Local Adjustment Local Adjustment Room Pressure Monitor Patient Controlled Room Control Remarks:
FIRE PROTECTION: Sprinkler Type: 📝 Wet 🗌 Dry Standpipe 🔲 Other:
Rack Storage (2.4m high) Types:
EXHAUST: Pressure: Fqual 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:
Power Remarks:
Power Remarks:
Patient Care Area Designation (as per CSA Z32):
Patient Care Area Designation (as per CSA Z32):
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks:
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light
Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Lighting Night Light Lighting Remarks: Dimmable Lighting "In Use" Light Switch & Light Controls Vanity Light

Project Name: VALLEYV	IEW PROJECT	Department:	_	Т	YPICAL	SUB DEPARTMENT	:	TYPICAL
Project Number:	35720	Draft: prepop	1 2	∑ Final		Program Number:		20.0-01
	Sign Off:	Date Issued:		2017	'-01-25	RoomName:	TYPICAL MAIN	ENTRANCE VESTIBULE
		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	L data): Outlet:		Video	om Station Intercom Station om Master Static		Hands Free Telemetry Teleconferencing	Room Statu	is
IMIT Remar	ks:							
SECURITY SYSTEMS: Security Came	ora Cli	nical Camera	[Card Reader	· No ·		Staff Assist	Duress - Wired
Security Came		nical Camera Monit	tor [Intrusion De	L		Patient Assist	Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commo	ent:							

Project Name:				Depar	tment:				SUB DEPAR	TMENT:				
	LEYVIE	W PRO	JECT					TYPICAL						TYPICAL
Project Number:		3	5720	Draft:	prepop	1 2	✓ Final		Program Nu	umber:			20.0-	02
	I	Sign Off:		Date Is	ssued:		201	17-01-25	RoomName	e:		TYPICA	L PUBLIC	CORRIDOR
IBI				Client:				MTICS	m²:					
	l							IVITICS						
RISK LEVEL:					Standar	'd								
ARCHITECTURA		UIREME	NTS											
INTERIOR FINISH		height	0.00	t:- T	material		fini				remark	:S		
Ceiling:	2750	J	Acc	oustic T	iie		Pre-Finishe	α						
Wall:			GW	VB - Imp	oact Resis	tant	Paint							
Floor:							Resilient							
Base:	100		Fla	sh Cove	2									
Wall Protection:	Corner G	uards:		Sheet:	V			Remarks:						
wan Protection.	Crash Rai	_	Standa			igature		Nemarks.						
	Hand Rail	ls:	Standa	ard	Anti-L	igature								
	Chair Rail	l:	Standa	ard	Anti-L	igature								
Door(s):	lear Openi	ing (W x H):		1220 x	2135	Material:	Solid Core			Finish:	Plam			
.,	Do	or Sidelight				J				L				
Door Hardware:	Aut	or Protection tomatic Opecess Control Up	ener	zing	Anti-Ligatu Tamperpro Locking	ure & pof Hardware	Door Remark	Refer to	SOR & har	dware s	schedule fo	r specif	ic require	ments
	Hardware	Type:: XC-	03											
Windows:	Externa Externa Exterio Interna	ole Windows al Glazing ar al Glazing Ha r Window T I Glazing an ckout	nd Frame ardware: reatmen	:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secul High Secul High Secul High Secul	rity rity					
Casework / Millwor	k:	Casework	Security	:	egular	Secur	re		Remar	ks:				
Min Millwork /0 (mm) o	r % of peri	near Length Imeter wall: per Cupboa wer Cupboa	rds			Counter/ 'er Top	Work Surface Height (mm)							
ACOUSTICS:	STC Ratin	g Wall / / Ceiling:	5			RT 60	1		Remar		er to Appen se Control	dix 1D -	- Acoustic	s and
	N	C Rating: 3	5-40											
GENERAL ROOM	REMAR	KS:	Coat Hoo	oks:	Standard	Anti-L	gature No	of Coat Hooks:		Miri	rors: Sta	andard	Vano	dal-Proof
	Тас	kboard [Dim:						Whiteboard	Dim:				
	Rei	marks:												

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:	Program Number:	
Project Number: 35720	-Draft:	Frogram Number.	20.0-02
Sign Off:	Date Issued:	RoomName:	
''		7-01-25	TYPICAL PUBLIC CORRIDOR
IBI	Client:	m²:	
		MTICS	
RISK LEVEL:	Standard		
	Stanuaru		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	lover/Plades	Eyewash	Transing Kemarks
Lavatory Wall Standard	Standard III Hopper		
Janitorial Floor Laborato	Foot Podel	Emergency Shower	
Double	□ Floetronic Controls □ □	Free WC Corrosion Resistant Fittings	
Deep Equipment	Floor D	rain Other:	
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V	Local Adjustment	Infection Isolation Room Pressure Monitor Description:	nt Controlled
Rack Storage (2.4m high)	Types:		
Nack Storage (2.4iii flight)	Types.		
EXHAUST: Pressure:	Positive Negative	Other:	
_	_		
Air Temp: 🗸 Standa	rd Special Other:		
SUSCEPLICAL DECUMPERATATE			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clasti	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience duplex every 9m		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	_		
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name:	TW DROLLCT	Department:		T	YPICAL	SUB DEPARTMENT:		TYPICAL
VALLEYVII	EW PROJECT							
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-02
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TYPIC	AL PUBLIC CORRIDOR
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 Tel O Coax/ Data TV O IMIT Remark:	data): utlet: utlet:		Video In	n Station Itercom Station n Master Statio		Hands Free Telemetry Teleconferencing	Room Status	5
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monit	tor	Card Reader			Assist nt Assist	Duress - Wired Duress - Wireless
Security Remarks	5:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PROJECT	Department:		TYPICAL	SUB DEPARTMENT:	TYPICAL
Project Number: 3577	Draft: prepop	1 2	✓ Final	Program Number:	20.0-03
Sign Off:	Date Issued:		2017-01-25	RoomName:	PATIENT ACCESSIBLE CORRIDOR
IBI	Client:		MTICS	m²:	
RISK LEVEL:	Low				
ARCHITECTURAL REQUIREMENT	3				
INTERIOR FINISHES: height	material		finish		remarks
Ceiling: 2750	GWB - Impact Resista	nt Pain	t		
Wall:	GWB - Impact Resista	nt Pain	t		
Floor:		Resi	lient		
		11001			
Base: 100	Flash Cove			1	
Wall Protection: Corner Guards: ✓ Crash Rails: ☐ Sta	Sheet: 🗹 andard 🗌 Anti-Liga	ata	Remarks:	Bumper guard at I	base
	andard Anti-Liga andard Anti-Liga				
	andard Anti-Liga				
	andard And-Ligo				
Door(s): Clear Opening (W x H):	Other:	Material: Soli	id Core	Finish:	Plam
Door Sidelight					
Door Hardware:	Locking			ze and door swing	schedule for specific requirements. to meet the BC Building Code exit
naroware Type:: XC-01					
Windows: External Glazing and Fr External Glazing Hardw Exterior Window Treat Internal Glazing and Fr	vare: Standard ment: Standard	Secure Secure Secure Secure Secure 11	High Secu High Secu High Secu High Secu Way Mirror	urity urity	
Casework / Millwork: Casework Secu	ırity: 🗌 Regular	Secure		Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter Stainless	Тор	Surface nt (mm): Lockable		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 45		RT 60: 1			er to Appendix 1D - Acoustics and se Control
NC Rating: 35-40	U				
GENERAL ROOM REMARKS: Coat	Hooks: Standard	Anti-Ligatu	re No of Coat Hooks:	Mirr	rors: Standard Vandal-Proof
Tackboard Dim:				Whiteboard Dim:	
Remarks: Provi	ide hand sink, soap dis	penser and pap	per towel dispens	er in alcoves	

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:	Program Number:	
Project Number: 35720	Draft:	Frogram Number.	20.0-03
Sign Off:	Date Issued:	RoomName:	
''		7 04 35	TIENT ACCESSIBLE CORRIDOR
IBI	Client:	m²:	
		MTICS	
RISK LEVEL:	Low		
	LOW		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	.ck	Eyewash	Transmig memanis
Lavatory Wall Standard	Standard I I I I I I I I I I I I I I I I I I I		
Janitorial Floor Laborato	Toot Podel	Emergency Shower	
Double	- Electronic Controls	Free WC Corrosion Resistant Fittings	
Deep Equipment	Floor D	Orain Other:	
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Clocal Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type:	Local Adjustment	Infection Isolation Patien Room Pressure Monitor Other:	nt Controlled
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
Ain Tanana A Chan da	ad Carriel Others C		
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal			
Receptacle Count: Conven	iones duploy syon, Om		
keceptacie Count. Conven	lence duplex every 9m		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
Workstation Task Li	ghting Night Light	Lighting Remarks:	
LIGHTING: Workstation Task Li			
	"In Use" Light		
✓ Switch & Light Cont Charting Light	rols Vanity Light		

Project Name:		Department:			TYPICAL	SUB DEPARTMENT:		TVDICAL
VALLEYVIEW PR	OJECT				TYPICAL			TYPICAL
Project Number:	35720	Draft: prepop	1	2 Final		Program Number:		20.0-03
Sign Off.	:	Date Issued:		2	017-01-25	RoomName:	PATIENT A	CCESSIBLE CORRIDOR
IBI		Client:			MTICS	m²:		
RISK LEVEL:		Low						
TECHNOLOGY REQUIREMEN	VTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet:			Vi	tercom Station deo Intercom St tercom Master S		Hands Free Telemetry Teleconferencing	Room Status	5
IMIT Remarks:								
SECURITY SYSTEMS: ✓ Security Camera — Security Camera Monito		inical Camera inical Camera Moni	tor		rader No.: [n Detection	Staff As		Duress - Wired Duress - Wireless
Security Remarks:								
OTHER								
Equipment Remarks:				Operation Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIE	W PROJE		epartment:			7	YPICAL	SUB DEPARTI	MENT:		TYPICAL
Project Number:		357		raft:	op 1	2	Final		Program Num	nber:		20.0-04
[_		Sign Off:	D	ate Issued:			201	7-01-25	RoomName:		TYPIC	CAL STAFF CORRIDOR
<u>В</u>]			C	ient:				MTICS	m²:			
RISK LEVEL:				Stand	lard							
ARCHITECTURAL	RFOI	UIRFMFNT	S									
INTERIOR FINISHES:		height		mate	rial		finisl	n		remark	·c	
Ceiling:	2750		Acous	tic Tile	i i a i		Pre-Finished	1		Telliaik	.5	
B												
Wall:			GWB -	- Impact Re	esistant		Paint					
Floor:							Resilient					
Base:	100		Flash	Cove					L			
		uards:		eet:								
	rner Gi ash Rai		andard		ti-Ligature		'	Remarks:				
	nd Rail		andard	_	ti-Ligature							
	air Rail	_	andard		ti-Ligature							
Door(s): Clea	r Openi	ing (W x H):	122	20 x 2135	Mat	erial:	Solid Core		F	inish: Plam		
	Doo	or Sidelight										
[Aut	or Protection tomatic Opener tess Control tlazing: Upper		Tampe Locking	gature & erproof Hard g	ware	Door Remarks	Refer to	SOR & hardv	ware schedule fo	r speci	fic requirements
Hai	dware	Type:: XC-03										
	Externa Externa Exterio	ole Windows: al Glazing and F al Glazing Hardv r Window Trea Il Glazing and Fi ckout	vare: tment:	Stand Stand Stand Stand Stand Ro	ard ard	Secu Secu Secu Secu Secu	ire	High Secui High Secui High Secui High Secui or	rity rity			
Casework / Millwork:		Casework Sec	urity: [Regular		Secure	9		Remarks	::		
Min Millwork /Cour					Cour		/ork Surface					
(mm) or % [[Upp	meter wall: per Cupboards ver Cupboards			ounter Top ainless Steel	•	Height (mm):L	Lockable				
ACOUSTICS: STO		g Wall / / Ceiling:				RT 60:	1		Remarks	Refer to Appen	dix 1D	- Acoustics and
		C Rating: 35-4	0							Noise control		
GENERAL ROOM RE	MAR	KS: Coa	Hooks:	Stand	ard 🗌 A	nti-Lig	gature No o	f Coat Hooks:		Mirrors: Sta	andard	☐ Vandal-Proof
	Tac	ckboard Dim						∐ v	Whiteboard	Dim:		
	Rei	marks:										

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:		Program Number:
Project Number: 35720	Draft:		20.0-04
Sign Off:	Date Issued:		RoomName:
'. <u> </u>		17-01-25	TYPICAL STAFF CORRIDOR
IBI	Client:		m²:
		MTICS	
DICK I EVEL:	Chandand		
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:
to System			
PLUMBING FIXTURES:			
	tan 🗔		Plumbing Remarks
sink mounting faucet Handwash Counter Goosene	tap Urina	_	Eyewasii
	Ctondord III	er	Water Fountain
	□ WC	L	Emergency Shower
	Floor Pedal Barri	er Free WC	Corrosion Resistant Fittings
Double	Floor	Drain	Other:
Deep Equipment			
Other:	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high) EXHAUST: Pressure: Figual Air Temp: Standar	Local Adjustment Vet Dry Standpipe Types: Negative		n Isolation Patient Controlled er:
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Receptacle Count: Conven	ience duplex every 9m		
Power Remarks:			
		7	
Patient Care Area Designation (as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
		L	

Project Name: VALLEYV	IEW PROJECT	Department:	_	Т	YPICAL	SUB DEPARTMENT:		TYPICAL
Project Number:	35720	-Draft: prepop	1 2	✓ 2 Final		Program Number:		20.0-04
IRI	Sign Off:	Date Issued:			-01-25	RoomName:	TYP	ICAL STAFF CORRIDOR
		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel			Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
Coax/ Data TV	Outlet:					releconterencing		
IMIT Remar	ks:							
SECURITY SYSTEMS:								
Security Came		nical Camera nical Camera Monit	tor	Card Reader Intrusion De	L		aff Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commo	ent:							

Project Name: VALL	EYVIE	W PROJEC	Department:		Т	YPICAL	SUB DEPART	MENT:		TYPICAL
Project Number:		3572	Draft: prepop	1 2	✓ ! Final		Program Nur	mber:		20.0-05
[-		Sign Off:	Date Issued:		2017	-01-25	RoomName:		TYPICA	AL ELEVATOR LOBBY
IBI			Client:			MTICS	m²:			
RISK LEVEL:			Standa	rd						
ARCHITECTURA	I RFO	IIIRFMFNT								
INTERIOR FINISHE					fiil.				_	
Ceiling:	300	height 0	material Acoustic Tile		finish Pre-Finished		GWB bulkh	remark ead / feature ceili		
ceiling.	300	O	Acoustic Tile		i re-i iiiisiieu		GWB BUIKIN	ead / Teature cem	'''8	
Wall:			GWB - Impact Resis	stant	Paint		Feature wal	l (wood wall pane	els etc.)	
Floor:					Resilient					
Base:	100		Flash Cove							
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: Sta	Sheet: 🗸 andard 🗸 Anti-I	Ligature Ligature Ligature] R	emarks:	Bumper gua	ard at base		
Door(s):	ear Open	ning (W x H):	1830 x 2135	Material:	Solid Core		F	inish: Plam		
Door(s).	_	or Sidelight	1030 X 2133		Solid Core			T IGHT		
Door Hardware: H	Au Ac Door G lardware	or Protection Itomatic Opener	Locking /XC-03	oof Hardware	cure		Remarks	ware schedule for	r specifi	c requirements
	Externa Exterio	al Glazing and Fr al Glazing Hardw or Window Treat al Glazing and Fr ackout	vare: Standard tment: Standard rame: Standard	d ✓ Sec d ✓ Sec	cure H	igh Secui igh Secui igh Secui igh Secui	rity rity			
Casework / Millwork	:	Casework Secu	urity: Regular	Secu	re		Remark	s:		
Min Millwork /Co (mm) or	% of per	near Length imeter wall: oper Cupboards wer Cupboards	=	Counter/ ter Top less Steel	Work Surface Height (mm):	Lockable				
ACOUSTICS:	Floor	ng Wall / 45 / Ceiling: N/A		RT 60	: N/A		Remark	Refer to Appen Noise Control	dix 1D -	Acoustics and
GENERAL ROOM I	REMAR	RKS: Coat	t Hooks: Standard	」 d	igature No of	Coat		Mirrors: Sta	andard	Vandal-Proof
		ckboard Dim:				ooks:	Whiteboard	Dim:		
		emarks:								

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:	Program Number:	
Project Number: 35720	-Draft:	Frogram Number.	20.0-05
Sign Off:	Date Issued:	RoomName:	
'. <u> </u>		17-01-25	TYPICAL ELEVATOR LOBBY
IBI	Client:	m²:	
		MTICS	
RISK LEVEL:	Standard		
	Stanuaru		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	lover/Plades	Eyewash	Transmig remarks
Lavatory Wall Standard	Standard III Hoppe		
Janitorial Floor Laborato	Foot Bodol	Emergency Shower	
Double	- Electronic Controls	Free WC Corrosion Resistant Fittings	
Deep Equipment	Floor D	Orain Other:	
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustment	Room Pressure Monitor	ent Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
EXTRACT.			
Air Temp: 🗸 Standa	ord Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience duplex every 9m		
Davis Davis day			
Power Remarks:			
Patient Care Area Designation]	
Patient Care Area Designation (as per CSA Z32):			
,		_	
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont			
Charting Light	_		
		-	

Project Name:		Department:		_		SUB DEPARTMENT:		7.0.0.1
VALLEYVI	EW PROJECT			11	PICAL			TYPICAL
Project Number:	35720	-Draft: prepop	1	2 Final		Program Number:		20.0-05
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	ТҮРІ	CAL ELEVATOR LOBBY
<u> </u>		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel C			Video	com Station Intercom Station com Master Statio		Hands Free Telemetry	Room Statu	S
Coax/ Data TV C	Outlet:		inter	com waster statio	" [_]	Teleconferencing		
IMIT Remark	s:							
SECURITY SYSTEMS: Security Came Security Came		nical Camera nical Camera Moni	tor	Card Reader	L		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remark	s:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VAI	LEYVIE	W PRO	OJEC.	T Departr	nent:			TYI	PICAL	SUB D	EPARTN	MENT:				TYPICAL
Project Number:			3572	Draft:	prepop	1 2	Fina			Progra	am Num	ber:			20.0-	06
	1	Sign Off:		Date Iss	ued:		:	2017-0	01-25	Room	Name:	TYPIC	AL SERV	ICE FLOO	R ELEVA	TOR LOBBY
IBI	J			Client:				N	/ITICS	m²:						
RISK LEVEL:				St	tandar	d										
	A / DEO		CAITC		andan	<u> </u>										
ARCHITECTUR			EN13													
INTERIOR FINISH	300	height			material		Dro Fini	finish					remai	rks		
Ceiling:	300	U	-	Acoustic Til	е		Pre-Fini	sneu								
Wall:			G	GWB - Impa	act Resista	ant	Paint									
Floor			L				Docilion									
Floor:							Resilien	ι								
Base:	100		F	lash Cove												
Wall Protection:	Corner G	iuards:		Sheet:	✓		J.	Ren	marks:	Bumpe	er guar	d at ba	ase			
	Crash Ra	ils:	✓ Star	ndard	Anti-Li	gature					J					
	Hand Ra	ils:	Star	ndard	_ Anti-Li	gature										
	Chair Rai	il:	Star	ndard] Anti-Li	gature										
Door(s):	Clear Oper	ing (W x H	1):	1830 x 2	135	Material:	Hollow	, Metal			Fi	nish: P	aint			
D001 (5).		or Sideligh		1030 X Z	133		11011011	Wictui								
		_						_								
Door Hardware:		or Protect tomatic Op			Anti-Ligatuı Tamperpro	re & of Hardware	Door Rer							or specifi		
	_	cess Contr		<u></u> ι	ocking.				equiren		uooi sv	villig ti	o meet ti	ne BC Bui	iuiiig Cot	ie exit
		Glazing: U		lazing												
		Type:: X(
	Tialuwaie	туре Д	C-U2													
Windows:		ble Windov		_	Standard	_	ure	п			emarks:					
		al Glazing a al Glazing I			Standard Standard		ure ure		h Secur h Secur	•						
		or Window			Standard	_	ure		h Secur	-						
	Interna	al Glazing a	and Fran		Standard		ure		h Secur							
	Bla	ackout	В	linds	Roller	Shutter [1 Way	/ Mirror			Other					
Casework / Millwo	ork:	Casewor	k Securi	ity: Re	gular	Secui	re			R	emarks					
Min Millwork /		near Lengt	h			Counter/		face								
	or % of per	-				,	Height (n									
		per Cupbo		Ĺ	Counte			L	ockable							
	☐ ro	wer Cupbo	aras	L	Stainle	ss Steel										
ACOUSTICS:	STC Ratir		45			RT 60	: N/A			R	emarks	Refer	to Appe	ndix 1D -	Acoustic	s and
		/ Ceiling: LIC Rating:	NI/A									Noise	Control			
	IN	ic naurig.	IN/A									<u> </u>				
GENERAL ROOM	1 REMAR	RKS:	Coat H	looks: S	Standard	Anti-L	igature	No of Co				Mirro	ors: S	tandard	Van	dal-Proof
	П	ckboard	Dim:							Vhitebo	ard	Dim:				
	Re	marks:						1								

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:		Program Number:
Project Number: 35720	Draft:		20.0-06
Sign Off:	Date Issued:		RoomName:
'. <u> </u>		17-01-25	TYPICAL SERVICE FLOOR ELEVATOR LOBBY
IBI	Client:		m²:
		MTICS	
RISK LEVEL:	Standard		
	Stalldald		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	.ck	_	Eyewasii
Lavatory Wall Standard	Ctandard III 110pps	er _	Water Fountain
Janitorial Floor Laborato			Emergency Shower
Double	□ Electronic Controls □ □	r Free WC	Corrosion Resistant Fittings
Deep Equipment	Floor	Orain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control to Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Rack Storage (2.4m high)	Local Adjustment	1 1	n Isolation Patient Controlled ressure Monitor er:
Mack Storage (2.4111 High)	турез.		
EXHAUST: Pressure:	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		٦	Clock
Types of Power: Normal			
December 1 County 10			
Receptacle Count: Conven	ience duplex every 9m		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):		_	
□			
LIGHTING: Workstation Task Li		Lighting Rem	narks:
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name:	FW DDOLFCT	Department:		T	YPICAL	SUB DEPARTMENT:		TYPICAL
VALLEYVI	EW PROJECT							
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-06
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	AL SERVICE FLO	OOR ELEVATOR LOBBY
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Coax/ Data TV (data): Dutlet: Dutlet:		Video II	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	is
IMIT Remark	is:							
SECURITY SYSTEMS: Security Came Security Came		nical Camera nical Camera Moni	tor [Card Reader Intrusion De	L		ff Assist ient Assist	Duress - Wired Duress - Wireless
Security Remark	is:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name:	Department:	TYPICAL	SUB DEPARTMENT:	TYPICAL
VALLEYVIEW PROJECT Project Number: 25.720	Draft:		Program Number:	20.0.07
Sign Off:	prepop 1 2 Date Issued:	Final 2017-01-25	RoomName:	20.0-07
IBI	Client:		m²:	TIBULE-SERVICE AREA
		MTICS		
RISK LEVEL:	Standard			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES: height	material	finish	remarks	
Ceiling: 3000 Ac	oustic Tile	Pre-Finished		
Wall:	VB - Moisture Resistant	Paint		
Floor:		Resilient		
Page 100 Fig	sh Cour]		
Base: 100 Fla Wall Protection: Corner Guards: ✓	sh Cove Sheet: ✓	Remarks:		
Crash Rails: Stand				
Chair Rail: Stand	_			
	1830 x 2135 Material:	Hollow Metal	Finish: Paint	
Door Sidelight				
Door Hardware:	Anti-Ligature & Tamperproof Hardware Locking	Door Remarks: Refer to	SOR & hardware schedule for spec	ific requirements.
Hardware Type::				
Windows: External Glazing and Frame External Glazing Hardware Exterior Window Treatmen Internal Glazing and Frame Blackout Blir	Standard Sec Standard Sec Standard Sec	ure High Secur ure High Secur ure High Secur	rity rity	
Casework / Millwork: Casework Security	: Regular Secur	re	Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counter/ Counter Top Stainless Steel	Work Surface Height (mm): Lockable		
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: 35-40	RT 60	: 1	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS: Coat Ho	oks: Standard Anti-Li	igature No of Coat	Mirrors: Standard	d Vandal-Proof
Tackboard Dim:		Hooks:	Whiteboard Dim:	
Remarks:				

Project Name:	Department:	T)(D) 0.41	SUB DEPARTMENT:	7,0,0,1
VALLEYVIEW PROJECT		TYPICAL		TYPICAL
Project Number: 35720	Draft:	2 Final	Program Number:	20.0-07
Sign Off:	Date Issued:	2017-01-25	RoomName: TYPICAL VESTIBL	ULE-SERVICE AREA
IBI	Client:	MTICS	m²:	
RISK LEVEL:	Standard			
MECHANICAL REQUIREMENTS				
HVAC: Type:		Remarks:		
Can Air be Returned Rate (A/C	c):	Special Exhau	ust Air Required:	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosene Lavatory Wall Standard Janitorial Floor Laborato Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	lemarks
ROOM CONTROLS: Room Temp Control v Local Adjustment Room Control Remarks:	vith Room Relative Local Adjustme		n Isolation Patient Controlled	d
FIRE PROTECTION: Sprinkler Type: W	et Dry	Standpipe Oth	er:	
Rack Storage (2.4m high) EXHAUST: Pressure:	Types:	egative Other:		
Air Temp: 📝 Standa	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER: Types of Power: Normal			Clock	
Receptacle Count: Conven	ence duplex every 9m			
Power Remarks:				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	"In Use" Ligh	Lighting Ren	narks:	

Project Name: VALLEYV	IEW PROJECT	Department:		Т	YPICAL	SUB DEPARTMENT:		TYPICAL
Project Number:	35720	Draft: prepop	1	✓ 2 Final		Program Number:		20.0-07
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TYPICAL VES	TIBULE-SERVICE AREA
		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IIREMENTS							
IMIT SYSTEMS:								
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	1 data): Outlet:		Video	om Station Intercom Station om Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	s
IMIT Remar	ks:							
SECURITY SYSTEMS:				□				
Security Cam Security Cam		nical Camera nical Camera Monit	tor	Card Reader Intrusion De	L		aff Assist atient Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comm	ent:							

Project Name: VALLE	YVIEW	/ PROJEC		tment:			TYPICAL	SUB DEPARTM	MENT:	TYPICAL
Project Number:		3572	Draft:	prepop	1 2	✓ Final		Program Num	ber:	20.0-08
IBI	Sig	n Off:		ssued:		201	7-01-25	RoomName:		TYPICAL FEATURE STAIR
			Client:				MTICS	m²:		
RISK LEVEL:			9	Standar	d					
ARCHITECTURAL	RFOLII	RFMFNT	s							
INTERIOR FINISHES:			•	material		finis	h		romarks	
Ceiling:	3000	neight	GWB - Im		isture	Paint	off		remarks	
ceimig.	3000		Resistant		nsture	Tame				
Wall:			GWB - Im	pact Resist	tant	Paint				
Floor:						Other:		Rubber stair	treads and risers, 1	Factile warning strips
Base:	100		Rubber							
		. \Box								
	rner Guar ash Rails:		Sheet: andard	□ Anti Li	igature		Remarks:			
	nd Rails:	_	andard	_	igature					
	air Rail:		andard		igature					
					1					
Door(s): Clear	Opening	(W x H):	Othe	er:	Material:	Aluminum		Fi	nish: Prefinished	
•	✓ Door 9	Sidelight								
_	Autom	Protection natic Opener s Control ing:	✓	Anti-Ligatu Tamperpro Locking	ire & oof Hardware	Door Remark	s: Size to r	neet BC Build	ing Code requiren	nents
Har	dware Ty	pe:: ST-02								
! !	External G External G Exterior W	Windows: ilazing and Fr ilazing Hardw /indow Treat lazing and Fr out	rare:	Standard Standard Standard Standard Standard Roller	Sec	ure	High Secu High Secu High Secu High Secu ror	rity rity		
Casework / Millwork:	Ca	asework Secu	ırity: 🗌 R	tegular	Secur	re		Remarks:		
Min Millwork /Cour (mm) or %					Counter/	Work Surface				
(mm) or % [Upper	· Cupboards · Cupboards		Counte	er Top ess Steel	Height (mm):	Lockable			
ACOUSTICS: STO	C Rating W Floor / Ce				RT 60	N/A		Remarks:	Refer to Appendix	x 1D - Acoustics and
		ating: N/A							TVOISE CONTROL	
GENERAL ROOM RE	MARKS	: Coat	Hooks:	Standard	Anti-L	gature No	of Coat Hooks:		Mirrors: Stand	dard Vandal-Proof
	Tackb	oard Dim:						Whiteboard	Dim:	
	Rema	rks:								

Project Name:	Department:	SUB DEPARTMENT:
VALLEYVIEW PROJECT		TYPICAL TYPICAL
	Draft:	Program Number:
Project Number: 35720	Draft:	20.0-08
Sign Off:	Date Issued:	RoomName:
· ·		.7-01-25 TYPICAL FEATURE STAIF
IBI	Client:	m²:
		MTICS
RISK LEVEL:	Standard	
	Standard	
MECHANICAL REQUIREMENTS		
HVAC: Type:	Remarks:	
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:
to System		
PLUMBING FIXTURES:		
sink mounting faucet	tap	Plumbing Remarks
Handwash Counter Goosene	sk D Lover/Plades	Eyewasii
Lavatory Wall Standard	Standard I I I I I I I I I I I I I I I I I I I	
Janitorial Floor Laborato	Foot Podel	Emergency Shower
Double	Electronic Controls Dalliel	Free WC Corrosion Resistant Fittings
Deep Equipment	Floor D	rain Other:
Other:		
	-	
Size:		
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V	Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor Other:
Rack Storage (2.4m high)	Types:	
EXHAUST: Pressure: Fqual	Positive Negative	Other:
EXHAUSI.		Journ
Air Temp: ✓ Standa	rd Special Other:	
ELECTRICAL REQUIREMENTS		
GENERAL POWER:		
Types of Power: Normal		Clock
Receptacle Count: Conven	ience duplex every 9m	
Power Remarks:		
Tower nemarks.		
Patient Care Area Designation (as per CSA Z32):		
_	_	
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:
Dimmable Lighting	"In Use" Light	
✓ Switch & Light Cont	rols Vanity Light	
Charting Light		

Project Name: VALLEYVIEW PROJECT		Department:					TYPICAL	
VALLEYVI	EW PROJECT							
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-08
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TY	PICAL FEATURE STAIR
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (data): Dutlet: Dutlet:		Video II	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Statu	5
SECURITY SYSTEMS: Security Came Security Remark	era Monitor Cli	nical Camera nical Camera Moni	[tor [Card Reader	L	Staff /	Assist nt Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLE	YVIE	W PROJ	IECT	Department:			TYPICAL	SUB DEF	PARTMEN	Т:	TYPICAL
Project Number:			5720	Draft: prepop	1 2	Fina		Program	Number:	:	20.0-09
		Sign Off:		Date Issued:		:	2017-01-25	RoomNa	ame:		TYPICAL EXIT STAIR
IBI				Client:			MTICS	m²:			
RISK LEVEL:				Standar	d						
ARCHITECTURAL	REO	UIREMEN	VTS								
INTERIOR FINISHES		height		material			finish			remarks	
Ceiling:	3000		Ace	oustic Tile		Pre-Fini	shed				
Wall:			GV	WB - Impact Resista	ant	Paint		Or archi	tectural	concrete	
Floor:						Sealed (Concrete	Nosing s	strips, ta	ctil warning strips	
Base:	100		Ru	ıbber							
Cr Ha	orner Go ash Rai and Rail air Rail	ls:	Stand Stand Stand	lard	gature	I	Remarks:				
Door(s): Clea	_	ing (W x H): or Sidelight			Material:	Hollow	Metal		Finish	Paint	
[Aut Acc Door G	cor Protection comatic Open cess Control lazing: Type:: ST-C	ner	Locking	re & of Hardware	Door Rer	marks: Refer to	SOR & h	nardware	e schedule for spe	cific
	Externa Externa Exterio Interna	ole Windows: I Glazing and I Glazing Har I Window Tr I Glazing and	d Frame rdware eatmer	Standard nt: Standard e: Standard	Sec Sec Sec Sec Sec Sec	ure ure ure ure	High Secu High Secu High Secu High Secu Mirror	rity rity rity rity	ther		
Casework / Millwork: Min Millwork /Cou (mm) or % [of peri	Casework S near Length meter wall: per Cupboard ver Cupboard	ds	Counte	Counter/ Securior Top ss Steel			Rer	marks:		
ACOUSTICS: ST	Floor	g Wall / 45 / Ceiling: N/			RT 60	N/A		Rer		fer to Appendix 1 pise Control	D - Acoustics and
GENERAL ROOM RE	MAR	KS: C	oat Ho	oks: Standard	Anti-L	igature	No of Coat		М	irrors: Standar	rd Vandal-Proof
[Tac	ckboard D	im:				Hooks: L	Whiteboar	rd Dim	1:	
	Rei	marks:									

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:	Program Number:	
Project Number: 35720	-Draft:	Frogram Number.	20.0-09
Sign Off:	Date Issued:	RoomName:	
'. <u> </u>		7-01-25	TYPICAL EXIT STAIR
IBI	Client:	m²:	
		MTICS	
RISK LEVEL:	Standard		
	Stanuaru		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	lover/Plades	Eyewash	Tramong remarks
Lavatory Wall Standard	Standard III Hopper		
Janitorial Floor Laborato	□ WC	Emergency Shower	
Double	□ Floetronic Controls □ □	Free WC Corrosion Resistant Fittin	ngs
Deep Equipment	Floor D	rain Other:	¬
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks:	Local Adjustment	Infection Isolation Pressure Monitor	atient Controlled
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Processor A Francisco	Desiring Desiring D] Out and	
EXHAUST: Pressure: Fqual	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
, iii reimpi	spesie.		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Types of Fower. Indiffici			
Receptacle Count: Conven	ience every second landing		
, gomen			
Power Remarks:			
Patient Care Area Designation (as per CSA Z32):			
(45 pc. 65/(252).			
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			
		i	

Project Name: VALLEYVIEW PROJECT		Department:		TY	PICAL	SUB DEPARTMENT:		TYPICAL
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-09
	Sign Off:	Date Issued:		2017-	01-25	RoomName:		TYPICAL EXIT STAIR
<u> </u>		Client:		I	MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	JIREMENTS							
IMIT SYSTEMS: Communications Quantity (1 voice, Tel Coax/ Data TV	1 data): Outlet: Outlet:		\equiv	tation com Station laster Statior		Hands Free Telemetry Teleconferencing	Room Statu	ıs
SECURITY SYSTEMS: Security Can Security Can	nera Monitor Cl	inical Camera inical Camera Moni	_	Card Reader ntrusion Det			aff Assist atient Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				perational marks:				
Room Data Sheet Comn	nent:							

Project Name: VALLEYVIE	W PROJECT	Department:	TYPICAL	SUB DEPARTMENT:	TYPICAL
Project Number:	35720		Final	Program Number:	20.0-10
	Sign Off:	Date Issued:	2017-01-25	RoomName: TYPICAL MAIN	MECHANICAL ROOM
IBI —		Client:	MTICS	m ² :	
RISK LEVEL:		Standard			
ARCHITECTURAL REQ	IIIREMENTS				
INTERIOR FINISHES:		matarial	finish	romantic.	
Ceiling:	height	material rposed Structure	finish Paint	remarks	
Celling.	LA	sposed Structure	i anit		
Wall:	Co	oncrete Block	Paint		
Floor:			Ероху	Finish to match floor finish	
Base: 100	Ot	ther:		<u> </u>	
Wall Protection: Corner G Crash Ra Hand Rai Chair Rai	ils: Stand	dard Anti-Ligature	Remarks:		
5001(3).	or Sidelight	1830 x 2135 Material:	Hollow Metal	Finish: Paint	
Au Door G	or Protection tomatic Opener cess Control Glazing: Type:: SR-10	Anti-Ligature & Tamperproof Hardware✓ Locking	Door Remarks:		
Extern Extern Exteric Interna	ole Windows: al Glazing and Fram al Glazing Hardware or Window Treatme al Glazing and Fram ackout Bli	e: Standard Seco	ure High Secur ure High Secur ure High Secur	rity rity	
Casework / Millwork:	Casework Securit	y: Regular Secur	e	Remarks:	
= '	-		Nork Surface Height (mm): Lockable		
	g Wall / 60 / Ceiling: N/A	RT 60:	N/A	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMAR	Coat Ho	poks: Standard Anti-Li	gature No of Coat Hooks:	Mirrors: Standard	☐ Vandal-Proof
Та	ckboard Dim:			Whiteboard Dim:	
Re	marks:				

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:		Program Number:
Project Number: 35720	Draft:		20.0-10
Sign Off:	Date Issued:		RoomName:
'. <u> </u>		17-01-25	TYPICAL MAIN MECHANICAL ROOM
IBI	Client:		m²:
		MTICS	
RISK LEVEL:	Standard		
	Stalldaru		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	.ck	_	Eyewasii
Lavatory Wall Standard	Ctandard III 110ppe	er _	Water Fountain
Janitorial Floor Laborato	Foot Bodol	L	Emergency Shower
Double	□ Electronic Controls □ □	r Free WC	Corrosion Resistant Fittings
Deep Equipment	Floor	Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	1 1	n Isolation Patient Controlled Patient Controlled
Room Control Remarks:	Via DDC	Noomin	ressure Monton
noom control hemans.	VIA DDC		
FIRE PROTECTION: Sprinkler Type: V	Vet Dry Standpipe	Othe	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure:	Positive Negative	Other:	
	_		
Air Temp: 🕡 Standa	rd Special Other:		
	L		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ncy		Clock
Receptacle Count: Conven	ience on each wall		
Power Remarks:			
Tower Remarks.			
Patient Care Area Designation		7	
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rem	narks:
Dimmable Lighting	In Use" Light	All lighting	on emergency power.
Switch & Light Cont	rols Vanity Light		· · ·
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department:						TYPICAL
VALLEYVI	EW PROJECT							
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-10
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TYPICAL MAIN	MECHANICAL ROOM
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQU	IREMENTS							
IMIT SYSTEMS:								
Communications (Quantity (1 voice, 1 Tel (Coax/ Data TV (IMIT Remark	data): Dutlet: Dutlet:		Video Ir	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	Room Status	s
Security Came Security Came		nical Camera nical Camera Moni	tor	Card Reader Intrusion De	L		aff Assist tient Assist	Duress - Wired Duress - Wireless
Security Remark	is:							
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	ent:							

Project Name: VALLEYVIEW P	ROJECT	Department:	TYPICAL	SUB DEPARTMENT:	TYPICAL
Project Number:	35720	Draft:	Final	Program Number:	20.0-11
Sign O	ff:	Date Issued:	2017-01-25	RoomName: TYPICAL MAI	N ELECTRICAL ROOM
IBI		Client:	MTICS	m²:	
RISK LEVEL:		Standard			1
ARCHITECTURAL REQUIRE	MENITS	- Ctamaar u			
INITEDIOD FINISHES			· · ·		
Ceiling: heig		material osed Structure	finish Paint	remarks	
Cennig.	EXP	oseu structure	railit		
Wall:	Con	ocrete Block	Paint		
Floor:			Ероху	Finish to match floor finish	
Base: 100	Oth	er:			
Wall Protection: Corner Guards: Crash Rails: Hand Rails: Chair Rail:	Standa Standa Standa	ard Anti-Ligature	Remarks:		
Door(s): Clear Opening (W		1830 x 2135 Material:	Hollow Metal	Finish: Paint	
Door Hardware: Door Prot Automati Access Co Door Glazing: Hardware Type::	c Opener entrol	☐ Anti-Ligature & Tamperproof Hardware ✓ Locking	Door Remarks:		
External Glazi Exterior Wind	ng and Frame:	Standard Section Standard Section Standard Section Standard Section Standard Section Section Standard Section Section Standard Section	ure High Secui ure High Secui ure High Secui	rity rity	
Casework / Millwork: Casev	work Security:	Regular Secur	e	Remarks:	
Min Millwork /Counter Linear Le (mm) or % of perimeter Upper Cu	wall: pboards		Nork Surface Height (mm): Lockable		
ACOUSTICS: STC Rating Wall Floor / Ceilir NC Ratin	ng:	RT 60:	N/A	Remarks: Refer to Appendix 1D Noise Control	- Acoustics and
GENERAL ROOM REMARKS:	Coat Hoo	ks: Standard Anti-Li	gature No of Coat Hooks:	Mirrors: Standard	Vandal-Proof
Tackboar	d Dim:			Whiteboard Dim:	
Remarks:	Fire retar	dant plywood on walls			

Project Name:	Department:		DEPARTMENT:
VALLEYVIEW PROJECT		TYPICAL	TYPICAL
	Draft:	Proc	gram Number:
Project Number: 35720	-Draft:	FIOE	20.0-11
Sign Off:	Date Issued:	Roo	omName:
· ·		.7-01-25	TYPICAL MAIN ELECTRICAL ROOM
IBI	Client:	m²:	
		MTICS	
RISK LEVEL:	Standard		
	Stanuaru		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhaust A	ir Required:
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	lover/Plades		yewasn
Lavatory Wall Standard	Standard III Hoppe		/ater Fountain
Janitorial Floor Laborato	Foot Bodol		mergency Shower
Double	Flortronic Controls		orrosion Resistant Fittings
Deep Equipment	Floor D	rain Ot	ther:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Iso Room Pressu	Patient Controlled
Room Control Remarks:	Via DDC	ROOMTTC33C	are Worker
noom control hemano.	VIA DDC		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	✓ Other:	fire rated walls, no sprinklers
	_		
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:	
	_		
Air Temp: 🕡 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Emerge	ency		Clock
Receptacle Count: Conven	ience on each wall		
Power Remarks:			
Fower Remarks.			
Patient Care Area Designation]	
(as per CSA Z32):			
		-	
LIGHTING: Workstation Task L	ighting Night Light	Lighting Remarks	s:
Dimmable Lighting	In Use" Light	All lighting on	emergency power.
✓ Switch & Light Cont	rols Vanity Light	36 011	S- 7/1
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department:		TYPICAL	SUB DEPARTMENT:		TYPICAL
Project Number:	35720	Draft: prepop	1 2 Fina		Program Number:		20.0-11
	Sign Off:	Date Issued:	:	2017-01-25	RoomName:	TYPICAL MA	IN ELECTRICAL ROOM
181	BI			MTICS	m²:		
RISK LEVEL:		Standar	d				
TECHNOLOGY REQU	IREMENTS						
Communications Quantity (1 voice, 1 Tel (Coax/ Data TV (Outlet:		☐ Intercom Station☐ Video Intercom S☐ Intercom Master	Station	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Came Security Remark	era Monitor CI	inical Camera inical Camera Monit		teader No.:		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Operation Remark:				
Room Data Sheet Comme	ent:						

Project Name: VALLEY	VIEW PRO	DJECT	Department:			ALL	SUB DEPARTM	1ENT:	TYPICAL
Project Number:	:	35720	Draft: prepop	1 2] 🗸 Final		Program Num	ber:	20.0-12
IBI	Sign Off:		Date Issued:		2017-	01-25	RoomName:		WATER ENTRY ROOM
			Client:		1	MTICS	m²:		
RISK LEVEL:			Standar	d					
	DEOLUDEM	FNTC							
ARCHITECTURAL I	KEQUIKEIVII	ENIS							
INTERIOR FINISHES:	height		material		finish			remarks	
Ceiling:		Expo	osed Structure		Paint				
Wall:		Con	crete Block		Paint				
Floor:					Sealed Concre	te			
Base:	100	Rub	per			_			
	ner Guards:	Standa	iheet: 🔲 rd 🗍 Anti-Li	gature	Re	marks:			
Har	nd Rails:	 Standa	_	gature					
Cha	air Rail:	Standa	_	gature					
Clear	Opening (W x H	١٠ - (114 × 2125	Material:	Hallow Matal	L	Cir	nish: Paint	
Door(s): Clear	Door Sideligh		14 x 2135	iviateriai.	Hollow Metal			Paint	
L	_ Door Sideligh								
Door Hardware:			Anti-Ligatu	re & oof Hardware	Door Remarks:				
	Automatic Op		Locking	orriaraware					
	Door Glazing:	UI			_				
Hard	dware Type:: SR	R-01							
	perable Windov		Standard	Secu			Remarks:		
	xternal Glazing a		☐ Standard	∐ Secι		gh Secur	•		
	xternal Glazing F xterior Window		Standard Standard	Secu		gh Secur gh Secur			
	nternal Glazing a		Standard	Secu	_	gh Secur			
	Blackout	Blind		Shutter	1 Way Mirror		Other		
Casework / Millwork:	Caseworl	k Security:	Regular	Secure	e		Remarks:		
Min Millwork /Coun	ter Linear Lengtl	h		Counter/ V	Vork Surface				
	of perimeter wal	1:			Height (mm):				
	Upper Cupbo		Count		L	ockable			
L	Lower Cupbo	arus	Stairile	ss Steel					
	Rating Wall / Floor / Ceiling:	60		RT 60:	N/A		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and
	NC Rating:	N/A							
GENERAL ROOM REI	MARKS:	Coat Hook	s: Standard	Anti-Lig		Coat oks:		Mirrors: Stand	lard Vandal-Proof
	Tackboard	Dim:					/hiteboard I	Dim:	
	Remarks:								

Project Name:	Department:		SUB DEPARTMENT:	
VALLEYVIEW PROJECT		ALL		TYPICAL
Project Number: 35720	Draft:	2 Final	Program Number:	20.0-12
Sign Off:	Date Issued:	2017-01-25	RoomName:	WATER ENTRY ROOM
IBI	Client:	MTICS	m²:	
RISK LEVEL:	Standard			
	Standard			
MECHANICAL REQUIREMENTS Type: Type:		Remarks:		
HVAC:				
Can Air be Returned Rate (A/C to System	C):	Special Exha	ust Air Required:	
PLUMBING FIXTURES:				
sink mounting faucet Handwash Counter Goosenee Lavatory Wall Standard Janitorial Floor Laborator Double Deep Equipment Other: Size:	Standard	Urinal Hopper WC Barrier Free WC Floor Drain	Eyewash Water Fountain Emergency Shower Corrosion Resistant Fittings Other:	Plumbing Remarks
ROOM CONTROLS: Room Temp Control w Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: W	vith Room Relative Local Adjustme Via DDC et Dry	· I I	ressure Monitor	nt Controlled
Rack Storage (2.4m high)	Types:			
EXHAUST: Pressure:	Positive Ne	gative Other:		
Air Temp: Standar	rd Special	Other:		
ELECTRICAL REQUIREMENTS				
GENERAL POWER:				
Types of Power: Normal			Clock	
Receptacle Count: Conveni	ence: 2 duplex			
Power Remarks: GFI				
Patient Care Area Designation (as per CSA Z32):				
LIGHTING:	In Use" Light	Lighting Ren	narks:	

_						T.		
Project Name:		Department:			ALL	SUB DEPARTMENT:		TYPICAL
VALLEYVIE	W PROJECT				,			
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-12
	Sign Off:	Date Issued:		2017	-01-25	RoomName:		WATER ENTRY ROOM
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					· ·
TECHNOLOGY REQUIR	REMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 d Tel Ou Coax/ Data TV Ou IMIT Remarks:	ata): utlet:			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camera Security Camera Security Remarks:	a Monitor Cli	nical Camera nical Camera Moni	tor	Card Reader Intrusion Det	L	Staff /	Assist nt Assist	☐ Duress - Wired ✓ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEY	VIEW PR	OJECT	Departm	nent:			ALL	SUB DEPART	MENT:		TYPICAL
Project Number:		35720	Draft:	prepop	1 2	Final		Program Nur	mber:		20.0-13
[Sign Off:		Date Issu	ued:		20	017-01-25	RoomName:	:	TYPICA	L ELECTRICAL ROOM
IBI			Client:				MTICS	m²:			
RISK LEVEL:			C+	andar							
	DEOLUDEA A	ENTC	31	anuai	u						
ARCHITECTURAL F		ENIS									
INTERIOR FINISHES:	height			material			inish		rema	rks	
Ceiling:		Ex	posed Str	ucture		Paint					
Wall:		GV	VB - Impa	ıct Resist	ant	Paint					
Floor:						Sealed Co	oncrete				
Base:		Ru	bber								
Wall Protection: Cor	ner Guards:		Sheet:			l	Remarks:				
Cras	sh Rails:	Stand	lard	Anti-Li	gature						
Han	ıd Rails:	Stand	lard	Anti-Li	gature						
Cha	ir Rail:	Stand	lard] Anti-Li	gature						
Door(s): Clear	Opening (W x F	H):	914 x 21	35	Material:	Hollow N	Metal		Finish: Paint		
D001(3).	Door Sidelig										
	Door Protect Automatic O Access Contr Oor Glazing: Ware Type:: S	pener		anti-Ligatu amperpro ocking	re & oof Hardware	Door Rema	arks: Door siz	e to accomn	nodate equipme	ent	
E) E) E)	perable Windo kternal Glazing kternal Glazing kterior Window kternal Glazing	and Frame Hardware	e: S s: S nt: S e: S	tandard tandard tandard tandard tandard	Sec Sec Sec Sec Sec	ure [ure [High Secui High Secui High Secui High Secui	rity rity	55:		
Casework / Millwork:	Casewo	rk Security	/: Re	gular	Secur	e		Remark	ss:		
Min Millwork /Count						Nork Surfac					
(mm) or % o	of perimeter was Upper Cupbo Lower Cupbo	oards		Counte		Height (mn	n):Lockable				
	Rating Wall / Floor / Ceiling:	55			RT 60:	N/A		Remark	Refer to Appe		- Acoustics and
	NC Rating:	N/A									
GENERAL ROOM REM	7	Coat Ho	oks: S	tandard	Anti-Li	gature N	Hooks:			Standard	☐ Vandal-Proof
L	Tackboard	Dim:					L \	Whiteboard	Dim:		
	Remarks:	Fire reta	ardant ply	wood on	ı walls						

Project Name:	Department:		SUB DEPARTMENT:					
VALLEYVIEW PROJECT		ALL	TYPICAL					
	Draft:		Program Number:					
Project Number: 35720	Draft:		20.0-13					
Sign Off:	Date Issued:		RoomName:					
· ·		17-01-25	TYPICAL ELECTRICAL ROOM					
IBI	Client:		m²:					
		MTICS						
DICK I EVEL:	Chandond							
RISK LEVEL:	Standard							
MECHANICAL REQUIREMENTS								
HVAC: Type:	Remarks:							
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:					
to System								
PLUMBING FIXTURES:								
sink mounting faucet	tap		Plumbing Remarks					
Handwash Counter Goosene	.ck	_	Eyewasn					
Lavatory Wall Standard	Standard Hoppi	er	Water Fountain					
Janitorial Floor Laborato	Foot Bodel	L	Emergency Shower					
Double	Floatronic Controls	r Free WC	Corrosion Resistant Fittings					
Deep Equipment	Floor	Drain	Other:					
Other:								
	-							
Size:								
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Room Pressure Monitor Room Patient Controlled Room Control Remarks:								
	L							
ELECTRICAL REQUIREMENTS								
GENERAL POWER:			Clock					
Types of Power: Emerge	ency		Clock					
Receptacle Count: Conven								
Power Remarks:	ience on each wan							
Patient Care Area Designation (as per CSA Z32):								
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:					
☐ Dimmable Lighting ✓ Switch & Light Cont ☐ Charting Light	"In Use" Light rols Vanity Light	All lighting	on emergency power.					

Project Name: VALLEY\	/IEW PROJECT	Department:		AL	SUB DEPARTMEN	NT:	TYPICAL
Project Number:	35720	Draft: prepop		✓ inal	Program Numbe	r:	20.0-13
	Sign Off:	Date Issued:		2017-01-2	RoomName:	TYPIC	AL ELECTRICAL ROOM
	IBI			MTIC	S m²:		
RISK LEVEL:		Standard					
TECHNOLOGY REQ	UIREMENTS						
Communication Quantity (1 voice, Te Coax/ Data T	, 1 data): el Outlet: v Outlet:		☐ Intercom Stat☐ Video Interco☐ Intercom Mas	m Station	Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Car Security Car	mera Monitor CI	inical Camera inical Camera Monito		d Reader No.: rusion Detection		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER							
Equipment Remarks:			Oper Rema	ational arks:			
Room Data Sheet Comr	ment:						

Project Name: VALLEY	VIEW PROJE	Department:			ALL	SUB DEPARTM	IENT:	TYPICAL
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Num	ber:	20.0-14
IBI	Sign Off:	Date Issued:		2017-	01-25	RoomName:		TYPICAL COMM. ROOM
		Client:		1	MTICS	m²:		
RISK LEVEL:		Standar	d					
ARCHITECTURAL R	EQUIREMENT							
INTERIOR FINISHES:	height	material		finish			remarks	
Ceiling:		Exposed Structure		Paint				
Wall:		GWB - Impact Resist	ant	Paint				
Floor:				Sealed Concre	te			
Base:		Rubber			I.			
Wall Protection: Corn	er Guards:	Sheet:		Re	marks:			
Crasi	h Rails: St	andard Anti-Li	gature					
	_	andard Anti-Li	_					
		andard Anti-Li	gature					
Door(s): Clear C	Opening (W x H):	914 x 2135	Material:	Hollow Metal		Fir	nish: Paint	
	Door Sidelight							
Door Hardware:	Door Protection Automatic Opener Access Control oor Glazing:	Anti-Ligatu Tamperpro ✓ Locking	re & oof Hardware	Door Remarks:	Door size	e to accommo	odate equipment	
Hardy	ware Type:: SR-01							
Ext Ext Ext	perable Windows: ternal Glazing and F ternal Glazing Hardv terior Window Treat ternal Glazing and Fr Blackout	vare: Standard ment: Standard ame: Standard	Sec Sec Sec Sec Sec Sec	ure Hi ure Hi ure Hi	gh Secur gh Secur gh Secur gh Secur	rity rity		
Casework / Millwork:	Casework Sec	urity: Regular	Secur	re		Remarks:		
Min Millwork /Counte (mm) or % of	er Linear Length perimeter wall: Upper Cupboards Lower Cupboards	Counte		Work Surface Height (mm):	ockable.			
	Rating Wall / 55 loor / Ceiling: N/A		RT 60	N/A		Remarks:	Refer to Appendix Noise Control	1D - Acoustics and
CENEDAL DOCUMENT					—		¬ -	
GENERAL ROOM REM		: Hooks: Standard	Anti-Li	igature No of (Ho	oks:	Vhitak '	Mirrors: Stand	dard Vandal-Proof
	Remarks:					Vhiteboard (Dim:	

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT		ALL	TYPICAL				
	Draft:		Program Number:				
Project Number: 35720	-Draft:		20.0-14				
Sign Off:	Date Issued:		RoomName:				
'. <u> </u>		2017-01-25	TYPICAL COMM. ROOM				
IBI	Client:		m²:				
		MTICS					
RISK LEVEL:	Standard						
	Standard						
MECHANICAL REQUIREMENTS							
HVAC: Type:	Remarks:						
_							
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required:				
to System							
PLUMBING FIXTURES:							
sink mounting faucet	tan		Plumbing Remarks				
Handwash Counter Goosene	sk D Lover/Blades	nal	Eyewasii				
Lavatory Wall Standard	Standard	pper	Water Fountain				
Janitorial Floor Laborato	Toot Podel	_	Emergency Shower				
Double	Floatronic Controls	rrier Free WC	Corrosion Resistant Fittings				
Deep Equipment	Flo	or Drain	Other:				
Other:							
Other.	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Patient Controlled Room Control Remarks:							
Air Temp: 🗹 Standa	rd Special Other:						
ELECTRICAL REQUIREMENTS							
GENERAL POWER:			Clock				
Types of Power: Emerge	ncy & UPS						
Descrited Court							
Receptacle Count: Conven	ience on each wall						
Davisa Davisados C. Vala		. 9.1	toda Stabilizated Science Astaff station				
Power Remarks: Switche	ed receptable to shutoff wifi network	switches, cont	trol switch located in nurse/staff station				
211 16 1 2 1							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:				
Dimmable Lighting	In Use" Light	All lighting	g on emergency power.				
Switch & Light Cont		, 1181111118	5 or 5 cred bourer.				
Charting Light							

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Project Name:		Department:			ALL	SUB DEPARTMENT:		TYPICAL
VALLEYVIE	W PROJECT							
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-14
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	TY	PICAL COMM. ROOM
IRI		Client:			MTICS	m²:		
RISK LEVEL:		Standar	d					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 c Tel O Coax/ Data TV O IMIT Remarks	lata): utlet: utlet:			station sercom Station Master Statio		Hands Free Telemetry Teleconferencing	Room Statu:	s
SECURITY SYSTEMS: Security Camer Security Camer	a Monitor Cli	nical Camera nical Camera Moni	tor 🗸	-			f Assist ent Assist	☐ Duress - Wired ✔ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Commen	t:							

Project Name: VALLEYVIEW PROJECT	Department:		ALL	SUB DEPARTMENT:	TYPICAL
Project Number: 3572	Draft: prepop	1 2 Final		Program Number:	20.0-15
Sign Off:	Date Issued:	201	7-01-25	RoomName:	TYPICAL LOADING DOCK
IBI	Client:		MTICS	m²:	
RISK LEVEL:	Standard	d			
ARCHITECTURAL REQUIREMENTS	<u> </u>				
INTERIOR FINISHES: height	material	finis	sh	remarks	
Ceiling:					
Wall:					
Floor:					
Base:					
Wall Protection: Corner Guards:	Sheet:		Remarks:		
Crash Rails: Sta	andard 🔲 Anti-Lig	gature			
Hand Rails: Sta	andard Anti-Lig	gature			
	andard	_			
Door(s): Clear Opening (W x H):		Material:		Finish:	
Door Sidelight					
Door Hardware: Door Protection Automatic Opener Access Control Door Glazing:	Anti-Ligatur Tamperpro	re & Door Remark of Hardware	s:		
Hardware Type:: BO-01					
Windows: External Glazing and Free External Glazing Hardwesterior Window Treatment Glazing and Free Blackout	vare: Standard ment: Standard	Secure Secure Secure	High Securi High Securi High Securi High Securi ror	ity	
Casework / Millwork: Casework Secu	ırity: 🗌 Regular	Secure		Remarks:	
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboards Lower Cupboards	Counte	_	Lockable		
ACOUSTICS: STC Rating Wall / Floor / Ceiling:		RT 60: N/A		Remarks: Refer to Append	lix 1D - Acoustics and
NC Rating: N/A					
	Hooks: Standard	Anti-Ligature No	of Coat Hooks:		ndard Vandal-Proof
Tackboard Dim:			∐ w	Vhiteboard Dim:	
кетагкз:					

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT		ALL	TYPICAL
7/122211120011103201		2 11	
Project Number: 35720	-Draft:	Program Number:	20.0-15
	prepop 1 2 Final	2 1	20.0 13
Sign Off:	Date Issued: 201	7-01-25 RoomName:	TYPICAL LOADING DOCK
IBI			THICAL LOADING BOCK
	Client:	MTICS m²:	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type:	Remarks:		
HVAC:			
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to system			
PLUMBING FIXTURES:			
	ton		Plumbing Remarks
sink mounting faucet	tap Urinal	Eyewash	Fidinibility Remarks
Handwash Counter Goosene	nobbe		
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		Free WC Corrosion Resistant Fitti	ngs
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:			
- Room Town Control	uith Doom Polotiva Humiditu with	☐ Infection Isolation ☐	
ROOM CONTROLS: Room Temp Control v	with Room Relative Humidity with Local Adjustment	Room Pressure Monitor	Patient Controlled
Room Control Remarks:	.,		
FIRE PROTECTION: Sprinkler Type:	Vet ☐ Dry ✓ Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	ord Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience every second landing		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	ighting	Lighting Dama-I	
LIGHTING: Workstation Task Li		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			
		· ·	

Project Name:		Department:				SUB DEPARTMENT:		
VALLEYVIEW	PROJECT	Department.			ALL	JOB DEFANTIMENT.		TYPICAL
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-15
''	n Off:	Date Issued:		2017-	01-25	RoomName:	TYF	PICAL LOADING DOCK
IBI		Client:		ı	MTICS	m²:		
RISK LEVEL:		Standard	d					
TECHNOLOGY REQUIREN	MENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data) Tel Outlet Coax/ Data TV Outlet IMIT Remarks:	:			a Station tercom Station n Master Station		Hands Free Telemetry Teleconferencing	Room Status	
SECURITY SYSTEMS: Security Camera Security Camera Mo	=	nical Camera nical Camera Monito	or	Card Reader		Staff As		☐ Duress - Wired ☐ Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

_							1		
Project Name: VALI	LEYVIE	W PROJE	Department:		PARKIN	IG LEVEL	SUB DEPARTM	1ENT:	PARKING LEVEL
Project Number:		357	Draft: prep	op 1 2	✓ 2 Final		Program Num	ber:	20.0-16
	I	Sign Off:	Date Issued:		201	17-01-25	RoomName:	TYPICAL ELEVATOR VE	STIBULE IN PARKING
IBI	I		Client:			MTICS	m²:		
RISK LEVEL:			Stan	dard					
ARCHITECTURA	N RFO	IIIREMENIT							
INTERIOR FINISH				wio.l	fini	a la		wa ma wka	
Ceiling:	300	height 0	GWB	:ridi	Paint	511		remarks	
ceimig.	300	O .	C		T dill't				
Wall:			GWB - Impact R	esistant	Paint				
Floor:					Resilient				
Base:	100		Flash Cove						
Wall Protection:	Corner G Crash Ra Hand Rai Chair Rai	ils: St	andard A	nti-Ligature nti-Ligature nti-Ligature	_	Remarks:			
Door(s):	_	ning (W x H):	914 x 2135	Material	Hollow Me	etal	Fi	nish: Paint	
Door Hardware:	☐ Do	oor Protection tomatic Opener cess Control	r Tamp Lockir	igature & erproof Hardware	Door Remark	KS:			
	Door	Glazing: Fully g	glazed						
	Hardware	PA-01							
Windows:	Externa Externa Exterio	ble Windows: al Glazing and F al Glazing Hardv or Window Trea al Glazing and F ackout	ware: Stand tment: Stand rame: Stand	dard See	cure	High Secur High Secur High Secur High Secur	ity ity		
Casework / Millwor	k:	Casework Sec	urity: Regula	r Secu	ire		Remarks:		
Min Millwork /C				Counter/	Work Surface				
(mm) o	Up	imeter wall: per Cupboards	_	ounter Top cainless Steel	Height (mm):	Lockable			
ACOUSTICS:		/ Ceiling:		RT 60	D: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and
	N	IC Rating: N/A							
GENERAL ROOM			t Hooks: Stand	dard Anti-l	igature No	Hooks:		Mirrors: Standard	☐ Vandal-Proof
	∐ Ta	ckboard Dim	:				/hiteboard	Dim:	
	Re	emarks:							

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	PARKIN	G LEVEL	PARKING LEVEL
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	20.0-16
35720	prepop 1 2 Final		20.0-10
Sign Off:	Date Issued:	7-01-25 RoomName:	R VESTIBULE IN PARKING
IBI			R VESTIBULE IN PARKING
101	Client:	MTICS m²:	
		WITES	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type:	Remarks:		
HVAC:	Remarks.		
	-, [
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to system			
PLUMBING FIXTURES:			
		Plus	mhing Damarks
sink mounting faucet	tap Urinal	Eyewash	mbing Remarks
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato		Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:	_		
Size:			
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	Infection Isolation	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor Patient Co	introlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet	Other:	
Rack Storage (2.4m high)	Types:		
	,,,,,,		
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:	
_	_		
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience every second landing		
	, , , , , , , , , , , , , , , , , , , ,		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	ighting Au Lui L	Lighting Domogles	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

VALLEYVIEW PROJECT		Department: Draft:	PARKING I	SUB DEPAR	ГМЕПТ:	PARKING LEVEL
Project Number:	Project Number: 35720		1 2 Final	Program Nu	mber:	20.0-16
	Sign Off:	Date Issued:	2017-	01-25 RoomName		R VESTIBULE IN PARKING
181		Client:	N	MTICS m²:		
RISK LEVEL:		Standar	d			
TECHNOLOGY REQU	IREMENTS					
IMIT SYSTEMS:						
Communications Quantity (1 voice, 1 Tel Coax/ Data TV	L data): Outlet:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Telemetry Teleconfere	Room Sta	atus
IMIT Remar	ks:					
SECURITY SYSTEMS:						
Security Came		nical Camera nical Camera Monit	Card Reader tor Intrusion Dete		Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remar	ks:					
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Commo	ent:					

Project Name: VALLE	YVIEW F	PROJEC	Department:		PARKING	G LEVEL	SUB DEPAR	TMENT:		PARKING LEVE	EL
Project Number:		3572	Draft: prepop	1 2	✓ Final		Program Nu	mber:		20.0-17	
<u> </u>	Sign (Off:	Date Issued:		201	7-01-25	RoomName		L PARKING AR	EA (SLAB ON GRAD	E)
IB I			Client:			MTICS	m²:				
RISK LEVEL:			Standar	d							
ARCHITECTURAL	REQUIRE	MENTS	<u> </u>								=
INTERIOR FINISHES			material		finis	h			remarks		
Ceiling:			Exposed Structure		Paint		Paint all ex	oosed pipii	ng .Refer to SC)R	
Wall:			Other:		Paint		Concrete				
Floor:		L			Sealed Conc	rete	Painted par to SOR	king lines	and parking st	all numbers. Refer	
Base:	100		Other:								_
Cr Ha	orner Guards: ash Rails: and Rails: nair Rail:	Sta	Sheet:	gature	I	Remarks:					
Door(s): Clea	r Opening (W			Material:				Finish:			
	Door Pro Automat Access Co Door Glazing	ic Opener ontrol	Anti-Ligatu Tamperpro Locking	re & of Hardware	Door Remarks	5:					
	Operable Wil External Glaz External Glaz Exterior Wind Internal Glaz	ing and Fra ing Hardwa dow Treatn ing and Fra	are: Standard ment: Standard mee: Standard	Secondary Secondary Secondary Secondary Secondary Secondary Secondary Shutter	ure	High Secu High Secu High Secu High Secu ror	rity rity				
Casework / Millwork: Min Millwork /Cou (mm) or %		wall:	Counte		e Work Surface Height (mm):	Lockable	Remar	KS:			
ACOUSTICS: ST	C Rating Wall Floor / Ceili NC Rati			RT 60	: N/A		Remar	ks: Refer to Noise C		- Acoustics and	
GENERAL ROOM RE	MARKS:	Coat I	Hooks: Standard	Anti-L	igature No c	of Coat		Mirrors:	Standard	☐ Vandal-Proof	
[Tackboa	rd Dim:				Hooks:	Whiteboard	Dim:			7
	Remarks	: Concr	ete wheel stops. Ref	er to SOR.							

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	PARKIN	G LEVEL	PARKING LEVEL
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	20.0-17
35720	prepop 1 2 Final		20.0-17
Sign Off:	Date Issued:	7-01-25 RoomName: TYPICAL PARKING	ADEA (CLAD ON CDADE)
IBI			AREA (SLAB ON GRADE)
101	Client:	MTICS m²:	
		WITIES	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS	Remarks:		
HVAC:	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to System			
PLUMBING FIXTURES:			
		DI .	
sink mounting faucet	tap Urinal	Eyewash	bing Remarks
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard	Standard WC	Emergency Shower	
Janitorial Floor Laborato	ory Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Con	trolled
Room Control Remarks:	Local Adjustificht	Room ressure Montes	
noom control nemarks.			
FIRE PROTECTION: Sprinkler Type:	Vet ✓ Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	✓ Positive Negative	Other:	
LAHAGSI.			
Air Temp: ✓ Standa	ard Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience every second landing		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
	ighting apply	Lighting Domayles	
LIGHTING: Workstation Task L		Lighting Remarks:	
Dimmable Lighting	"In Use" Light		
✓ Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department:	PARKING LEVE	SUB DEPARTMENT:	PARKING LEVEL
Project Number:	35720	Draft: prepop	1 2 Final	Program Number:	20.0-17
Sign Off:		Date Issued:	2017-01-25	RoomName: TYPICAL PARKING	G AREA (SLAB ON GRADE)
IBI		Client:	MTICS	5 m²:	
RISK LEVEL:		Standar	d .		
TECHNOLOGY REQUIR	REMENTS				
IMIT SYSTEMS:					
Communications Or Quantity (1 voice, 1 c Tel Or Coax/ Data TV Or IMIT Remarks	lata): utlet: utlet:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room St	atus
SECURITY SYSTEMS: ✓ Security Camero Security Camero		nical Camera nical Camera Moni	Card Reader No.:	Staff Assist Patient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	Provide sufficien	t cameras for 10	0% coverage		
OTHER					
Equipment Remarks:			Operational Remarks:		
Room Data Sheet Commen	t:				

Project Name: VALLE	YVIEW PR	OJECT	Department:		PARKING	LEVEL	SUB DEPART	MENT:		PARKING LEVEL
Project Number:	1	35720	Draft:	2	Final		Program Nu			20.0-18
	Sign Off:		Date Issued:		2017	-01-25	RoomName		RKING AREA	(SUSPENDED SLAB)
IBI			Client:			MTICS	m²:			
RISK LEVEL:	·		Standard							
ARCHITECTURAL	REQUIREM	ENTS								
INTERIOR FINISHES:			material		finish			rer	marks	
Ceiling:		Ex	posed Structure		Paint		Paint all exp	osed piping .l	Refer to SOI	3
Wall:		Ot	her:		Paint		Concrete			
Floor:					Other:		Traffic Coat	ing. Refer to S	SOR	
Base:	100	Ot	her:	L						
Cra Ha	rner Guards: [ash Rails: [nd Rails: [air Rail: [Stand Stand Stand	ard Anti-Ligatur	e	R	emarks:				
Door(s): Clear	Opening (W x I		Ma	iterial:				Finish:		
	Door Protect Automatic C Access Cont Door Glazing: dware Type::	pener	Anti-Ligature & Tamperproof Hai		Door Remarks:					
! !	Operable Windo External Glazing External Glazing Exterior Windov Internal Glazing Blackout	and Frame Hardware	Standard Standard Standard Standard	Secu Secu Secu Secu Secu	ıre	igh Secui igh Secui igh Secui igh Secui	rity rity	5:		
Casework / Millwork: Min Millwork /Cour (mm) or %		all: pards		I	Vork Surface Height (mm):	Lockable	Remark	S:		
ACOUSTICS: STO	C Rating Wall / Floor / Ceiling: NC Rating:			RT 60:	N/A		Remark	Refer to Ap Noise Contr		Acoustics and
GENERAL ROOM RE	MARKS:	Coat Ho	oks: Standard	Anti-Lig	gature No of			Mirrors:	Standard	☐ Vandal-Proof
	Tackboard	Dim:			н	ooks:	Whiteboard	Dim:		
	Remarks:	Concrete	e wheel stops. Refer to	SOR.				L		

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	PARKIN	G LEVEL PARKI	NG LEVEL
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number: 20.0	_1Q
35720	prepop 1 2 Final		-10
Sign Off:	Date Issued:	RoomName: 7-01-25 TYPICAL PARKING AREA (SUSPE	NDED CLAD)
IBI		(NUEU SLAB)
101	Client:	MTICS m ² :	
		WITIES	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type:	Remarks:		
HVAC:	Remarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to system			
PLUMBING FIXTURES:			
		Diumbing Domayle	
sink mounting faucet	tap Urinal	Eyewash Plumbing Remarks	
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	ry Foot Pedal Barrier	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor D	rain Other:	
Deep Equipment			
Other:			
Size:	-		
Danie Tanie Cantuali	odah		
ROOM CONTROLS: Room Temp Control Local Adjustment	with Room Relative Humidity with Local Adjustment	Infection Isolation Patient Controlled Room Pressure Monitor	
Room Control Remarks:			
noom control nemano.			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 🗸 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:		Clock	
Types of Power: Normal		Clock	
Receptacle Count: Conven	ience: 9m spacing		
Power Remarks:			
Patient Care Area Designation			
(as per CSA Z32):			
UGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
		Egitting nethurks.	
Dimmable Lighting	☐ "In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			

Project Name: VALLEYVIEW PROJECT Project Number: 35720		Department:	PARKING LEVEL	SUB DEPARTMENT:	PARKING LEVEL
		Draft: prepop	1 2 Final	Program Number:	20.0-18
Sign Off:		Date Issued:	2017-01-25	RoomName: TYPICAL PARKING A	REA (SUSPENDED SLAB)
181		Client:	MTICS	m²:	
RISK LEVEL:		Standar	d		
TECHNOLOGY REQUI	REMENTS				
IMIT SYSTEMS:					
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O IMIT Remarks	utlet:		Intercom Station Video Intercom Station Intercom Master Station	Hands Free Room Sta	atus
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Moni	Card Reader No.:	Staff Assist Patient Assist	☐ Duress - Wired ✓ Duress - Wireless
Security Remarks	Provide sufficien	t cameras for 10	0% coverage		
OTHER					
Equipment Remarks:			Operational Remarks:		
Room Data Sheet Commer	nt:				

Project Name: VALLEYVIEW	PROJECT	Department:	MAPLES (CROSSROADS		SUB DEPARTMENT: OUTDOOR SPACE		
Project Number:	35720	−Draft:			Program Num	ber:	20.0-19	
''	n Off:	Date Issued:		2017-01-25	RoomName:	S CROSSROADS FOREI	NSIC GARDEN-SECURE	
IBI		Client:		MTICS	m²:			
RISK LEVEL:		Medium						
	DEAGENTS	Mediaiii						
ARCHITECTURAL REQUIR	REMENTS							
	eight	material		finish		remarks		
Ceiling:								
Wall:	Oth	er:			Provide secur	re fencing		
Floor:								
Base:								
Wall Protection: Corner Guard	ds:	Sheet:		Remarks:				
Crash Rails:	Standa	rd 🗌 Anti-Ligatu	re					
Hand Rails:	Standa	rd 🗌 Anti-Ligatu	re					
Chair Rail:	Standa	rd 🗌 Anti-Ligatu	re					
Door(s): Clear Opening	(W x H):	М	laterial:		Fir	nish:		
	idelight							
Autom		Anti-Ligature & Tamperproof Ha		Remarks:				
External GI Exterior W	lazing and Frame: lazing Hardware: indow Treatment azing and Frame:	Standard Standard Standard Standard	Secure Secure Secure Secure Secure 1 W	High Secu High Secu High Secu High Secu	ırity ırity			
Casework / Millwork: Ca	sework Security:	Regular	Secure		Remarks:			
Min Millwork /Counter Linear		Co	ounter/ Work S					
	ter wall:L Cupboards Cupboards	Counter Top Stainless Ste		(mm):Lockable				
ACOUSTICS: STC Rating W Floor / Ce	eiling:		RT 60: N/A		Remarks:	Refer to Appendix 1D Noise Control	- Acoustics and	
NC Ra	ating: N/A							
GENERAL ROOM REMARKS		ks: Standard	Anti-Ligature	Hooks:		Mirrors: Standard	d Vandal-Proof	
Tackbo	oard Dim:				Whiteboard [Dim:		
Remar	sks: Secure fe	nce, High. Provide sed	cure site furn	ishings, hardsca	pe and softsca	pe. Provise 20% cove	red area.	

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT	MAF	PLES CROSSROADS	OUTDOOR SPACE
VALLETVIEWTROJECT			
Project Number:	Draft:		Program Number: 20.0-19
35720	prepop 1 2	2 Final	
Sign Off:	Date Issued:	2017-01-25	RoomName:
IBI		2017 01 23	MAPLES CROSSROADS FORENSIC GARDEN-SECURE
101	Client:	MTICS	m²:
		WITICS	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type:	D	emarks:	
HVAC:	,	erilarks.	
	-,		
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required:
to system			
PLUMBING FIXTURES:			
			Diumbing Domarks
sink mounting faucet	tap	Urinal	Eyewash Plumbing Remarks
Handwash Counter Goosene		Hopper	Water Fountain
Lavatory Wall Standard		wc [Emergency Shower
Janitorial Floor Laborato	, <u> </u>	Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment		Lockable Non Fre	eeze Hose Bib
Other:	_		
Size:			
_		J L	
ROOM CONTROLS: Room Temp Control	with Room Relative Hun	nidity with Infectio	n Isolation Patient Controlled
Local Adjustment	Local Adjustment	Room P	ressure Monitor
Room Control Remarks:			
	_		
FIRE PROTECTION: Sprinkler Type:	Vet Dry Sta	andpipe Oth	er:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negati	ve Other:	
Air Temp: ✓ Standa	rd Special	Other:	
ELECTRICAL REQUIREMENTS			
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Receptacle Count: Conven	ience: by entrances		
Power Remarks: GFI			
Patient Care Area Designation (as per CSA Z32):			
(as per CSA 232):			
UGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
LIGHTING: Workstation lask L		Eighting Neh	
	"In Use" Light		
✓ Switch & Light Cont Charting Light	rols Vanity Light		
Charting Light			

VALLEYVIEW PROJECT		Department:	MAPLE	S CROSSRO		SUB DEPARTMENT	:	OUTDOOR SPACE
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-19
Sign	Off:	Date Issued:		2017-0		RoomName: MAPLES CR	OSSROADS FORE	ENSIC GARDEN-SECURE
IBI		Client:		N	/ITICS	m²:		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIREM	IENTS							
IMIT SYSTEMS:								
Communications Outlet Quantity (1 voice, 1 data): Tel Outlet: Coax/ Data TV Outlet: IMIT Remarks:				Station rcom Station Master Station		Hands Free Telemetry Teleconferencing	☐ Room Stat	us
SECURITY SYSTEMS: Security Camera Security Camera Mon	=	nical Camera nical Camera Monito		Card Reader Intrusion Detec			Staff Assist Patient Assist	□ Duress - Wired ✓ Duress - Wireless
Security Remarks: Pro	ovide sufficient	t cameras for 1009	% coverage					
OTHER								
Equipment Remarks:				perational emarks:				
Room Data								

Project Name: VALLEYVIEW PROJECT	Department:	MPLEX CARE UNIT	SUB DEPARTMENT:	OUTDOOR SPACE
Project Number: 35720	-Draft:	2 Final	Program Number:	20.0-20
Sign Off:	Date Issued:	2017-01-25	RoomName:	COMPLEX CARE OUTDOOR SPACE
	Client:	MTICS	m²:	
RISK LEVEL:	Low			
ARCHITECTURAL REQUIREMENTS				
INTERIOR FINISHES.		6 . 1		
Ceiling: height	material	finish		remarks
Wall:				
Floor:		Other:		
1001.		Other.		
_				
Base:				
Wall Protection: Corner Guards:	Sheet:	Remarks:		
Crash Rails: Standa	rd Anti-Ligature			
Hand Rails: Standa	rd Anti-Ligature			
Chair Rail: Standa	rd Anti-Ligature			
Door(s): Clear Opening (W x H):	Materia	ıl:	Finish:	
Door Sidelight				
Door Hardware: Door Protection	Anti-Ligature &			
Door Hardware: Door Protection Automatic Opener	Tamperproof Hardwa	Door Remarks: re		
Access Control	Locking			
Door Glazing:				
Hardware Type:: GT-01				
Windows: Operable Windows: External Glazing and Frame:		ecure	Remarks:	
External Glazing Hardware:		ecure High Secure High Secur	-	
Exterior Window Treatment		ecure High Secur		
Internal Glazing and Frame:	Standard Se	ecure High Secur		
Blackout Blind	s Roller Shutter	1 Way Mirror	Other	
Casework / Millwork: Casework Security:	Regular Sec	ure	Remarks:	
Min Millwork /Counter Linear Length		·/ Work Surface		
(mm) or % of perimeter wall:		Height (mm):		
Upper Cupboards	Counter Top	Lockable		
Lower Cupboards	Stainless Steel			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: 50	RT 6	60: N/A		Appendix 1D - Acoustics and
NC Rating: N/A			Noise Co	ontrol
GENERAL ROOM REMARKS: Coat Hool	ss: Standard Anti	-Ligature No of Coat Hooks:	Mirrors: Whiteboard Dim:	Standard Vandal-Proof
	nce, Low. Provide site furn			
Secure le	nice, Low. Flovide Site full	nomingo, naruscape anu s	опосаре.	

Project Name:	Department:		SUB DEPARTMENT:	OUTDOOD SDAGE			
VALLEYVIEW PROJECT	1	COMPLEX CARE UNIT		OUTDOOR SPACE			
Project Number: 35720	Draft:	2 Final	Program Number:	20.0-20			
Sign Off:	prepop 1 Date Issued:	د ۱ ۱۱۱۵۱	RoomName:	20.0 20			
· ·		2017-01-25		IPLEX CARE OUTDOOR SPACE			
IBI	Client:	MTICS	m²:				
		WITIES					
RISK LEVEL:	Low						
MECHANICAL REQUIREMENTS							
HVAC: Type:		Remarks:					
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:				
to system							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks			
Handwash Counter Goosene		Hopper	Water Fountain				
Lavatory Wall Standard		wc [Emergency Shower				
Janitorial Floor Laborato	· <u> </u>	Barrier Free WC	Corrosion Resistant Fittings				
Double	Electronic Con	Floor Drain	Other:				
Deep Equipment		Lockable Non Fre	eze Hose Bib				
Other:	-						
Size:							
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks:							
FIRE PROTECTION: Sprinkler Type: U	Vet Dry	Standpipe Othe	er:				
Rack Storage (2.4m high)	Types:						
EXHAUST: Pressure: Equal	Positive N	egative Other:					
Air Temp: 🗸 Standa	rd Special	Other:					
ELECTRICAL REQUIREMENTS							
GENERAL POWER:							
Types of Power: Normal			Clock				
Receptacle Count: Conven	ience: by entrances						
Dower Perseyler CEL							
Power Remarks: GFI							
Patient Care Area Designation (as per CSA Z32):							
LIGHTING: Workstation Task Li	ighting Night Light	Lighting Ren	narks:				
LIGHTING: Workstation Task Li			igi na.				
Switch & Light Cont	"In Use" Light	IL .					
Charting Light	vanity light						

Project Name: VALLEYVIEV	VALLEYVIEW PROJECT		СОМ	PLEX CARE	UNIT	SUB DEPARTMENT		OUTDOOR SPACE
Project Number:	35720			Program Number:		20.0-20		
· ·	ign Off:	Date Issued:		2017-	01-25	RoomName:	COMPLEX CA	ARE OUTDOOR SPACE
IBI		Client:		!	MTICS	m²:		
RISK LEVEL:		Low						
TECHNOLOGY REQUIRE	EMENTS							
IMIT SYSTEMS:								
Communications Out Quantity (1 voice, 1 dat Tel Out Coax/ Data TV Out IMIT Remarks:	ta):			n Station tercom Station n Master Station		Hands Free Telemetry Teleconferencing	Room Status	s
SECURITY SYSTEMS: Security Camera Security Camera I	Monitor Cli	nical Camera nical Camera Monito t cameras for 100		Card Reader	<u> </u>		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment:								

Project Name: VALLE	YVIEW F	ROJEC	Departme	ent:			ALL	SUB DEPAR	RTMENT	:	C	OUTDOOR SPACE
Project Number:		3572		orepop	1 2] 🗸 Final		Program N				20.0-21
	Sign C	Off:	Date Issue	ed:		201	7-01-25	RoomNam	e:			SHARED GARDEN
			Client:				MTICS	m²:				
RISK LEVEL:			Sta	andard	d							
ARCHITECTURAL	REOUIRE	MENTS										
INTERIOR FINISHES				naterial		finis	h			rom	narks	
Ceiling:	- 11618	giit.		iateriai		IIIIIs	911			1611	iaiks	
g.												
Wall:												
Floor:												
Base:							_					
	orner Guards:		Sheet:				Remarks:					
	rash Rails:	_	ndard	Anti-Lig								
	and Rails:	_	ndard	Anti-Lig								
С	hair Rail:	Stai	ndard	Anti-Lig	gature							
Door(s): Clea	ar Opening (W	x H):			Material:				Finish:			
	Door Side	elight										
Door Hardware:	Door Pro Automati Access Co Door Glazing	c Opener ontrol	Ta	nti-Ligatur mperproc cking	e & f Hardware	Door Remark	s:					
Ha	rdware Type:	GT-01										
Windows:	Operable Win External Glaz External Glaz Exterior Wind Internal Glazi Blackout	ing and Fra ing Hardwa dow Treatm ng and Fra	me: Stare: Stare: Stare: Stare	andard andard andard andard andard] Roller S	Secu Secu Secu Secu Secu Secu	ure	High Secur High Secur High Secur High Secur ror	rity rity				
Casework / Millwork:	Case	work Secur	rity: Reg	ular	Secur	е		Rema	rks:			
Min Millwork /Cou						Vork Surface						
(mm) or %	6 of perimeter Upper Cu Lower Cu	pboards		Counter Stainles	r Тор	Height (mm):	Lockable					
ACOUSTICS: ST	C Rating Wall				RT 60:	N/A		Rema		er to App		- Acoustics and
	NC Ratio	ng: N/A										
GENERAL ROOM R	EMARKS:	Coat H	Hooks: St	andard	Anti-Li	gature No	of Coat Hooks:		Mi	rrors:	Standard	Vandal-Proof
	Tackboai	d Dim:						Whiteboard	Dim:			
	Remarks	Provid	le site furnish	nings, ha	irdscape an	d softscape.						

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT		ALL	OUTDOOR SPACE
7/122211120011103201		_	D N 1
Project Number: 35720		✓	Program Number: 20.0-21
		inal	
Sign Off:	Date Issued:	2017-01-25	RoomName: SHARED GARDEN
IBI		2017 01 23	
	Client:	MTICS	m²:
		Wiffes	
RISK LEVEL:	Standard		
MECHANICAL REQUIREMENTS			
Type:	Remarks		
HVAC:	neman.		
	2)	6 :151	
Can Air be Returned Rate (A/	_):	Special Exna	ust Air Required:
35 2/235			
PLUMBING FIXTURES:			
sink mounting faucet	tan		Flumbing Remarks
	ck D Lover/Blades	Urinal	Lyewasii
		Hopper	Water Fountain
Lavatory Wall Standard		wc	Emergency Shower
Janitorial Floor Laborato		Barrier Free WC	Corrosion Resistant Fittings
Double	Electronic Controls	Floor Drain	Other:
Deep Equipment		Lockable Non Fre	eeze Hose Bib
Other:	_		
Size:			
Poom Tomp Control	with Poom Polative Humidity u	ith Infactio	na Icelation
ROOM CONTROLS: Room Temp Control v	vith Room Relative Humidity w Local Adjustment		on Isolation Patient Controlled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	/et Dry Standpipe	• Oth	ner:
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
_		_	
Air Temp: 🗸 Standa	rd Special Othe	r:	
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Types of Power. Normal			
Recented County Co.			
Receptacle Count: Conven	lence: by entrances		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task Li	ghting Night Light	Lighting Rer	marks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light			

Project Name: VALLEYVIEW PROJECT		Department:		ALL	SUB DEPARTMENT:	OUTDOOR SPACE
Project Number:	35720	Draft: prepop 1	2 Final		Program Number:	20.0-21
	Sign Off:	Date Issued:	2017	-01-25	RoomName:	SHARED GARDEN
в]		Client:		MTICS	m²:	
RISK LEVEL:		Standard				
TECHNOLOGY REQU	JIREMENTS					
Communication: Quantity (1 voice, Te Coax/ Data Tv IMIT Rema	1 data): Outlet: Outlet:		Intercom Station Video Intercom Station Intercom Master Statio		Hands Free Room S Telemetry Teleconferencing	tatus
	nera Monitor Cl	inical Camera inical Camera Monitor t cameras for 100% co	Card Reader Intrusion De		Staff Assist Patient Assist	☐ Duress - Wired ☑ Duress - Wireless
OTHER						
Equipment Remarks:			Operational Remarks:			
Room Data Sheet Comn	nent:					

Project Name: VALLEYV	IEW PROJEC	T Department: PROVINCIAL AS	SESMENT CENTRE (PAC)	SUB DEPARTMENT:	TYPICAL TERRACE
Project Number:	3572	O Draft: [[[[] [] [] [] [] [] [] []	2 Final	Program Number:	20.0-22
IBI	Sign Off:	Date Issued:	2017-01-25	RoomName:	PAC TERRACE- Large
		Client:	MTICS	m²: 200. m²	
RISK LEVEL:	<u> </u>	Medium			
ARCHITECTURAL REG	OI IIDENAENITO				
INTERIOR FINISHES:					
	height	material Other:	finish Pre-Finished	remarks	
Ceiling:		other:	Pre-Fillished		
Wall:		Other:	Other:	Exterior cladding.Secure glazed w	vall
Floor:	L		Sealed Concrete	Saw cut pattern on the floor	
Base:	(Other:			
	Guards: Stal	Sheet: Sheet: Anti-Ligature ndard Anti-Ligature ndard Anti-Ligature ndard Anti-Ligature	Remarks:		
5001(5).	ening (W x H):	1830 x 2135 Material	: Aluminum	Finish: Prefinished	
☐ Æ ✓ Æ Door	Oper Protection Automatic Opener Access Control Glazing: Fully gla re Type:: TR-10	Anti-Ligature & Tamperproof Hardward Locking	Room 2 Code re	access to terrace from Art Room 1.0-35, Multi Purpose 2.0-49. Exit equirements. Shall support multipu ed and delineated, partly covered, partial cultivation	to meet BC Building urpose activities; shall
Exter Exter Exter Inter	able Windows: rnal Glazing and Fra rnal Glazing Hardwa rior Window Treatn nal Glazing and Fra	are: Standard ✓ Senent: Standard ✓ Se	cure High Secu	ırity	
Casework / Millwork:	Casework Secur	rity: Regular Secu	ıre	Remarks:	
		Counter/ Counter Top Stainless Steel	Work Surface Height (mm): Lockable		
Floo	or / Ceiling: NC Rating: N/A	RT 6	0: N/A	Remarks: Refer to Appendix 2 Noise Control	LD - Acoustics and
GENERAL ROOM REMA	ARKS: Coat I	Hooks: Standard Anti-	Ligature No of Coat Hooks:	Mirrors: Standa	ard Vandal-Proof
	Tackboard Dim:			Whiteboard Dim:	
ı	Remarks: Secur	e site furnishings, Secure Plant	s in large scale secure p	olanters. Provide 20% covered are	a.

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	PROVINCIAL	ASSESMENT CENTRE		TYPICAL TERRACE			
VALLET VIEW PROJECT		(PAC)_					
Project Number:	Draft:		Program Number:	20.0.22			
35/20	prepop 1	2 Final		20.0-22			
Sign Off:	Date Issued:	2017 01 25	RoomName:				
IDI		2017-01-25		PAC TERRACE- Large			
IBI	Client:		m²:				
		MTICS	200. m²				
RISK LEVEL:	Medium						
	IVICUIUIII						
MECHANICAL REQUIREMENTS							
HVAC: Type:		Remarks:					
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:				
to System							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks			
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain				
Lavatory Wall Standard		WC	Emergency Shower				
Janitorial Floor Laborato		Barrier Free WC					
Double	Electronic Cont		Corrosion Resistant Fittings				
Deep Equipment		Floor Drain					
Other:		gas service outlet	•				
	-	hose bib.	de lockable non freeze				
Size:		Induction.					
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: 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: Conven	ience: by entrances						
Power Remarks: GFI							
Patient Care Area Designation							
(as per CSA Z32):							
	abting		an when				
LIGHTING: Workstation Task Li		Lighting Ren	narks:				
Dimmable Lighting	In Use" Ligh	t					
✓ Switch & Light Cont	rols Vanity Light						
Charting Light							

Project Name: VALLEYVII	Project Name: VALLEYVIEW PROJECT		CIAL ASSESI	MENT CENT		UB DEPARTMENT:		TYPICAL TERRACE
Project Number:	35720	Draft: prepop	1 2	Final		rogram Number:		20.0-22
	Sign Off:	Date Issued:		2017-01		oomName:		PAC TERRACE- Large
IB]		Client:		МТ	TICS	n²: 200. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications O Quantity (1 voice, 1 o Tel O Coax/ Data TV O	data): utlet:	[=	ration com Station laster Station	Те	ands Free elemetry eleconferencing	Room Statu	us
IMIT Remarks								
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monitor		Card Reader No	L		aff Assist tient Assist	Duress - Wired ✓ Duress - Wireless
Security Remarks	Provide sufficien	t cameras for 100%	coverage					
OTHER								
Equipment Remarks:				erational marks:				
Room Data Sheet Commer	nt:							

Project Name: VALLEYVIEW PROJ	PRO	VINCIAL ASSES	MENT CENTRE (PAC)	SUB DEPARTM		YPICAL TERRACE
Project Number: 35	Draft: prepo	p 1 2	Y Final	Program Numb	ber:	20.0-23
Sign Off:	Date Issued:		2017-01-25			PAC TERRACE- Small
	Client:		MTICS	m²:	O. m²	
RISK LEVEL:	Medi	um				
ARCHITECTURAL REQUIREMEN	ITS					
INTERIOR FINISHES: height	materi	ial	finish		remarks	
Ceiling:	Other:		e-Finished		remana	
Wall:	Other:	Ot	her:	Exterior cladd	ling.Secure glazed wall	
Floor:		Sea	aled Concrete	Saw cut patte	ern on the floor	
Base:	Other:					
Hand Rails:	Standard Ant	i-Ligature i-Ligature i-Ligature	Remarks:			
Door(s): Clear Opening (W x H): Door Sidelight	1830 x 2135	Material: A	luminum	Fir	nish: Prefinished	
Door Hardware: ☐ Door Protection ☐ Automatic Open ☐ Access Control ☐ Door Glazing: ☐ Fully ☐ Hardware Type:: ☐ TR-1	Tamper Locking	rproof Hardware	Neighbo Shall su	ourhood. Exit t pport multipui ted, partly cov	door area from Resider to meet BC Building Co rpose activities; shall b ered, with barrier-free	de requirements. e fenced and
Windows: Operable Windows: External Glazing and External Glazing Har Exterior Window Tre Internal Glazing and Blackout	dware: Standa eatment: Standa Frame: Standa	ard ✓ Secure ard ✓ Secure ard ✓ Secure ard ✓ Secure ard ✓ Secure	High Secu High Secu High Secu	rity rity		
Casework / Millwork: Casework So	ecurity: Regular	Secure		Remarks:		
Min Millwork /Counter Linear Length (mm) or % of perimeter wall: Upper Cupboard Lower Cupboard	=	Counter/ Wor Hei unter Top inless Steel	k Surface ght (mm): Lockable			
ACOUSTICS: STC Rating Wall / Floor / Ceiling: NC Rating: N/	A	RT 60: N	/A		Refer to Appendix 1D Noise Control	- Acoustics and
	oat Hooks: Standa	ard Anti-Ligat	Hooks:		Mirrors: Standard	☐ Vandal-Proof
Tackboard Di	m:			Whiteboard [Dim:	
Remarks: Se	cure site furnishings,	Secure Plants in I	arge scale secure p	llanters. Provid	de 20% covered area.	

Project Name:	Department:		SUB DEPARTMENT:				
VALLEYVIEW PROJECT	PROVINCIAL	ASSESMENT CENTRE		TYPICAL TERRACE			
VALLET VIEW PROJECT		(PAC)_					
Project Number:	-Draft:		Program Number:	20.0.22			
35/20	prepop 1	2 Final		20.0-23			
Sign Off:	Date Issued:	2017 01 25	RoomName:				
IDI		2017-01-25		PAC TERRACE- Small			
IBI	Client:		m²:				
		MTICS	20. m²				
RISK LEVEL:	Medium						
	IVICUIUIII						
MECHANICAL REQUIREMENTS							
HVAC: Type:		Remarks:					
Can Air be Returned Rate (A/	C):	Special Exha	ust Air Required:				
to System							
PLUMBING FIXTURES:							
sink mounting faucet	tap	Urinal	Eyewash	Plumbing Remarks			
Handwash Counter Goosene	ck Lever/Blades	Hopper	Water Fountain				
Lavatory Wall Standard		WC	Emergency Shower				
Janitorial Floor Laborato	ry Foot Pedal						
Double	Electronic Con	trols	Corrosion Resistant Fittings				
Deep Equipment		Floor Drain					
Other:		gas service outlet	•				
	-	hose bib.	de lockable non freeze				
Size:		Induction.					
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Infection Isolation Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: 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: Conven	ience: by entrances						
Power Remarks: GFI							
Patient Care Area Designation							
(as per CSA Z32):							
UGHTING: Workstation Task Li	ghting Night Light	Lighting Ren	narks:				
LIGHTING: Workstation Task Li							
	In Use" Ligh	IL					
✓ Switch & Light Cont ☐ Charting Light	rols Vanity Light						
Charting Light							

Project Name: VALLEYVIE	Project Name: VALLEYVIEW PROJECT		NCIAL ASSI	SMENT C	ENTRE (PAC)	SUB DEPARTMENT:	7	TYPICAL TERRACE
Project Number:	35720	-Draft: prepop	1 2	✓ Final	(1.7.0)	Program Number:		20.0-23
	Sign Off:	Date Issued:		2017	7-01-25	RoomName:		PAC TERRACE- Small
		Client:			MTICS	m²: 20. m²		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	eta): tlet:			n Station tercom Statior n Master Statio		Hands Free Telemetry Teleconferencing	Room Status	;
SECURITY SYSTEMS: Security Camera Security Camera		nical Camera nical Camera Monit	tor	Card Reader			Assist nt Assist	Duress - Wired Duress - Wireless
Security Remarks:	Provide sufficien	t cameras for 100	0% coverage					
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment	:							

Project Name: VAL	LEYVIE	EW PROJEC	Department:	FORENSIC CROSSROADS			SUB DEPARTM		OUTDOOR SPACE
Project Number:		3572	Draft: prepop				Program Numb	ber:	20.0-24
-]	1	Sign Off:	Date Issued:		2017-	01-25	RoomName:	FORENSIC C	ROSSROADS TERRACE
IBI			Client:		N	MTICS	m²:	0. m²	
RISK LEVEL:			Medium	,					
ARCHITECTUR		UIREMENTS	<u> </u>						
INTERIOR FINISH	ES:	height	material		finish			remarks	
Ceiling:			Other:		Pre-Finished				
Wall:			Other:				Exterior cladd	ling. Secure glazed wa	II
Floor:					Sealed Concret	te	Saw cut patte	ern on floor	
Base:			Other:				I		
Wall Protection:	Corner G	Guards:	Sheet:		J Rei	marks:			
	Crash Ra	ils: Sta	andard Anti-Li	gature					
	Hand Ra	ils: Sta	andard 🗌 Anti-Li	gature					
	Chair Rai	il: Sta	andard 🗌 Anti-Li	gature					
Door(s):	Clear Oper	ning (W x H):	1830 x 2135	Material:	Aluminum		Fin	nish: Prefinished	
2001(3).	_	oor Sidelight							
Door Hardware:	☐ Au ✓ Ac Door C	oor Protection Itomatic Opener	✓ Locking azed	oof Hardware	r	meet BC multipui	Building Code rpose activitie , with barrier-	door space from Resid e requirements. Shall s; shall be fenced and free access, partial cu	support delineated, partly
Windows:	Extern Extern Exteric Interna		rare: Standard ment: Standard ame: Standard Blinds ✓ Roller:	_	ure Hig ure Hig ure Hig ure Hig 1 Way Mirror	gh Secui gh Secui gh Secui gh Secui	rity rity rity Other		
Casework / Millwo	rk:	Casework Secu	ırity: 🔃 Regular	Secur			Remarks:		
Min Millwork /v (mm) o	or % of per	near Length rimeter wall: oper Cupboards wer Cupboards	Counte		Work Surface Height (mm):L	ockable			
ACOUSTICS:		ng Wall / / Ceiling:		RT 60:	N/A			Refer to Appendix 1D Noise Control	- Acoustics and
CENEDAL POOR			Hooks Carate	A • • •	igative N10	`oat		Mirrore Co.	l Vandal Sunf
GENERAL ROOM		ckboard Dim:	Hooks: Standard	Anti-Li	igature No of C Ho	oks:	Whiteboard D	Mirrors: Standard	I
				lante In lara	ie scalo socina			6 covered area, and pr	ovide hardscape
	110	Secui	e rannicale, secure P	ianto III Idi g	scare secure	piainters	5, provide 20%	overeu area, anu pr	очис папизсаре.

Project Name:	Department:	SUB DEPARTMENT:	
VALLEYVIEW PROJECT	FORENSIC CROS	SROADS	OUTDOOR SPACE
VALLETVIEWTROJECT			
Project Number:	-Draft:	Program Number:	20.0-24
35720	prepop 1 2 Final		20.0-24
Sign Off:	Date Issued:	RoomName:	CDOCCDOADC TERRACE
IBI			CROSSROADS TERRACE
101	Client:	MTICS m²: 250. m²	
		MTICS 250. m ²	
RISK LEVEL:	Medium		
MECHANICAL REQUIREMENTS			
Type:	Remarks:		
HVAC:	Kemarks.		
Can Air be Returned Rate (A/	C):	Special Exhaust Air Required:	
to system			
PLUMBING FIXTURES:			
		Diversity	ing Damarka
sink mounting faucet	tap Urinal	Eyewash	oing Remarks
Handwash Counter Goosene		Water Fountain	
Lavatory Wall Standard		Emergency Shower	
Janitorial Floor Laborato	,	Free WC Corrosion Resistant Fittings	
Double	Electronic Controls Floor	rain Other:	
Deep Equipment	gas se	rvice outlet, required for	
Other:	=	que - provide lockable non freeze	
Size:	hose	pib.	
ROOM CONTROLS. Room Temp Control	with Room Relative Humidity with	☐ Infection Isolation ☐ D	
ROOM CONTROLS: Room Temp Control of Local Adjustment	Local Adjustment	Room Pressure Monitor	rolled
Room Control Remarks:			
FIRE PROTECTION: Sprinkler Type:	Vet Dry Standpipe	Other:	
Rack Storage (2.4m high)	Types:		
Mack Storage (2.411 High)	турсз.		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
Air Temp: 📝 Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal		Clock	
,,			
Receptacle Count: Conven	ience: hy entrances		
Conven	inches. By charances		
Power Remarks: GFI			
Patient Care Area Designation			
(as per CSA Z32):			
LIGHTING: Workstation Task L	ghting Night Light	Lighting Remarks:	
Dimmable Lighting	In Use" Light		
Switch & Light Cont	rols Vanity Light		
Charting Light			
		•	

Project Name: VALLEYVIEW PROJECT		Department:	FORENS	IC CROSSR		SUB DEPARTMENT:		OUTDOOR SPACE
Project Number:	35720	-Draft: prepop	1 2	✓ Final		Program Number:		20.0-24
· ·	Sign Off:	Date Issued:		2017-	01-25	RoomName:	FORENSIC C	ROSSROADS TERRACE
IBI		Client:		!	MTICS	m²: 250. m²		
RISK LEVEL:		Medium						
TECHNOLOGY REQUIR	EMENTS							
IMIT SYSTEMS:								
Communications Ou Quantity (1 voice, 1 da Tel Ou Coax/ Data TV Ou IMIT Remarks:	tlet:			Station ercom Station Master Station		Hands Free Telemetry Teleconferencing	Room Statu	s
SECURITY SYSTEMS: Security Camera	□ Cli	nical Camera		Card Reader	No.:	Stal	ff Assist	Duress - Wired
Security Camera		nical Camera Monit	or	Intrusion Det			ient Assist	✓ Duress - Wireless
	Provide sufficien			mirusion bec	ection	rati	ient Assist	Duress - Wireless
OTHER								
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comment								

Project Name: VALLE	YVIEW PROJE	Department:			ALL	SUB DEPARTI	MENT:	ALL
Project Number:	357	Draft: prepop	1 2	✓ Final		Program Nun	nber:	20.0-25
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	VESTIBULE BET	WEEN PROGRAM UNITS
IBI		Client:			MTICS	m²:		
RISK LEVEL:		Medium						
ARCHITECTURAL	PEOLUPEMENT							
INTERIOR FINISHES:		material		finish			remarks	
Ceiling:	3000	GWB - Impact Resista	ant P	Paint			Temarks	
5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Wall:		GWB - Impact Resista	ant P	Paint				
Floor:			R	Resilient				
Base:	100	Flash Cove						
Wall Protection: Co	orner Guards: ash Rails: Stand Rails: Sta	Sheet: ✔ andard ✔ Anti-Li _l andard	gature	R			gh. Bumper guard ab aminate wall protect	ove flash cove. Fibre tion .
5001(3).	r Opening (W x H): Door Sidelight	1830 x 2135	Material:	Aluminum		F	Prefinished	
	Door Protection Automatic Opener Access Control Door Glazing: Fully g	✓ Locking	re & C	Door Remarks:				
Windows:	rdware Type:: XC-01 Operable Windows: External Glazing and Fi External Glazing Hardv Exterior Window Treat Internal Glazing and Fr Blackout	vare: Standard ment: Standard	Securion Securion Securion Securion Securion Securion Securion Securion Securion Shutter	re	igh Secur igh Secur igh Secur igh Secur r	rity	:	
Casework / Millwork:	Casework Secu	ırity: 🗌 Regular	Secure	!		Remarks	5:	
Min Millwork /Coui (mm) or % [[nter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Counte		leight (mm):	Lockable			
ACOUSTICS: ST	C Rating Wall / Floor / Ceiling: NC Rating: N/A		RT 60:	N/A		Remarks	Refer to Appendix Noise Control	1D - Acoustics and
GENERAL ROOM RE		Hooks: Standard	Anti-Lig				Mirrors: Standa	ard Vandal-Proof
]	Tackboard Dim:			н	ooks: L	Vhiteboard	Dim:	
	Remarks:							

Project Name:	Department:		SUB DEPARTMENT:
VALLEYVIEW PROJECT		ALL	ALL
	Draft:		Program Number:
Project Number: 35720	-Draft:		20.0-25
Sign Off:	Date Issued:		RoomName:
· ·		17-01-25	VESTIBULE BETWEEN PROGRAM UNITS
IBI	Client:		m²:
		MTICS	
RISK LEVEL:	Medium		
	Mediuiii		
MECHANICAL REQUIREMENTS			
HVAC: Type:	Remarks:		
Can Air be Returned Rate (A/	C):	Special Exhau	ust Air Required:
to System			
PLUMBING FIXTURES:			
sink mounting faucet	tap		Plumbing Remarks
Handwash Counter Goosene	uck D Lover/Plades		Eyewasii
Lavatory Wall Standard	Standard III Hopp	er	Water Fountain
Janitorial Floor Laborato	Toot Podel		Emergency Shower
Double	Floatronic Controls Bdffill	er Free WC	Corrosion Resistant Fittings
Deep Equipment	Floor	Drain	Other:
Other:			
	-		
Size:			
ROOM CONTROLS: Room Temp Control Local Adjustment Room Control Remarks: FIRE PROTECTION: Sprinkler Type: V	Room Relative Humidity with Local Adjustment Vet Dry Standpipe	1 1	n Isolation Patient Controlled ressure Monitor
Rack Storage (2.4m high)	Types:		
EXHAUST: Pressure: Equal	Positive Negative	Other:	
EXTROST.			
Air Temp: Standa	rd Special Other:		
ELECTRICAL REQUIREMENTS			
GENERAL POWER:			
Types of Power: Normal			Clock
Receptacle Count: Housek	eeping receptacles		
Power Remarks:			
Power Remarks.			
Patient Care Area Designation		7	
(as per CSA Z32):			
LIGHTING: Workstation Task L	ighting Night Light	Lighting Ren	narks:
Dimmable Lighting	"In Use" Light		
Switch & Light Cont			
Charting Light	_		

Project Name:		Department:				SUB DEPARTMENT	Γ:	
	EW PROJECT				ALL			ALL
Project Number:	35720	Draft: prepop	1 2	✓ Final		Program Number:		20.0-25
	Sign Off:	Date Issued:		2017	-01-25	RoomName:	VESTIBULE BETW	EEN PROGRAM UNITS
181		Client:			MTICS	m²:		
RISK LEVEL:		Medium	1					
TECHNOLOGY REQUI	REMENTS							
IMIT SYSTEMS:								
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C IMIT Remark	data): utlet: utlet:		Video II	m Station ntercom Station m Master Statio		Hands Free Telemetry Teleconferencing	☐ Room Statu	s
SECURITY SYSTEMS: Security Came Security Came	ra Monitor	nical Camera nical Camera Monit	tor [Card Reader Intrusion De	_		Staff Assist Patient Assist	Duress - Wired Duress - Wireless
OTHER				0				
Equipment Remarks:				Operational Remarks:				
Room Data Sheet Comme	nt:							

Project Name: VALLEY	VIEW PROJE	CT Department: FACILITIES MAINT	ENANCE EXTERIOR SPACE	SUB DEPARTMENT:	OUTDOOR SPACE
Project Number:	357	Draft:	2 Final	Program Number:	20.0-26
	Sign Off:	Date Issued:	2017-01-25	RoomName: FACILITIES MAINTENANC	E YARD AT LOADING DOCK
IBI		Client:	MTICS	m²:	
DICK I EVEL:		Chandoud			
RISK LEVEL:	SECULIDES SENT	Standard			
ARCHITECTURAL I			6		
Ceiling:	height	material	finish	remarks	
ceimig.					
Wall:		Other:		Secure Fencing	
Floor:			Other:		
Base:					
	ner Guards: St.	Sheet: andard Anti-Ligature	Remarks:		
		andard Anti-Ligature			
Cha	ir Rail: St	andard Anti-Ligature			
Door(s): Clear	Opening (W x H):	1830 x 2135 Materia	al:	Finish:	
D001(3).	Door Sidelight	1000 X 2100			
	Door Protection Automatic Opener Access Control oor Glazing: ware Type:: GT-01	Anti-Ligature & Tamperproof Hardwa	Door Remarks:		
E) E) E)	perable Windows: Aternal Glazing and Fi Aternal Glazing Hardv Aterior Window Treat Aternal Glazing and Fr Blackout	rame: Standard Sovere: Standard Sovere: Standard Soverent: Standard Soverent: Standard Soverent: Standard Soverent: Standard Soverent: Standard Soverent: Standard Soverent: Standard Soverent	ecure ecure High Secu ecure High Secu ecure High Secu ecure High Secu ecure High Secu	rity	
Casework / Millwork:	Casework Seco	urity: Regular Sec	cure	Remarks:	
Min Millwork /Count (mm) or % c	ter Linear Length of perimeter wall: Upper Cupboards Lower Cupboards	Counter Counter Top Stainless Steel	r/ Work Surface Height (mm): Lockable		
	Rating Wall / Floor / Ceiling: NC Rating: N/A	RT	60: N/A	Remarks: Refer to Append Noise Control	lix 1D - Acoustics and
GENERAL ROOM REM	MARKS: Coat	: Hooks: Standard Anti	-Ligature No of Coat	Mirrors: Star	ndard Vandal-Proof
	Tackboard Dim:		Hooks:	Whiteboard Dim:	
	Remarks: Prov	ide secure locked enclosures fo	or Recycling Storage Soci	ure Recyling Storage. A wash o	down area to be provided
			2-, 5 333 050		

VALLEYVIEW PROJECT			SUB DEPARTMENT:			
VALLET VIEW PROJECT	FACILITIES MAIN	ITENANCE EXTER	RIOR	OUTDOOR SPACE		
			PACE			
Project Number:	Draft:		Program Number:	20.0-26		
35/20	prepop 1	2 Final		20.0-20		
Sign Off:	Date Issued:	2017-0	RoomName:	ANGE VARRATION RING ROCK		
IBI		2017-0		ANCE YARD AT LOADING DOCK		
101	Client:	N	ITICS m²:			
		IV	inco			
RISK LEVEL:	Standard					
MECHANICAL REQUIREMENTS						
Type:		Remarks:				
HVAC:		Kemarks.				
	C).	C	al Followsk Air Descript de			
Can Air be Returned Rate (A/C to System	ے):	Speci	al Exhaust Air Required:			
35 3/232						
PLUMBING FIXTURES:						
sink mounting faucet	tap			Plumbing Remarks		
Handwash Counter Goosene		Urinal	Eyewash			
Lavatory Wall Standard		Hopper	Water Fountain			
Janitorial Floor Laborato		wc	Emergency Shower			
Double	Electronic Cont	Barrier Free		S		
Deep Equipment	Electronic cont		Other:			
Other:		Lockable N	Ion Freeze Hose Bib			
Size:	_					
ROOM CONTROLS: Room Temp Control with Local Adjustment Room Relative Humidity with Local Adjustment Room Pressure Monitor Room Control Remarks: FIRE PROTECTION: Sprinkler Type: Wet Dry Standpipe Other: Rack Storage (2.4m high) Types: EXHAUST: Pressure: Equal Positive Negative Other:						
Air Temp: Standa	rd Special	Other:				
Air Temp: Standa	rd Special	Other:				
	rd Special	Other:				
Air Temp: Standa	rd Special	Other:				
ELECTRICAL REQUIREMENTS GENERAL POWER:		Other:	Clack			
ELECTRICAL REQUIREMENTS		Other:	☐ Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	ncy	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER:	ncy	Other:	☐ Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven	ncy	Other:	☐ Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge	ncy	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven	ncy	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven	ncy	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven	ncy	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation (as per CSA Z32):	ncy ience: by entrances	Other:	Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation	ncy ience: by entrances		☐ Clock			
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	ncy ience: by entrances ghting Night Light	Light				
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont	ncy ience: by entrances ghting Night Light	Light				
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting	ncy ience: by entrances ghting Night Light	Light				
ELECTRICAL REQUIREMENTS GENERAL POWER: Types of Power: Emerge Receptacle Count: Conven Power Remarks: GFI Patient Care Area Designation (as per CSA Z32): LIGHTING: Workstation Task Li Dimmable Lighting Switch & Light Cont	ncy ience: by entrances ghting Night Light	Light				

Project Name: VALLEYVIEW PROJECT		Department: FACILITIES MAINTENANCE EXTERIOR			ERIOR SPACE	SUB DEPARTMENT:	OUTDOOR SPACE
Project Number:	35720	-Draft: prepop	1 2	✓ 2 Final	JF ACE	Program Number:	20.0-26
	Sign Off:	Date Issued:		2017	-01-25	RoomName: FACILITIES MAINTENAN	CE YARD AT LOADING DOCK
		Client:			MTICS	m²:	
RISK LEVEL:		Standard	d				
TECHNOLOGY REQUI	REMENTS						
IMIT SYSTEMS:				<u></u>			
Communications C Quantity (1 voice, 1 Tel C Coax/ Data TV C	data): utlet: utlet:		Video	om Station Intercom Station om Master Statio		Hands Free Room Telemetry Teleconferencing	m Status
IMIT KEMARK	5:						
SECURITY SYSTEMS: Security Camer Security Camer		nical Camera nical Camera Monit	or	Card Reader Intrusion De		Staff Assist Patient Assist	Duress - Wired ▼ Duress - Wireless
Security Remark	5:						
OTHER							
Equipment Remarks:				Operational Remarks:			
Room Data Sheet Commei	nt:						