


APPENDIX 1B
ROOM DATA SHEETS

NEW WESTMINSTER
SECONDARY SCHOOL

Project Name: New West Secondary School		Department: Commons	Sub Department: Grand Commons/Cafeteria and Servery
Project Number: 101823		Draft: Initial Draft	Program Number: 1.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Cafeteria (approx 400 students)
		Client: New Westminster School Board	m ² : 550. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: Theatre, Main Entrance, Culinary Arts

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustical treatment required

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Exposed Structure	Paint	Acoustical Treatment
Wall:		GWB	Paint	Acoustic treatment
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: wood paneling to 2400/painted gwb above, acoustic treatment
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: External Security shutters
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): Other:

	type	material	finish	remarks
Door:	D	Aluminum	Prefinished	Large Glazed openings to provide access to exterior
Door Frame:		Pressed Metal	Prefinished	No center mullion
Door Hardware:		Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Tables & Chairs		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Commons	Sub Department: Grand Commons/Cafeteria and Servery
Project Number: 101823		Draft: Initial Draft	Program Number: 1.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Cafeteria (approx 400 students)
		Client: New Westminster School Board	m ² : 550. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td>sink</td> <td>mounting</td> <td>faucet</td> <td>tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	20

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="4"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other
 Indirect Lighting
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Commons	Sub Department: Grand Commons/Cafeteria and Servery
Project Number: 101823		Draft: Initial Draft	Program Number: 1.02
	Sign Off:	Date Issued: 2017-12-08	Room Name: Servery
		Client: New Westminster School Board	m ² : 70. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: Culinary Arts

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustical treatment required

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Washable	
Wall:		GWB	Paint	Acoustic treatment
Floor:			Resilient	Sheet Flooring, slip resistant in kitchen
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: protection to 2400/painted gwb above, acoustic treatment
 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): Other:

	type	material	finish	remarks
Door:		Aluminum	Prefinished	Security Grille
Door Frame:		Pressed Metal	Prefinished	
Door Hardware:		Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Refer to Kitchen equipment list		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Key lock security grille

Project Name: New West Secondary School		Department: Commons	Sub Department: Grand Commons/Cafeteria and Servery
Project Number: 101823		Draft: Initial Draft	Program Number: 1.02
	Sign Off:	Date Issued: 2017-12-08	Room Name: Servery
		Client: New Westminster School Board	m ² : 70. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: as required by ASHRAE 62.1 2001 Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Refer to Appendix 1G - FF&E - Food Services Requirements	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	AV for menu boards
Data		4	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other Lighting for menu boards

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Reading, book stacks, circulation desk
		Client: New Westminster School Board	m ² : 292. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies: Grand Commons

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustical treatment required

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4500	Exposed Structure	Paint	Acoustical Treatment
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, acoustic treatment
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 1220/painted GWB above, acoustic treatment
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): Other:

	type	material	finish	remarks
Door:		Aluminum	Prefinished	Foldable glazed partition
Door Frame:		Pressed Metal	Prefinished	no center mullion
Door Hardware:		Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Key lock

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Reading, book stacks, circulation desk
		Client: New Westminster School Board	m ² : 292. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	20

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="6"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.12
	Sign Off:	Date Issued: 2017-12-08	Room Name: Study Nooks
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustical treatment required

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	Acoustical Treatment
Wall:		GWB	Paint	
Floor:			Carpet	Carpet Tile
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 1220/painted GWB above, acoustic treatment
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:				
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.12
	Sign Off:	Date Issued: 2017-12-08	Room Name: Study Nooks
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data			

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.13
	Sign Off:	Date Issued: 2017-12-08	Room Name: Media Center Office / Workroom
		Client: New Westminster School Board	m ² : 20. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	Acoustical Treatment
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Access from Main Corridor and Reading Area
Door Frame:		Pressed Metal	Prefinished	
Door Hardware:		Pressed Metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Photocopier		
worktable		
desk		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.13
	Sign Off:	Date Issued: 2017-12-08	Room Name: Media Center Office / Workroom
		Client: New Westminster School Board	m ² : 20. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input checked="" type="checkbox"/> Other:	Deep sink, stainless			<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:	
Size:	450 x 350 x 350 deep					

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust No. of Air Ch/Hr: as required by ASHRAE 62.1 2001

Humidifier CFM: _____ Minimum Temp. (C): 21

Dehumidifier Remarks: Local exhaust for laminator Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Dedicated circuit for printer	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA w/ volume control
Data		3	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks: _____

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons
Project Number: 101823		Draft: Initial Draft	Program Number: 1.14
	Sign Off:	Date Issued: 2017-12-08	Room Name: Book Room
		Client: New Westminster School Board	m ² : 60. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	914 door with 285 leaf
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Commons	Sub Department: Learning Commons	
Project Number: 101823		Draft: Initial Draft	Program Number: 1.14	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Book Room	
		Client: New Westminster School Board	m ² : 60. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: _____	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data		10	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Theatre House	
		Client: New Westminster School Board	m ² : 300. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Blackbox, Dance

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	9100	Other:	Other:	Acoustic treatment
Wall:		Other:	Other:	Acoustic treatment
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): Other:

	type	material	finish	remarks
Door:				Large double height width doors
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Cyclorama		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Theatre House	
		Client: New Westminster School Board	m ² : 300. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p>
--	---	--	---	--	--	----------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	<p>remarks</p> <p>Theatre can be without comfort cooling it temperatures can be maintained without it</p>
--	---	--	---

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	16

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ volume control, Integrated AV system, clock
Data		4	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.02
	Sign Off:	Date Issued: 2017-12-08	Room Name: Stage / Wings
		Client: New Westminster School Board	m ² : 200. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

--

Location (eg, At grade): at grade Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	9100	Exposed Structure	Paint	
Wall:				
Floor:			Resilient	Sheet flooring, black
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

--

 Other:

--


	type	material	finish	remarks
Door:				Large double height width doors
Door Frame:				
Door Hardware:				

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Stage / Wings	
		Client: New Westminster School Board	m ² : 200. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		2	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other Stage lighting _____
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Control Booth
	Client: New Westminster School Board		m ² : 20. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: _____

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600			
Wall:				Acoustic treatment
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:				
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.03	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Control Booth	
		Client: New Westminster School Board	m ² : 20. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	10

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	<input type="text"/>
Data	<input type="text"/>	4	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Drama Classroom / Black Box Theatre
		Client: New Westminster School Board	m ² : 170. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg. At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	9100	Exposed Structure	Paint	
Wall:		GWB	Paint	Acoustic treatment
Floor:			Resilient	Sheet Flooring
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: Rounded exposed edges of wall protection
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): Other:

	type	material	finish	remarks
Door:				Large double height width doors
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Drama Classroom / Black Box Theatre
		Client: New Westminster School Board	m ² : 170. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	---	--	--	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Power required for stage lights and sound system.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ volume control, Integrated AV system, telephone at entrance, clock, outlet for projector.
Data	1 per instructor desk, 1 on each wall.	5	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other Room requires additional lighting _____
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer
 remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance Storage
		Client: New Westminster School Board	m ² : 25. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: _____

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	<u>4267</u>	<u>Exposed Structure</u>	<u>Paint</u>	
Wall:				
Floor:			<u>Sealed Concrete</u>	
Base:	<u>100</u>	<u>Rubber</u>		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	<u>A</u>	<u>Hollow Metal</u>	<u>Paint</u>	<u>No center mullion</u>
Door Frame:	<u>1</u>	<u>Pressed Metal</u>	<u>Paint</u>	
Door Hardware:	<u>001</u>	<u>Pressed metal</u>	<u>Brushed stainless</u>	<u>Master keyed</u>

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance Storage	
		Client: New Westminster School Board	m ² : 25. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: The Arts		Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft		Program Number: 2.06	
	Sign Off:	Date Issued: 2017-12-08		Room Name: General Storage	
		Client: New Westminster School Board		m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes

Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes

Daylighting: _____

Location (eg. At grade): at grade Adjacencies: _____

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy

Minimum NC Ratings: No Yes

GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4267	Exposed Structure	Paint	
Wall:				
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____

Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks _____

Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135


	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	No center mullion
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:	ROOM ACCESSORIES:	MILLWORK:
<input type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Dispenser		<input type="checkbox"/> Lockers <input type="checkbox"/> Shelving
<input type="checkbox"/> Paper Towel Waste		<input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: General Storage	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Required outlets must support light board/ sound board	6

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Props/Costume Storage
		Client: New Westminster School Board	m ² : 60. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Theatre, Black Box

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes

GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4267	Exposed Structure	Paint	
Wall:				
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): _____ Other: _____

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	Large double height width doors
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Props/Costume Storage
		Client: New Westminster School Board	m ² : 60. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	<input type="text"/>
Data	<input type="text"/>	0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.08
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender Neutral Make-up/Dressing Rm
		Client: New Westminster School Board	m ² : 30. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Theatre, Black Box, Dance

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure	Paint	
Wall:				
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:				
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Mirrors		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.08
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender Neutral Make-up/Dressing Rm
		Client: New Westminster School Board	m ² : 30. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input checked="" type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust

Humidifier CFM: _____

Dehumidifier Remarks: _____

No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Minimum Temp. (C): **21**

Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	_____	10

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	Phone by entrance, clock
Data	_____	2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____ Indirect Lighting remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender Neutral Washroom	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

--

Location (eg, At grade): at grade Adjacencies: Theatre, Black Box, Dance

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	
Wall:		GWB - Impact & Moisture Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135


	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Occupied door indicator

SINK ACCESSORIES:	ROOM ACCESSORIES:	MILLWORK:
<input checked="" type="checkbox"/> Soap Dispenser <input checked="" type="checkbox"/> Paper Towel Dispenser <input checked="" type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender Neutral Washroom	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	--	--	--	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure:
 Positive
 Negative
 Neutral

Recirculate Air
 Exhaust

Humidifier
 CFM: _____
 No. of Air Ch/Hr: _____
 Minimum Temp. (C): _____
 Humidity Range: _____

Dehumidifier
 Remarks: _____
 as required by ASHRAE 62.1 2001

remarks: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	PA speakers w/ call switch
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____


remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer

Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.10
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance Studio
		Client: New Westminster School Board	m ² : 150. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

Theatre, Black Box,

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

Worksafe designation

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4267	Exposed Structure	Paint	
Wall:		Other:	Other:	Mirrors on long walls
Floor:			Wood	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Handrail Wall Panels Bumper Rail remarks:

--

WINDOW TREATMENT: Blackout Blinds Roller Shades 1 Way Mirror Curtains Direct Operable remarks:

External Security shutters

DOOR(S): Clear Opening (W x H):

Other:

	type	material	finish	remarks
Door:				Large double height width doors
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

mirrors on long wall		
Draperies on tracks		
Lighting GID		
audio/music equipment		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.10	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance Studio	
		Client: New Westminster School Board	m ² : 150. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <th>sink</th> <th>mounting</th> <th>faucet</th> <th>tap</th> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	16

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance / Drama Office
		Client: New Westminster School Board	m ² : 12. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600			
Wall:				
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable External Security shutters

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:				
Door Frame:				
Door Hardware:				


SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input checked="" type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input checked="" type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

2 teacher desks		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dance / Drama Office
		Client: New Westminster School Board	m ² : 12. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="2"/>	

- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.12
	Sign Off:	Date Issued: 2017-12-08	Room Name: Ticket Box Office
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

--

Location (eg, At grade): at grade Adjacencies: Theatre, Grand Commons

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 1220/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: Transaction window to Grand Commons
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135


	type	material	finish	remarks
Door:	B	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input checked="" type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input checked="" type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Ticket Box Office	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		4	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Band Room	
		Client: New Westminster School Board	m ² : 170. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg. At grade): at grade Adjacencies: Choir, Theatre, Receiving

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Specific acoustical design considerations, refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Other:		Special acoustic treatment required
Wall:		GWB		Special acoustic treatment required
Floor:			Rubber	Acoustic floor treatment
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: Rounded exposed edges of wall protection
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: External Security shutters
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1800 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	No center mullion, Exterior access doors, 1800 x 2135, no center mullion
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Wenger instrument storage		
Music folder racks		
Music library shelving		
Instrument size lockers		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Band Room	
		Client: New Westminster School Board	m ² : 170. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	--	---	--	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 for instructor, 6 for general use. 16 for instruments.	24

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	Phone by entrance, clock, outlet for LCD display
Data	1 for instructor, 2 on each wall	9	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.14
	Sign Off:	Date Issued: 2017-12-08	Room Name: Choir/Orchestra Room
		Client: New Westminster School Board	m ² : 148. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: Band, Theatre, Choir

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Other:		Special acoustic treatment required
Wall:		GWB		Special acoustic treatment required
Floor:			Rubber	Acoustic floor treatment
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: Rounded exposed edges of wall protection
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: External Security shutters

DOOR(S): Clear Opening (W x H): 1800 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	No center mullion
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Student music folder racks		
Music library shelving		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.14
	Sign Off:	Date Issued: 2017-12-08	Room Name: Choir/Orchestra Room
		Client: New Westminster School Board	m ² : 148. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 for instructor, 6 general use. Outlet for LCD display. 16 for musical instruments (ffm)	25

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	Phone by entrance, clock, outlet for LCD display
Data	1 for instructor, 2 on each wall	<input type="text" value="9"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.15	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Band Storage	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Choir / Orch Stor

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 2400/painted gwb above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Specialized instrument storage		
Music stand storage		
Chair storage		
sheet music library storage		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.15	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Band Storage	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <th>sink</th> <th>mounting</th> <th>faucet</th> <th>tap</th> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.16
	Sign Off:	Date Issued: 2017-12-08	Room Name: Choir/Orchestra Storage
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Band Storage

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: protection to 2400/painted gwb above
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: _____

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Specialized instrument storage		
Music stand storage		
Chair storage		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.16	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Choir/Orchestra Storage	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral

Recirculate Air
 Exhaust
 No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier
 CFM: _____
 Minimum Temp. (C): **15**

Dehumidifier
 Remarks: _____
 Humidity Range: _____

remarks: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: The Arts		Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft		Program Number: 2.17	
	Sign Off:	Date Issued: 2017-12-08		Room Name: Shared Music Storage	
		Client: New Westminster School Board		m ² : 15. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes

Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes

Daylighting: _____

Location (eg, At grade): at grade Adjacencies: Band Room, Choir/Orchestra Room

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy

Minimum NC Ratings: No Yes

GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 2400/painted gwb above

Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: _____

Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser

Paper Towel Dispenser

Paper Towel Waste

Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:

Cubbies Lockable Cabinets

Lockers Shelving

Mailboxes Worktop


Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Specialized instrument storage		
Music stand storage		
Chair storage		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.17
	Sign Off:	Date Issued: 2017-12-08	Room Name: Shared Music Storage
		Client: New Westminster School Board	m ² : 15. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.18
	Sign Off:	Date Issued: 2017-12-08	Room Name: Practice Room - Ensemble (shared)
		Client: New Westminster School Board	m ² : 14. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: Band, Choir

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Specific acoustical design considerations, refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Other:		Special acoustic treatment required
Wall:		GWB		Special acoustic treatment required
Floor:			Rubber	Acoustic floor treatment
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail
 Handrail Wall Panels Bumper Rail remarks:

WINDOW TREATMENT: Blackout Roller Shades Curtains Direct Operable
 Blinds 1 Way Mirror Direct Operable remarks: Observation window

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Observation vision panel
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Prefabricated music practice module		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.18	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Practice Room - Ensemble (shared)	
		Client: New Westminster School Board	m ² : 14. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	<input type="text" value="2"/>

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="2"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer
 remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.19
	Sign Off:	Date Issued: 2017-12-08	Room Name: Practice Rooms - Small (shared)
		Client: New Westminster School Board	m ² : 7. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: Band, Choir

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Specific acoustical design considerations, refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Other:		Special acoustic treatment required
Wall:		GWB		Special acoustic treatment required
Floor:			Rubber	Acoustic floor treatment
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail
 Handrail Wall Panels Bumper Rail remarks:

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Observation window

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Observation vision panel
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Prefabricated music practice module		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.19	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Practice Rooms - Small (shared)	
		Client: New Westminster School Board	m ² : 7. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure:
 Positive
 Negative
 Neutral
 remarks: _____

Recirculate Air
 Exhaust
 No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier
 CFM: _____
 Minimum Temp. (C): **21**

Dehumidifier
 Remarks: _____
 Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		2	


- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer
 remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.20	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Recording Studio	
		Client: New Westminster School Board	m ² : 15. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: Band, Choir

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Specific acoustical design considerations, refer to acoustic matrix

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Other:		Special acoustic treatment required
Wall:		GWB		Special acoustic treatment required
Floor:			Rubber	Acoustic floor treatment
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail
 Handrail Wall Panels Bumper Rail remarks:

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks:

DOOR(S): Clear Opening (W x H): 914 x 2135


	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Sound lock door system
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.20	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Recording Studio	
		Client: New Westminster School Board	m ² : 15. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		6

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	2 computer work stations required.
Data		2	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.21
	Sign Off:	Date Issued: 2017-12-08	Room Name: Music Office
		Client: New Westminster School Board	m ² : 20. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg. At grade): at grade Adjacencies: _____

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable Glazing between office and Band and Choir Rooms

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Performing Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.21	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Music Office	
		Client: New Westminster School Board	m ² : 20. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <th>sink</th> <th>mounting</th> <th>faucet</th> <th>tap</th> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	6

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="6"/>	

- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.31
	Sign Off:	Date Issued: 2017-12-08	Room Name: Art Studio
		Client: New Westminster School Board	m ² : 100. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: **6:00 AM** to **12:00 AM** Controlled Access: No Yes
Weekend Hours: **6:00 AM** to **12:00 AM** External Access: No Yes
Daylighting: **Direct**
Location (eg, At grade): **North exposure preferred** Adjacencies: **Visual Arts spaces**

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3700	Exposed Structure	Paint	3000 clear
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: **protection to 2400/painted gwb above**
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): **914 x 2135**

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		
Drying racks		
Student supply drawers		
Flat shelves for paper		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.31
	Sign Off:	Date Issued: 2017-12-08	Room Name: Art Studio
		Client: New Westminster School Board	m ² : 100. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Other: <input type="text" value="2 qt - 1800 stainless steel trough s"/> Size: <input type="text" value="600mm x 1800 x 450mm x"/>	mounting <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text" value="interceptor"/>	remarks <input type="text"/>
--	--	--	--	--	--	---------------------------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text" value=""/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text" value="Paint/varnish spray booth required"/>
--	--	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle for each student station, retractable power for each station, projector, multi-media equipment plus 6 general. LCD display outlet.	40

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="Phone by entrance, clock, outlet for LCD display, outlet for projector."/>
Data	1 per instructor desk, 1 on each wall.	<input type="text" value="5"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.32
	Sign Off:	Date Issued: 2017-12-08	Room Name: Storage
		Client: New Westminster School Board	m ² : 12. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed


SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input checked="" type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	--

EQUIPMENT (for planning purposes only):

Floor to ceiling metal racking		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.32
	Sign Off:	Date Issued: 2017-12-08	Room Name: Storage
		Client: New Westminster School Board	m ² : 12. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral
 Recirculate Air
 Exhaust
 Humidifier
 Dehumidifier

No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**
 Minimum Temp. (C): **15**
 Humidity Range: _____

Remarks: _____

remarks: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 2.33	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Art Office	
		Client: New Westminster School Board	m ² : 15. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: **6:00 AM** to **12:00 AM** Controlled Access: No Yes
Weekend Hours: **6:00 AM** to **12:00 AM** External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Wood		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.33
	Sign Off:	Date Issued: 2017-12-08	Room Name: Art Office
		Client: New Westminster School Board	m ² : 15. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="3"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.34
	Sign Off:	Date Issued: 2017-12-08	Room Name: Graphic Arts
		Client: New Westminster School Board	m ² : 100. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Lockable camera and portable lighting storage		
TV screen		
lockable student project storage		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: The Arts	Sub Department: Visual Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 2.34
	Sign Off:	Date Issued: 2017-12-08	Room Name: Graphic Arts
		Client: New Westminster School Board	m ² : 100. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle per workstation, printer, projector. Six (6) spares. Outlet for LCD display.	40

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="Phone by entrance, clock, outlet for LCD display, outlet for projector."/>
Data	1 per workstation, printer, wall	<input type="text" value="34"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gymnasium (3 courts, includes bleachers)
		Client: New Westminster School Board	m ² : 1720. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: Sports Fields

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustic deck

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	9100	Exposed Structure	Pre-Finished	Acoustic deck
Wall:		Wood	Wood Veneer	Wood panel to 4000 mm, acoustic panels
Floor:			Wood	Wood gym floor
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: Wood panel to 2400, acoustic panels to 7320
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: External Security shutters motorized for up high
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	Garage doors to exterior, interior operable walls between courts, acoustically rated
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish, no center mullion
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Score board, score clocks		
Projector and projection screen (owner provided)		
Motorized basket ball hoops		
Retractable bleachers (500 seats)		
Glass backboards		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gymnasium (3 courts, includes bleachers)
		Client: New Westminster School Board	m ² : 1720. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

Radiant panel integrated into ceiling, zoned for separate courts

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	5 receptacles per wall required and for scoreboard.	27

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	One telephone per entrance, one clock per court
Data	Provide for A/V and projection equip. on walls at each court	<input type="text" value="3"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: c/w heavy-duty wire guard and lens. Lights no lower than 9m.

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: 2 wall switch per court (6 total) to allow for either 50 % or 100% of lights on. OS for after hours.

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Weight Room	
		Client: New Westminster School Board	m ² : 150. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies: Gym

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Acoustic deck, Enhanced acoustics for floor impact

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4500	Exposed Structure	Paint	Acoustic deck
Wall:		GWB - Impact & Moisture Resistant	Paint	Writable Teachable Erasable Wall Surface floor to ceiling height, entire length of long wall, backing required all walls, mirrors
Floor:			Cushioned	Rubberized flooring
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: Wood panel to 2400, acoustic panels to 4000
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Window into office if adjacent

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	Garage doors to exterior
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish, no center mullion
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Squat racks	Balls, sticks, mats	
Free weights		
Benches		
Universal machines		
High pulley		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Weight Room	
		Client: New Westminster School Board	m ² : 150. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	--	---	--	--	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	5-20R receptacles on dedicated 20A circuits. Dedicated circuits for each piece of equipment.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		12	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting


remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Physical and Health Education		Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft		Program Number: 3.03	
	Sign Off:	Date Issued: 2017-12-08		Room Name: P.E./Health Classroom	
		Client: New Westminster School Board		m ² : 70. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade):
Adjacencies: Gym

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	Acoustic separation from adjacent noisy activities
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: Wood panel to 1220, painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks:

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: P.E./Health Classroom
		Client: New Westminster School Board	m ² : 70. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td>sink</td> <td>mounting</td> <td>faucet</td> <td>tap</td> </tr> <tr> <td><input checked="" type="checkbox"/> Handwash</td> <td><input checked="" type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
sink	mounting	faucet	tap																												
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	<input type="text" value="10"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Officials' Locker Room/First Aid
		Client: New Westminster School Board	m ² : 10. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg. At grade): at grade Adjacencies: Gym

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact & Moisture Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail
 Handrail Wall Panels remarks

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Table		
Seating area		
Washer/dryer		
Ice machine		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Officials' Locker Room/First Aid
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: <input type="text" value="Medical style sink with elbow taps"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input checked="" type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text" value="Washer and Drier and ice machine"/>	<p>remarks</p> <input type="text"/>
--	--	--	--	---	--	-------------------------------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="22"/> Humidity Range: <input type="text"/>	<p>remarks</p> <input type="text"/>
--	---	---	-------------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI adjacent to sink	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	<input type="text"/>
Data	<input type="checkbox"/>	4	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: PHE Office
		Client: New Westminster School Board	m ² : 15. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies: Gym

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: MDF to 1220/painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Direct Operable remarks: Window into gym
 Blinds 1 Way Mirror

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Desk		
Tables/chairs		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: PHE Office	
		Client: New Westminster School Board	m ² : 15. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <th>sink</th> <th>mounting</th> <th>faucet</th> <th>tap</th> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	3	PA w/ volume control. AV infrastructure between TV and all workstations
Data	1 per printer	4	


- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.06
	Sign Off:	Date Issued: 2017-12-08	Room Name: Boys' Changing Room
		Client: New Westminster School Board	m ² : 140. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies: Gym, Fields

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB - Impact & Moisture Resistant	Paint	
Wall:		GWB - Impact & Moisture Resistant	Other:	Ceramic tile to 2200/painted gwb above
Floor:			Epoxy	Grit finish
Base:	100	Flash Cove		Epoxy

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Benches		
Hooks		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Boys' Changing Room	
		Client: New Westminster School Board	m ² : 140. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px;">Individual enclosed showers, 1 accessible</div>	<p>remarks</p> <div style="border: 1px solid black; padding: 5px;">Central temperature control of showers with individual push-buttons</div>
---	--	--	--	--	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral
 remarks: _____

Recirculate Air
 Exhaust
 No. of Air Ch/Hr:

as required by ASHRAE 62.1 2001

Humidifier
 CFM:

as required by ASHRAE 62.1 2001

 Minimum Temp. (C):

22

Dehumidifier
 Remarks:

Individual extract from shower rooms

 Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI Receptacles for hand and hair dryers	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">1</div>	
Data		<div style="border: 1px solid black; padding: 2px;">0</div>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Girls' Changing Room
		Client: New Westminster School Board	m ² : 140. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies: Gym, Fields

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB - Impact & Moisture Resistant	Paint	
Wall:		GWB - Impact & Moisture Resistant	Other:	Ceramic tile to 2200/painted gwb above
Floor:			Epoxy	Grit finish
Base:	100	Flash Cove		Epoxy

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Benches		
Hooks		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Girls' Changing Room
		Client: New Westminster School Board	m ² : 140. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input checked="" type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px;">Individual enclosed showers, 1 accessible</div>	<p>remarks</p> <div style="border: 1px solid black; padding: 5px;">Central temperature control of showers with individual push-buttons</div>
---	--	--	--	---	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: as required by ASHRAE 62.1 2001 Remarks: Individual extract from shower rooms	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 22 Humidity Range: _____	<p>remarks</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI Receptacles for hand and hair dryers	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks:


Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Interior Storage	
		Client: New Westminster School Board	m ² : 40. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Gym

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure	Paint	
Wall:		Wood	Paint	MDF painted, backing
Floor:			Sealed Concrete	Floor sockets for game posts
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: MDF painted
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal		Kick plates to both sides of doors
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Equipment hooks, shelving and racks		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Interior Storage	
		Client: New Westminster School Board	m ² : 40. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles plus additional	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education
Project Number: 101823		Draft: Initial Draft	Program Number: 3.09
	Sign Off:	Date Issued: 2017-12-08	Room Name: Exterior Storage
		Client: New Westminster School Board	m ² : 40. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Fields

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure	Paint	
Wall:		Wood	Paint	Concrete or plywood, backing
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: MDF painted
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal		Kick plates to both sides of doors, access from inside
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Equipment hooks, shelving and racks		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Physical and Health Education	Sub Department: Physical and Health Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 3.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Exterior Storage	
		Client: New Westminster School Board	m ² : 40. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other Connection with backflow pr remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral

Recirculate Air Exhaust No. of Air Ch/Hr: remarks:

Humidifier CFM: Minimum Temp. (C):

Dehumidifier Remarks: Humidity Range:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI for equipment charging	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data	<input type="text"/>	0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:

LED Task Lighting Direct Lighting Other Indirect Lighting


remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer

Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wood Shop
		Client: New Westminster School Board	m ² : 245. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Locate away from quiet programs & neighbours

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Exposed Structure	Paint	Clear height
Wall:		Wood	Wood Veneer	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: Exterior security shutters to provide blackout for video viewing
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	2438 x 3048 roll up doors with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Refer to equipment list		
wall composed of multiple wood species for teach		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Master keyed

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wood Shop
		Client: New Westminster School Board	m ² : 245. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> <td><input type="checkbox"/> Urinal</td> <td><input checked="" type="checkbox"/> Eyewash</td> <td rowspan="6">remarks</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input checked="" type="checkbox"/> Gooseneck</td> <td><input checked="" type="checkbox"/> Lever/Blades</td> <td><input type="checkbox"/> Slop Sink</td> <td><input type="checkbox"/> Water Fountain</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> WC</td> <td><input type="checkbox"/> Emergency Shower</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input checked="" type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> <td><input type="checkbox"/> Barrier Free WC</td> <td><input type="checkbox"/> Corrosion Resistant Fittings</td> </tr> <tr> <td><input checked="" type="checkbox"/> Double</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="2">Deep sink, stainless</td> <td></td> <td colspan="2">floor drain near sinks</td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	remarks	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	<input checked="" type="checkbox"/> Double				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	Deep sink, stainless			floor drain near sinks		Size: 600mm x 1100mm x 300mm
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	remarks																																
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain																																	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower																																	
<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings																																	
<input checked="" type="checkbox"/> Double				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:																																	
<input type="checkbox"/> Other:	Deep sink, stainless			floor drain near sinks																																		

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

Kill Switch to turn off power to entire room.

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	8 duplex receptacles per wall, scroll saw(5), router table(2), CNC machine, chopsaw(2), 2 double duplex receptacles per work bench (11 stations) and outlet for LCD display, retractable power at each student station.	65

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	2	Provide remote ringing device for phone, provide four strobes in corner of room.
Data	1 per instructor desk, 1 on each wall. At least 2 for PCs	7	

- Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Woods Storage	
		Client: New Westminster School Board	m ² : 35. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure		Clear height
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	2438 x 3048 roll up doors with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.02
	Sign Off:	Date Issued: 2017-12-08	Room Name: Woods Storage
		Client: New Westminster School Board	m ² : 35. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dust Extraction/Compressor Room (DECR)
		Client: New Westminster School Board	m ² : 10. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Locate away from quiet programs & neighbours, louvered acoustic door

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure		Clear height
Wall:		Concrete Block	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: concrete block
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks:

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	2438 x 3048 roll up doors with adjacent man door to exterior
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dust Extraction/Compressor Room (DECR)
		Client: New Westminster School Board	m ² : 10. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	mounting <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Metal Fabrication Shop
		Client: New Westminster School Board	m ² : 220. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Locate away from quiet programs & neighbours

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Exposed Structure	Paint	Clear height
Wall:		GWB - Impact Resistant	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Handrail Wall Panels Bumper Rail remarks: paneling to 2100/painted GWB above

WINDOW TREATMENT:

Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Exterior security shutters to provide blackout for video viewing

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	2438 x 3048 roll up doors with adjacent man door to exterior
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Master keyed

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Metal Fabrication Shop
		Client: New Westminster School Board	m ² : 220. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> <td><input type="checkbox"/> Urinal</td> <td><input checked="" type="checkbox"/> Eyewash</td> <td rowspan="6">remarks</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input checked="" type="checkbox"/> Gooseneck</td> <td><input checked="" type="checkbox"/> Lever/Blades</td> <td><input type="checkbox"/> Slop Sink</td> <td><input type="checkbox"/> Water Fountain</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> WC</td> <td><input type="checkbox"/> Emergency Shower</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input checked="" type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> <td><input type="checkbox"/> Barrier Free WC</td> <td><input type="checkbox"/> Corrosion Resistant Fittings</td> </tr> <tr> <td><input checked="" type="checkbox"/> Double</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="2">Deep sink, stainless</td> <td></td> <td colspan="2">floor drain near sinks</td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	remarks	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	<input checked="" type="checkbox"/> Double				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	Deep sink, stainless			floor drain near sinks		Size: 600mm x 1100mm x 300mm	
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	remarks																																	
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain																																		
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower																																		
<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings																																		
<input checked="" type="checkbox"/> Double				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:																																		
<input type="checkbox"/> Other:	Deep sink, stainless			floor drain near sinks																																			

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

Kill Switch to turn off power to entire room.

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	6 duplex receptacles, connections to shop equip, 2 double duplex receptacles per workstations (7 stations) and outlet for LCD display, retractable power at each student station.	25

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	Phone by entrance, ringing bell for phone, clock, outlet for LCD display.
Data	1 per instructor desk, 1 on each wall.	5	

- Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other Indirect Lighting

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Metals Storage	
		Client: New Westminster School Board	m ² : 35. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure		Clear height
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling 2100/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	2438 x 3048 roll up doors with adjacent man door to exterior
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: Metals Storage
		Client: New Westminster School Board	m ² : 35. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	---	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.06
	Sign Off:	Date Issued: 2017-12-08	Room Name: Engineering Lab
		Client: New Westminster School Board	m ² : 120. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3500	Exposed Structure	Paint	Clear height
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains Direct Operable remarks: Exterior security shutters to provide blackout for video viewing
 Blinds 1 Way Mirror

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Master keyed

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.06
	Sign Off:	Date Issued: 2017-12-08	Room Name: Engineering Lab
		Client: New Westminster School Board	m ² : 120. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide receptacles for 31 PCs, CNC, Plotter, 3D Printers (4), laser cutter, printers (2), in addition to 8 floor box receptacles.	48

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	2	Provide data for 31 PCs, CNC, Plotter, 3D Printers (4), laser cutter, printers (2)
Data		40	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other
 Indirect Lighting
 remarks:

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Drafting Storage
		Client: New Westminster School Board	m ² : 15. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.07
	Sign Off:	Date Issued: 2017-12-08	Room Name: Drafting Storage
		Client: New Westminster School Board	m ² : 15. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.08
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electronics/Robotics Shop
		Client: New Westminster School Board	m ² : 140. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Paint	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Exterior security shutters to provide blackout for video viewing

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Master keyed

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.08
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electronics/Robotics Shop
		Client: New Westminster School Board	m ² : 140. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Other: Etching wash off Deep sink, stain Size: 600mm x 1100mm x 300mm	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks
--	---	--	--	--	---	---------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: For etching tank (sodium persulphate) Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks
--	--	--	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 receptacles per 30 student stations, retractable power at each student station, 3D printer area (1). 1 receptacle every 5m for convenience.	61

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	2	
Data	1 per table plus 2 additional.	15	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy Sensor

remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electronics/Robotics Storage	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electronics/Robotics Storage	
		Client: New Westminster School Board	m ² : 20. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.10
	Sign Off:	Date Issued: 2017-12-08	Room Name: CTE Classroom
		Client: New Westminster School Board	m ² : 60. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: Rounded exposed edges of wall protection
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Direct Operable remarks: 0
 Blinds 1 Way Mirror

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.10
	Sign Off:	Date Issued: 2017-12-08	Room Name: CTE Classroom
		Client: New Westminster School Board	m ² : 60. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	<input type="text" value="10"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks
Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Discovery Shop
		Client: New Westminster School Board	m ² : 150. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Exterior security shutters to provide blackout for video viewing

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Discovery Shop
		Client: New Westminster School Board	m ² : 150. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input checked="" type="checkbox"/> Gooseneck</td> <td><input checked="" type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input checked="" type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input checked="" type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other:</td> <td colspan="3">Deep sink, stainless</td> </tr> <tr> <td>Size:</td> <td colspan="3">600mm x 1100mm x 300mm</td> </tr> </table>	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input checked="" type="checkbox"/> Double				<input checked="" type="checkbox"/> Other:	Deep sink, stainless			Size:	600mm x 1100mm x 300mm			<table border="0"> <tr> <td><input type="checkbox"/> Urinal</td> <td><input checked="" type="checkbox"/> Eyewash</td> </tr> <tr> <td><input type="checkbox"/> Slop Sink</td> <td><input type="checkbox"/> Water Fountain</td> </tr> <tr> <td><input type="checkbox"/> WC</td> <td><input type="checkbox"/> Emergency Shower</td> </tr> <tr> <td><input type="checkbox"/> Barrier Free WC</td> <td><input type="checkbox"/> Corrosion Resistant Fittings</td> </tr> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td></td> <td>floor drain near sinks</td> </tr> </table>	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:		floor drain near sinks	remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades																																			
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																																			
<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																																			
<input checked="" type="checkbox"/> Double																																						
<input checked="" type="checkbox"/> Other:	Deep sink, stainless																																					
Size:	600mm x 1100mm x 300mm																																					
<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash																																					
<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain																																					
<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower																																					
<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings																																					
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:																																					
	floor drain near sinks																																					

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input checked="" type="checkbox"/> Filtration: _____ % Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air <input type="checkbox"/> Exhaust No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier CFM: _____ Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier Humidity Range: _____ Remarks: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units, retractable power at each student station.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	10	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other
 Indirect Lighting
 remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.12
	Sign Off:	Date Issued: 2017-12-08	Room Name: Discovery Shop Storage
		Client: New Westminster School Board	m ² : 35. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling to 1800/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.12
	Sign Off:	Date Issued: 2017-12-08	Room Name: Discovery Shop Storage
		Client: New Westminster School Board	m ² : 35. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 15 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.13
	Sign Off:	Date Issued: 2017-12-08	Room Name: Industrial Education Office
		Client: New Westminster School Board	m ² : 14. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Industrial Education
Project Number: 101823		Draft: Initial Draft	Program Number: 4.13
	Sign Off:	Date Issued: 2017-12-08	Room Name: Industrial Education Office
		Client: New Westminster School Board	m ² : 14. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="2"/>	

- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Apprenticeship Program	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.21	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Plumbing/Carpentry Shop	
		Client: New Westminster School Board	m ² : 150. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: Theatre

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	6000	Exposed Structure		Clear height
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall, backing required all walls, mirrors
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Handrail Wall Panels Bumper Rail remarks: paneling to 2100/painted GWB above

WINDOW TREATMENT:

Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks: Exterior security shutters to provide blackout for video viewing

DOOR(S):

Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	2438 x 3048 roll up doors with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: Master keyed

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Apprenticeship Program
Project Number: 101823		Draft: Initial Draft	Program Number: 4.21
	Sign Off:	Date Issued: 2017-12-08	Room Name: Plumbing/Carpentry Shop
		Client: New Westminster School Board	m ² : 150. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Other: <input type="text" value="Deep sink, stainless"/> Size: <input type="text" value="600mm x 1100mm x 300mm"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text" value="floor drain near sinks"/>	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
---	--	---	--	---	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text" value=""/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	--	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 convenience duplex receptacle every 5m, projector, retractable power at each student station.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<div style="border: 1px solid black; height: 100px;"></div>
Data	<input type="checkbox"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Apprenticeship Program
Project Number: 101823		Draft: Initial Draft	Program Number: 4.22
	Sign Off:	Date Issued: 2017-12-08	Room Name: Storage
		Client: New Westminster School Board	m ² : 40. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: CTE

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	4267	Exposed Structure		Clear height
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: paneling 2100/painted GWB above
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1830 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	2438 x 3048 roll up doors with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Apprenticeship Program	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.22	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Storage	
		Client: New Westminster School Board	m ² : 40. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	---	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	_____	
Data	_____	0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: Impact resistant / gasketed

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Home Economics
Project Number: 101823		Draft: Initial Draft	Program Number: 4.31
	Sign Off:	Date Issued: 2017-12-08	Room Name: Home Economics Classroom
		Client: New Westminster School Board	m ² : 120. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

H EC, Receiving

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Slip Resistant	
Base:	100	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:

Rounded exposed edges of wall protection
--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:

External Security shutters, suitable glare reduction for video viewing
--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen	microwaves	
demonstration table with stove tops	commercial washer/dryer	
demonstration mirror	refriidgerator	
stoves (ranges)		
sewing machines		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Home Economics
Project Number: 101823		Draft: Initial Draft	Program Number: 4.31
	Sign Off:	Date Issued: 2017-12-08	Room Name: Home Economics Classroom
		Client: New Westminster School Board	m ² : 120. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Other: every station Size: 560x430x200	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks
---	--	---	--	--	--	---------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks
--	---	--	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall). Provide countertop outlets and retractable power for sewing stations. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	10	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Home Economics	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.32	
	Sign Off:	Date Issued: 2017-12-08	Room Name: HE General Storage	
		Client: New Westminster School Board	m ² : 10. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: H EC, Receiving

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Washable	
Wall:		GWB - Impact & Moisture Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

commercial freezer		
shelves		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Home Economics
Project Number: 101823		Draft: Initial Draft	Program Number: 4.32
	Sign Off:	Date Issued: 2017-12-08	Room Name: HE General Storage
		Client: New Westminster School Board	m ² : 10. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust

Humidifier CFM: _____

Dehumidifier Remarks: _____

No. of Air Ch/Hr: as required by ASHRAE 62.1 2001

Minimum Temp. (C): 21

Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data	_____	0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks: _____

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.41	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Teaching Kitchen	
		Client: New Westminster School Board	m ² : 160. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: Cooler, Freezer, Storage

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Washable	Smooth finish
Wall:		Other:		FRP embossed/pebble
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable
Exterior security shutters to provide blackout for video viewing

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Refer to Kitchen equipment list		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 4.41
	Sign Off:	Date Issued: 2017-12-08	Room Name: Teaching Kitchen
		Client: New Westminster School Board	m ² : 160. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap		remarks
<input checked="" type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	See separate equipment list
<input type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input checked="" type="checkbox"/> Slop Sink	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	
<input checked="" type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	
<input type="checkbox"/> Other: 5 HW sinks with knee operated ta				<input checked="" type="checkbox"/> Floor Drain	
Size:				<input type="checkbox"/> Other:	

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust

Humidifier CFM: as required by ASHRAE 62.1 2001 No. of Air Ch/Hr: as required by ASHRAE 62.1 2001

Dehumidifier Remarks: _____ Minimum Temp. (C): 21

Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	_____	40

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	_____
Data	3 computers and 1 telephone.	4	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks: _____

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 4.42
	Sign Off:	Date Issued: 2017-12-08	Room Name: Culinary Arts Classroom
		Client: New Westminster School Board	m ² : 60. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: Rounded exposed edges of wall protection
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks:

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		
Demonstration table		
Overhead mirror		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.42	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Culinary Arts Classroom	
		Client: New Westminster School Board	m ² : 60. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input checked="" type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input checked="" type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3">HW sink with knee operated taps,</td> </tr> <tr> <td>Size:</td> <td colspan="3"></td> </tr> </table>	<input checked="" type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	HW sink with knee operated taps,			Size:				<table border="0"> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/> Eyewash</td> </tr> <tr> <td><input type="checkbox"/> Slop Sink</td> <td><input type="checkbox"/> Water Fountain</td> </tr> <tr> <td><input type="checkbox"/> WC</td> <td><input type="checkbox"/> Emergency Shower</td> </tr> <tr> <td><input type="checkbox"/> Barrier Free WC</td> <td><input type="checkbox"/> Corrosion Resistant Fittings</td> </tr> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:	remarks
<input checked="" type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																																	
<input type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																																	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																																	
<input type="checkbox"/> Double																																				
<input type="checkbox"/> Other:	HW sink with knee operated taps,																																			
Size:																																				
<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash																																			
<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain																																			
<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower																																			
<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings																																			
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:																																			

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Exhaust <input type="checkbox"/> Humidifier CFM: _____ <input type="checkbox"/> Dehumidifier Remarks: _____	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks
---	--	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional duplex receptacles on countertop for device storage units	15

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	10	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.43	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Walk-in Cooler	
		Client: New Westminster School Board	m ² : 12. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Other:		Prefab mod panel system
Wall:		Other:		
Floor:				Recessed floor slab, finish flush with kitchen floor
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): _____ Other: _____

	type	material	finish	remarks
Door:				900 x 1980, prefab mod door
Door Frame:				
Door Hardware:				

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.43	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Walk-in Cooler	
		Client: New Westminster School Board	m ² : 12. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="max 4"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	--	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	1

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	<input type="text"/>
Data	<input type="text"/>	0	
<input type="checkbox"/> Clock - Central <input type="checkbox"/> Clock - Battery <input type="checkbox"/> Overhead Projection <input type="checkbox"/> A/V <input type="checkbox"/> Video Conferencing <input type="checkbox"/> TV Infrastructure			

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.44	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Walk-in Freezer	
		Client: New Westminster School Board	m ² : 12. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Other:		Prefab mod panel system
Wall:		Other:		
Floor:				Recessed floor slab, finish flush with kitchen floor
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): _____ Other: _____


	type	material	finish	remarks
Door:				900 x 1980, prefab mod door
Door Frame:				
Door Hardware:				

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.44	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Walk-in Freezer	
		Client: New Westminster School Board	m ² : 12. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	---	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): max -28 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

Provide all connections required for door frames, fan coils, heat tracing, and other equipment as needed

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	<div style="border: 1px solid black; height: 100px;"></div>
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.45	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dry Storage	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Washable	Smooth finish
Wall:		Other:		FRP embossed/pebble
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Shelving		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.45	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Dry Storage	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.46	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Warewashing	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB - Impact & Moisture Resistant		Smooth finish
Wall:		Other:		FRP embossed/pebble
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks Window to classroom and Grand Commons
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Refer to Kitchen equipment list		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.46	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Warewashing	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: <input type="text" value="Refer to kitchen equipment list"/> Size: <input type="text"/>	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
---	--	---	--	---	--	---------------------------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text" value="Canopy over dishwasher"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI <input type="text"/>	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 4.47
	Sign Off:	Date Issued: 2017-12-08	Room Name: Janitorial (Mop Closet)
		Client: New Westminster School Board	m ² : 5. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg, At grade): at grade Adjacencies: Kitchen

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure	Paint	
Wall:		Other:		FRP embossed/pebble
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.47	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Janitorial (Mop Closet)	
		Client: New Westminster School Board	m ² : 5. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	--	--	--	---	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: as required by ASHRAE 62.1 2001 Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	--	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI	1

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.48	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Receiving	
		Client: New Westminster School Board	m ² : 10. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies: Kitchen, Storage

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB - Impact & Moisture Resistant	Washable	Smooth finish
Wall:		Other:		FRP embossed/pebble
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 1500 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	Dble door no center mullion
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.48	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Receiving	
		Client: New Westminster School Board	m ² : 10. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink <input checked="" type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: HW sink with knee operated taps, Size:	mounting <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	faucet <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	tap <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks
--	--	--	---	--	--	---------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks
--	---	--	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	_____	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	_____
Data	_____	_____	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: _____

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.49	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Slip Resistant	
Base:	150	Other:		To match floor

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks windows to adjacent spaces
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Commercial fridge, freezer		
Multiples of kitchen equipment		
Stainless steel shelves		
Large rolling bins and carts		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.49	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Exhaust <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	10

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="5"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts	
Project Number: 101823		Draft: Initial Draft	Program Number: 4.50	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender-Neutral Washroom	
		Client: New Westminster School Board	m ² : 10. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg. At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	
Wall:		GWB - Impact & Moisture Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Occupied door indicator

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Career Technical Education	Sub Department: Culinary Arts
Project Number: 101823		Draft: Initial Draft	Program Number: 4.50
	Sign Off:	Date Issued: 2017-12-08	Room Name: Gender-Neutral Washroom
		Client: New Westminster School Board	m ² : 10. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input checked="" type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input checked="" type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks

Recirculate Air Exhaust

Humidifier CFM: as required by ASHRAE 62.1 2001 No. of Air Ch/Hr: as required by ASHRAE 62.1 2001

Dehumidifier Remarks: _____ Minimum Temp. (C): 21

Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	PA speakers w/ call switch
Data		0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Reception/Lobby	
		Client: New Westminster School Board	m ² : 20. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg. At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Reception/Lobby	
		Client: New Westminster School Board	m ² : 20. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	6 quad, 2 per wall maintenance.	14

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	4	PA w/ volume control
Data		6	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting


remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Principal's Office	
		Client: New Westminster School Board	m ² : 15. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg. At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks:

--

 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains External Security shutters
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Principal's Office	
		Client: New Westminster School Board	m ² : 15. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 quad, 2 maintenance.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA w/ volume control
Data	<input type="checkbox"/>	<input type="text" value="3"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration
Project Number: 101823		Draft: Initial Draft	Program Number: 5.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Assistant Principals' Offices
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks:

--

 Handrail Wall Panels

WINDOW TREATMENT:

Blackout Roller Shades Curtains External Security shutters
 Blinds 1 Way Mirror Direct Operable remarks:

External Security shutters

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

--

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

--

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.03	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Assistant Principals' Offices	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 quad, 2 maintenance	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA w/ volume control
Data	<input type="checkbox"/>	<input type="text" value="2"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration
Project Number: 101823		Draft: Initial Draft	Program Number: 5.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Conference Room
		Client: New Westminster School Board	m ² : 30. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.04	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Conference Room	
		Client: New Westminster School Board	m ² : 30. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 duplex receptacles at boardroom table plus one on each wall. Floorbox. Outlet for LCD display.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="Data at boardroom table, PA speakers w/ volume control"/>
Data	<input type="checkbox"/>	<input type="text" value="4"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Clerical Workstations	
		Client: New Westminster School Board	m ² : 5. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration
Project Number: 101823		Draft: Initial Draft	Program Number: 5.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: Clerical Workstations
		Client: New Westminster School Board	m ² : 5. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="4"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: First Aid Room	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg. At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Fridge		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: First Aid Room	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td>sink</td> <td>mounting</td> <td>faucet</td> <td>tap</td> </tr> <tr> <td><input checked="" type="checkbox"/> Handwash</td> <td><input checked="" type="checkbox"/> Counter</td> <td><input checked="" type="checkbox"/> Gooseneck</td> <td><input checked="" type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other:</td> <td colspan="3"><input type="text" value="Single bowl sink"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input checked="" type="checkbox"/> Other:	<input type="text" value="Single bowl sink"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input checked="" type="checkbox"/> Other:	<input type="text" value="Single bowl sink"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	---	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	GFCI adjacent to sink	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	<input type="text"/>
Data	One per workstation	2	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.07	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Workroom & Copy	
		Client: New Westminster School Board	m ² : 25. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: _____
Location (eg. At grade): at grade Adjacencies: _____

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: _____

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks _____
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks _____
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.07	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Workroom & Copy	
		Client: New Westminster School Board	m ² : 25. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	4 receptacles, 2 maintenance, 1 for photocopier.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	PA w/ volume control
Data		4	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Staff Kitchenette / Break Room	
		Client: New Westminster School Board	m ² : 40. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Washable	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration	
Project Number: 101823		Draft: Initial Draft	Program Number: 5.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Staff Kitchenette / Break Room	
		Client: New Westminster School Board	m ² : 40. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input checked="" type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input checked="" type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input checked="" type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
---	--	---	--	--	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: as required by ASHRAE 62.1 2001 Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	4 receptacles for convenience, 2 for vending machines, 2 maintenance per wall.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	PA w/ volume control
Data		2	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____


remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration
Project Number: 101823		Draft: Initial Draft	Program Number: 5.09
	Sign Off:	Date Issued: 2017-12-08	Room Name: Records / Archive Storage
		Client: New Westminster School Board	m ² : 30. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Administration	Sub Department: Administration
Project Number: 101823		Draft: Initial Draft	Program Number: 5.09
	Sign Off:	Date Issued: 2017-12-08	Room Name: Records / Archive Storage
		Client: New Westminster School Board	m ² : 30. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral remarks:

Recirculate Air Exhaust

Humidifier CFM:

Dehumidifier Remarks:

No. of Air Ch/Hr:

Minimum Temp. (C):

Humidity Range:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data	<input type="text"/>	0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____ Indirect Lighting remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks:

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: General Classrooms	
		Client: New Westminster School Board	m ² : 70. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks
--	--	---	---------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	, provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	<input type="text" value="10"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: General Classroom Computer Lab	
		Client: New Westminster School Board	m ² : 90. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p>
--	---	--	---	--	--	----------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	<p>remarks</p>
--	---	--	----------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

Spacing of data and power to match furniture and provide flexible layout

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall) and one per workstation along with addition for equipment. Provide additional duplex receptacles on countertop for device storage units,	34

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data	1 data per workstation, printer. One (1) data outlet on each wall and for projector.	34	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Occupancy Sensor
 Dimmer

remarks: Ensure local manual override for daylight harvesting

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas
Project Number: 101823		Draft: Initial Draft	Program Number: 6.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Learning Support CR (in LNs)
		Client: New Westminster School Board	m ² : 50. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes

Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes

Daylighting: Direct

Location (eg, At grade): Adjacencies: All Learning Neighbourhood spaces

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy

Minimum NC Ratings: No Yes

GENERAL REMARKS: Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: Rounded exposed edges of wall protection

Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: Suitable glare reduction for video viewing

Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed


SINK ACCESSORIES:	ROOM ACCESSORIES:	MILLWORK:
<input checked="" type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies
<input checked="" type="checkbox"/> Paper Towel Dispenser		<input checked="" type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Waste		<input checked="" type="checkbox"/> Shelving
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Mailboxes
		<input checked="" type="checkbox"/> Worktop
		<input checked="" type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.03	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Learning Support CR (in LNs)	
		Client: New Westminster School Board	m ² : 50. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: _____	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	, provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	10	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer Continuous Dimming
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.04	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Breakout Room	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: **6:00 AM** to **12:00 AM** Controlled Access: No Yes
Weekend Hours: **6:00 AM** to **12:00 AM** External Access: No Yes
Daylighting: **Indirect**
Location (eg, At grade): Adjacencies: **All Inclusive Education spaces**

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: **Minimum STC 53**

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail remarks: **Rounded exposed edges of wall protection**
 Handrail Wall Panels

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks:

DOOR(S): Clear Opening (W x H): **914 x 2135**


	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.04	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Breakout Room	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral remarks:

Recirculate Air Exhaust

Humidifier CFM:

Dehumidifier Remarks:

No. of Air Ch/Hr:

Minimum Temp. (C):

Humidity Range:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles.	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ volume control
Data	<input type="checkbox"/>	<input type="text" value="2"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____ Indirect Lighting remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks:

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Open Collaborative Learning Space (CLS)	
		Client: New Westminster School Board	m ² : 80. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide one duplex receptacle every 5 meters.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="4"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Student Breakout Rooms	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <th>sink</th> <th>mounting</th> <th>faucet</th> <th>tap</th> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles.	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="PA speakers w/ volume control"/>
Data	<input type="checkbox"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.07	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Teacher Prep Rooms	
		Client: New Westminster School Board	m ² : 100. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input checked="" type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: _____	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide one duplex receptacle every 5 meters.	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	4	
Data	1 data outlet per workstation	16	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: **Ensure local manual override for daylight harvesting**

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Science Lab	
		Client: New Westminster School Board	m ² : 130. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap		remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	7 lab sinks per room
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	
<input checked="" type="checkbox"/> Other: <input type="text" value="Laboratory sink"/>				<input type="checkbox"/> Floor Drain	
Size: <input type="text"/>				<input type="checkbox"/> Other: <input type="text"/>	

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: <input type="text" value=""/> %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text" value="As required by fume cupboards"/>	Minimum Temp. (C): <input type="text" value="21"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 receptacle every 2.4m of fixed lab bench. 1 surface monument per 2 students on each moveable lab bench. 16 flush floor. 1 for instructor's desk, projector, general and LCD display.	38

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	One (1) per instructor's demo table, and on each wall.	<input type="text" value="6"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks:
 Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Chemistry Lab	
		Client: New Westminster School Board	m ² : 130. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	7 lab sinks per room
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input checked="" type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input checked="" type="checkbox"/> Corrosion Resistant Fittings	
<input checked="" type="checkbox"/> Other: <input type="text" value="Laboratory sink"/>				<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Other: <input type="text" value="Acid resistant waste piping"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: <input type="text" value=""/> %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text" value="As required by fume cupboards"/>	Minimum Temp. (C): <input type="text" value="21"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 receptacle every 2.4m of fixed lab bench. 1 surface monument per 2 students on each moveable lab bench. 16 flush floor. 1 for instructor's desk, projector, general and LCD display.	38

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	One (1) per instructor's demo table, and on each wall.	<input type="text" value="6"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.10	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Prep area	
		Client: New Westminster School Board	m ² : 20. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: **6:00 AM** to **12:00 AM** Controlled Access: No Yes
Weekend Hours: **6:00 AM** to **12:00 AM** External Access: No Yes
Daylighting: **Indirect**
Location (eg. At grade): Adjacencies: **All Learning Neighbourhood spaces**

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: **Minimum STC 53**

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	1200 x 600mm panels
Wall:		GWB	Washable	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks

DOOR(S): Clear Opening (W x H): **914 x 2135**

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Connected to paired Labs and Corridor
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Chemical resistant counter surface		
Fume Hood (can be accessed from Labs and Prep)		
Dishwasher		
Under counter refrigerator		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.10	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Prep area	
		Client: New Westminster School Board	m ² : 20. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Other: <input type="text" value="Double laboratory sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input checked="" type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text" value="Acid resistant waste piping"/>	remarks <input type="text"/>
--	--	---	--	--	---	---------------------------------

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="As required by fume cupboards"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	---	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Outlets at counter height	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data		<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Occupancy / Vacancy Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.11	
	Sign Off:	Date Issued: 2017-12-08	Room Name: General Science Storage	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		Other:	Paint	Concrete, plywood, chemical resistant
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):


	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input checked="" type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	--

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas
Project Number: 101823		Draft: Initial Draft	Program Number: 6.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: General Science Storage
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: As required for chemicals Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks Provide separate makeup air
--	---	--	---

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Chemistry Lab General Storage	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		Other:	Paint	Concrete, plywood, chemical resistant
Floor:			Sealed Concrete	
Base:	100	Flash Cove	50 concrete base, sealed	

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	Door seal
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed


SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

Specially designed cabinets		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Chemistry Lab General Storage	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral

Recirculate Air Exhaust

Humidifier CFM: _____ No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Dehumidifier Remarks: _____ Minimum Temp. (C): **21**

Humidity Range: _____ remarks: **Provide separate makeup air**

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:

LED Task Lighting Direct Lighting Other _____

Indirect Lighting


remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer

Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Secure Chemical Storage	
		Client: New Westminster School Board	m ² : 5. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Exposed Structure		
Wall:		Other:	Paint	Concrete, plywood, chemical resistant
Floor:			Sealed Concrete	
Base:	100	Flash Cove	50 concrete base, sealed	

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	Door seal
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Specially designed cabinets		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Learning Neighborhoods	Sub Department: Classroom and Collaborative Areas	
Project Number: 101823		Draft: Initial Draft	Program Number: 6.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Secure Chemical Storage	
		Client: New Westminster School Board	m ² : 5. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral

Recirculate Air
 Exhaust
 No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier
 CFM: **As required for chemicals**
 Minimum Temp. (C): **21**

Dehumidifier
 Remarks: _____
 Humidity Range: _____

remarks: **Provide separate makeup air**

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One (1) duplex receptacle	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Counsellor Office	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks:

--

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks: External Security shutters
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Counsellor Office	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td>sink</td> <td>mounting</td> <td>faucet</td> <td>tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	sink	mounting	faucet	tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
sink	mounting	faucet	tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="checkbox"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Youth Services Office	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre
Project Number: 101823		Draft: Initial Draft	Program Number: 7.02
	Sign Off:	Date Issued: 2017-12-08	Room Name: Youth Services Office
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre
Project Number: 101823		Draft: Initial Draft	Program Number: 7.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Meeting Room (Breakout Room)
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

--

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

--

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre
Project Number: 101823		Draft: Initial Draft	Program Number: 7.03
	Sign Off:	Date Issued: 2017-12-08	Room Name: Meeting Room (Breakout Room)
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral
 remarks: _____

Recirculate Air
 Exhaust
 No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier
 CFM: _____
 Minimum Temp. (C): **21**

Dehumidifier
 Remarks: _____
 Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA w/ volume control
Data		4	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: **Ensure local manual override for daylight harvesting**

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.04	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Files/Storage	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/> Eyewash</td> <td rowspan="6">remarks</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> <td><input type="checkbox"/> Slop Sink</td> <td><input type="checkbox"/> Water Fountain</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> WC</td> <td><input type="checkbox"/> Emergency Shower</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> <td><input type="checkbox"/> Barrier Free WC</td> <td><input type="checkbox"/> Corrosion Resistant Fittings</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Size:</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	remarks	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	<input type="checkbox"/> Double				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:						Size:							
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	remarks																																							
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain																																								
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower																																								
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings																																								
<input type="checkbox"/> Double				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other:																																								
<input type="checkbox"/> Other:																																													
Size:																																													

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: _____	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 receptacles, 2 maintenance	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	
Data		1	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Liason Officer	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Counseling & Career Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.05	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Liason Officer	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education
Project Number: 101823		Draft: Initial Draft	Program Number: 7.11
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Classroom
		Client: New Westminster School Board	m ² : 70. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

All Inclusive Education spaces

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

Minimum STC 53

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:

Rounded exposed edges of wall protection
--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:

External Security shutters, suitable glare reduction for video viewing
--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

TV Screen		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.11	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Inclusive Ed Classroom	
		Client: New Westminster School Board	m ² : 70. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide additional receptacles for maintenance (2 per wall). Provide countertop outlets. Provide additional duplex receptacles on countertop for device storage units	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	PA speakers w/ call switch, Phone by entrance
Data	Provide additional data outlets for equipment	<input type="text" value="10"/>	

- Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Sensory Room	
		Client: New Westminster School Board	m ² : 10. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: No Yes
Location (eg, At grade): at grade Adjacencies: All Inclusive Education spaces

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: STC 60, acoustic wall panels

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Washable	
Floor:			Resilient	Sheet Flooring
Base:	100	Rubber		Compatible with flooring

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels Direct Operable

WINDOW TREATMENT:

Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Solid Core	Wood Veneer	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Sensory Room	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex		4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting


remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Continuous Dimming

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Quiet Room / Personal Work Space	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text" value="Anti-ligature supply grille"/>
--	--	---	---

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	<input type="text"/>

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text" value="No PA speaker in room"/>
Data	<input type="text"/>	<input type="text" value="0"/>	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education
Project Number: 101823		Draft: Initial Draft	Program Number: 7.14
	Sign Off:	Date Issued: 2017-12-08	Room Name: Testing Room / Breakout Room
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

Comfort Cooling
 Filtration: _____ %
 Air Pressure: Positive
 Negative
 Neutral
 remarks: _____

Recirculate Air
 Exhaust
 No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier
 CFM: _____
 Minimum Temp. (C): **21**

Dehumidifier
 Remarks: _____
 Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles.	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA speakers w/ volume control
Data		2	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting
 remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: **Ensure local manual override for daylight harvesting**

Project Name: New West Secondary School		Department: Student Support	Sub Department: Inclusive Education
Project Number: 101823		Draft: Initial Draft	Program Number: 7.15
	Sign Off:	Date Issued: 2017-12-08	Room Name: Accessible Toilet & Shower
		Client: New Westminster School Board	m ² : 15. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input checked="" type="checkbox"/> Barrier Free WC <input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Barrier-free shower</div>	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
---	--	--	--	--	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: _____ % <input checked="" type="checkbox"/> Exhaust CFM: As required by code Remarks: _____	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 23 Humidity Range: _____	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Power for overhead lift. 2 maintenance receptacles	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	PA speakers w/ call switch, call-assist button with light and audible alarm outside door, pull-cord at toilet and change table
Data		0	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks: _____

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Wellness Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.21	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wellness Center	
		Client: New Westminster School Board	m ² : 200. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg. At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

ROOM ACCESSORIES:


MILLWORK:

<input type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies	<input type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Dispenser		<input type="checkbox"/> Lockers	<input type="checkbox"/> Shelving
<input type="checkbox"/> Paper Towel Waste		<input type="checkbox"/> Mailboxes	<input type="checkbox"/> Worktop
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Wellness Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.21	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wellness Center	
		Client: New Westminster School Board	m ² : 200. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	10

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	PA w/ volume control
Data	<input type="text"/>	10	


Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.31
	Sign Off:	Date Issued: 2017-12-08	Room Name: Entry / Reception
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.31	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Entry / Reception	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust No. of Air Ch/Hr: **as required by ASHRAE 62.1 2001**

Humidifier CFM: _____ Minimum Temp. (C): **21**

Dehumidifier Remarks: _____ Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	6 quad, 2 per wall maintenance.	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	4	PA w/ volume control
Data		6	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____ Indirect Lighting remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.32
	Sign Off:	Date Issued: 2017-12-08	Room Name: Small kitchenette
		Client: New Westminster School Board	m ² : 5. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg. At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.32	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Small kitchenette	
		Client: New Westminster School Board	m ² : 5. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input checked="" type="checkbox"/> Other: <input type="text" value="Single bowl sink"/> Size: <input type="text"/>	<p>mounting</p> <input checked="" type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input checked="" type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
---	---	---	---	--	---	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input checked="" type="checkbox"/> Exhaust CFM: <input type="text" value="as required by ASHRAE 62.1 2001"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	<p>remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
--	---	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use. Receptacles for unit w/ fridge and microwave.	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.33
	Sign Off:	Date Issued: 2017-12-08	Room Name: Accessible unisex restroom
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:
Location (eg. At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	
Wall:		GWB - Impact & Moisture Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	Occupied door indicator

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: accessible

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.33
	Sign Off:	Date Issued: 2017-12-08	Room Name: Accessible unisex restroom
		Client: New Westminster School Board	m ² : 10. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input checked="" type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input checked="" type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 maintenance receptacles	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	0	PA speakers w/ call switch
Data		0	
<input type="checkbox"/> Clock - Central <input type="checkbox"/> Clock - Battery <input type="checkbox"/> Overhead Projection <input type="checkbox"/> A/V <input type="checkbox"/> Video Conferencing <input type="checkbox"/> TV Infrastructure			

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.34
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office space, etc.
		Client: New Westminster School Board	m ² : 197. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Indirect

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks

--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks

--

 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: UBC
Project Number: 101823		Draft: Initial Draft	Program Number: 7.34
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office space, etc.
		Client: New Westminster School Board	m ² : 197. m²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Friendship Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.41	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Friendship Centre	
		Client: New Westminster School Board	m ² : 70. m²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

--

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:

Rounded exposed edges of wall protection
--

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135

	type	material	finish	remarks
Door:	C	Solid Core	Wood Veneer	Coordinate door glazing with wall glazing
Door Frame:	1	Pressed Metal	Paint	Coordinate door frame with wall glazing look and finish
Door Hardware:	001	Pressed metal	Brushed stainless	Standard classroom lockset - master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Friendship Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.41	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Friendship Centre	
		Client: New Westminster School Board	m ² : 70. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input checked="" type="checkbox"/> Other: <input type="text" value="Single kitchen sink"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: <input type="text" value=""/> %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks: <input type="text"/>
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text"/>	Minimum Temp. (C): <input type="text" value="21"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	1 per workstation, 2 general use. Receptacles for unit w/ fridge and microwave.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	
Data	<input type="checkbox"/>	<input type="text" value="2"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Student Support	Sub Department: Friendship Centre
Project Number: 101823		Draft: Initial Draft	Program Number: 7.42
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office
		Client: New Westminster School Board	m ² : 10. m²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 6:00 AM to 12:00 AM Controlled Access: No Yes
Weekend Hours: 6:00 AM to 12:00 AM External Access: No Yes
Daylighting: Indirect
Location (eg, At grade): at grade Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks

DOOR(S): Clear Opening (W x H):


	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed metal	Brushed stainless	

SINK ACCESSORIES: <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Paper Towel Dispenser <input type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
--	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Student Support	Sub Department: Friendship Centre	
Project Number: 101823		Draft: Initial Draft	Program Number: 7.42	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Office	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input checked="" type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	--	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	One per workstation, two for general use.	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>
Data	1 per printer	<input type="text" value="2"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.01	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wood Shop	
		Client: New Westminster School Board	m ² : 150. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting:

Direct

Location (eg, At grade):

at grade

 Adjacencies:

Plumbing Shop, Electrical Shop

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

Locate away from quiet programs & neighbours
--

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3700	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:

protection to 2400 high

 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:

External Security shutters

 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

914 x 2135


	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	2438 x 3048 roll up doors to exterior with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES: <input checked="" type="checkbox"/> Soap Dispenser <input checked="" type="checkbox"/> Paper Towel Dispenser <input checked="" type="checkbox"/> Paper Towel Waste <input type="checkbox"/> Other: _____	ROOM ACCESSORIES: <input type="checkbox"/> Hand Sanitizer	MILLWORK: <input type="checkbox"/> Cubbies <input type="checkbox"/> Lockable Cabinets <input type="checkbox"/> Lockers <input type="checkbox"/> Shelving <input type="checkbox"/> Mailboxes <input type="checkbox"/> Worktop <input type="checkbox"/> Other Specialty Millwork
---	---	---

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.01
	Sign Off:	Date Issued: 2017-12-08	Room Name: Wood Shop
		Client: New Westminster School Board	m ² : 150. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input checked="" type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide retractable power supply.	20

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Plumbing Shop	
		Client: New Westminster School Board	m ² : 80. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg, At grade): at grade Adjacencies: Wood Shop

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Locate away from quiet programs & neighbours

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3700	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: protection to 2400 high
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks: External Security shutters
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 914 x 2135

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	2438 x 3048 roll up doors to exterior with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.02	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Plumbing Shop	
		Client: New Westminster School Board	m ² : 80. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input checked="" type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide retractable power supply.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.03	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electrical Shop	
		Client: New Westminster School Board	m ² : 80. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3700	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:				

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks:
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	2438 x 3048 roll up doors to exterior with man door
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.03	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Electrical Shop	
		Client: New Westminster School Board	m ² : 80. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling	<input type="checkbox"/> Filtration: _____ %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input checked="" type="checkbox"/> Exhaust	No. of Air Ch/Hr: as required by ASHRAE 62.1 2001	
<input type="checkbox"/> Humidifier	CFM: as required by ASHRAE 62.1 2001	Minimum Temp. (C): 21	
<input type="checkbox"/> Dehumidifier	Remarks: _____	Humidity Range: _____	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Provide retractable power supply.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	1	
Data		2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks: _____

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.04
	Sign Off:	Date Issued: 2017-12-08	Room Name: Paint Room (ventilated) and Storage
		Client: New Westminster School Board	m ² : 12. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input checked="" type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: _____	
Size: _____						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks: _____

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks: _____

HVAC:

Comfort Cooling Filtration: _____ % Air Pressure: Positive Negative Neutral remarks: _____

Recirculate Air Exhaust No. of Air Ch/Hr: as required by ASHRAE 62.1 2001

Humidifier CFM: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21

Dehumidifier Remarks: Independent exhaust to roof Humidity Range: _____

ELECTRICAL REQUIREMENTS

GENERAL POWER: _____

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	_____	2

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	0	
Data	_____	0	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks: _____

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks: _____

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: Facilities Offices (sep. offices - 3 staff)
		Client: New Westminster School Board	m ² : 9. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.05
	Sign Off:	Date Issued: 2017-12-08	Room Name: Facilities Offices (sep. offices - 3 staff)
		Client: New Westminster School Board	m ² : 9. m ²

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral remarks:

Recirculate Air Exhaust No. of Air Ch/Hr:

Humidifier CFM: Minimum Temp. (C):

Dehumidifier Remarks: Humidity Range:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	6

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	3	
Data	<input type="text"/>	2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure


LIGHTING:

LED Task Lighting Direct Lighting Other _____ Indirect Lighting remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks:

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Facilities Offices (shared - 2 staff)	
		Client: New Westminster School Board	m ² : 10. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT: Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

ROOM ACCESSORIES:


MILLWORK:

<input type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies	<input type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Dispenser		<input type="checkbox"/> Lockers	<input type="checkbox"/> Shelving
<input type="checkbox"/> Paper Towel Waste		<input type="checkbox"/> Mailboxes	<input type="checkbox"/> Worktop
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.06	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Facilities Offices (shared - 2 staff)	
		Client: New Westminster School Board	m ² : 10. m²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral

Recirculate Air Exhaust No. of Air Ch/Hr:

Humidifier CFM: Minimum Temp. (C):

Dehumidifier Remarks: Humidity Range: remarks:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	6

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	2	
Data	<input type="text"/>	2	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____

Indirect Lighting remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer

Occupancy / Vacancy Wall Switch Occupancy Sensor remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.07	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Small Maintenance/IT Break Room	
		Client: New Westminster School Board	m ² : 40. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Washable	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer

MILLWORK:


Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

Kitchenette - fridge, microwave		

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.07	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Small Maintenance/IT Break Room	
		Client: New Westminster School Board	m ² : 40. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input checked="" type="checkbox"/> Handwash	<input checked="" type="checkbox"/> Counter	<input checked="" type="checkbox"/> Gooseneck	<input checked="" type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input checked="" type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input checked="" type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input type="checkbox"/> Filtration: <input type="text"/> %	Air Pressure: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text"/>	Minimum Temp. (C): <input type="text" value="21"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	
Data	<input type="text"/>	<input type="text" value="2"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.08	
	Sign Off:	Date Issued: 2017-12-08	Room Name: District Maintenance Storage	
		Client: New Westminster School Board	m ² : 40. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input type="checkbox"/> Filtration: <input type="text"/> %	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	remarks
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text"/>	Minimum Temp. (C): <input type="text" value="15"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	
Data	<input type="text"/>	<input type="text" value="0"/>	
<input type="checkbox"/> Clock - Central <input type="checkbox"/> Clock - Battery <input type="checkbox"/> Overhead Projection <input type="checkbox"/> A/V <input type="checkbox"/> Video Conferencing <input type="checkbox"/> TV Infrastructure			

LIGHTING:


LED Task Lighting Direct Lighting Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer
 Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.09
	Sign Off:	Date Issued: 2017-12-08	Room Name: IT Offices (shared - 7 employees)
		Client: New Westminster School Board	m ² : 40. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg. At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	2600	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT:

Blackout Roller Shades Curtains Blinds 1 Way Mirror Direct Operable remarks

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	C	hollow metal	paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

ROOM ACCESSORIES:


MILLWORK:

<input type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies	<input type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Dispenser		<input type="checkbox"/> Lockers	<input type="checkbox"/> Shelving
<input type="checkbox"/> Paper Towel Waste		<input type="checkbox"/> Mailboxes	<input type="checkbox"/> Worktop
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.09	
	Sign Off:	Date Issued: 2017-12-08	Room Name: IT Offices (shared - 7 employees)	
		Client: New Westminster School Board	m ² : 40. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<p>sink</p> <input type="checkbox"/> Handwash <input type="checkbox"/> Lavatory <input type="checkbox"/> Janitorial <input type="checkbox"/> Double <input type="checkbox"/> Other: _____ Size: _____	<p>mounting</p> <input type="checkbox"/> Counter <input type="checkbox"/> Wall <input type="checkbox"/> Floor	<p>faucet</p> <input type="checkbox"/> Gooseneck <input type="checkbox"/> Standard <input type="checkbox"/> Laboratory	<p>tap</p> <input type="checkbox"/> Lever/Blades <input type="checkbox"/> Standard <input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	---	--	--	--

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks: _____

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks: _____

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	Filtration: _____ % <input type="checkbox"/> Exhaust CFM: _____ Remarks: _____	Air Pressure: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral No. of Air Ch/Hr: as required by ASHRAE 62.1 2001 Minimum Temp. (C): 21 Humidity Range: _____	remarks <div style="border: 1px solid black; height: 100px;"></div>
--	---	--	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	2 duplexes per workstation/employee, 4 general use.	36

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	8	
Data	4 data drops per workstation/employee	32	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Indirect Lighting
 Other _____

remarks

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT
Project Number: 101823		Draft: Initial Draft	Program Number: 8.10
	Sign Off:	Date Issued: 2017-12-08	Room Name: Server Room
		Client: New Westminster School Board	m ² : 40. m ²

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: _____
Location (eg. At grade): 2nd floor Adjacencies: Not near any pressurized water pipes or Mechanical spa

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS: Away from vibration

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3700	Exposed Structure	Paint	
Wall:		GWB	Paint	
Floor:			Sealed Concrete	Anti-static
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks: 19mm Plywood to 2400 high
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks:
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H): 1200 x 2135

	type	material	finish	remarks
Door:	A	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other: _____

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.10	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Server Room	
		Client: New Westminster School Board	m ² : 40. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input checked="" type="checkbox"/> Comfort Cooling <input type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Exhaust <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="21"/> Humidity Range: <input type="text"/>	remarks <input type="text" value="25 max temperature, by means of in-row cooling"/>
--	---	--

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Two (2) dedicated 5-20R receptacle and 20 ampere circuit per rack.	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.11	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Meeting Room	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting: Direct
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB	Paint	1200 x 600mm panels
Wall:		GWB	Paint	Writable Teachable Erasable Wall Surface full height, full length of long wall
Floor:			Carpet	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard Bumper Rail Handrail Wall Panels remarks

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

ROOM ACCESSORIES:


MILLWORK:

<input type="checkbox"/> Soap Dispenser	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cubbies	<input type="checkbox"/> Lockable Cabinets
<input type="checkbox"/> Paper Towel Dispenser		<input type="checkbox"/> Lockers	<input type="checkbox"/> Shelving
<input type="checkbox"/> Paper Towel Waste		<input type="checkbox"/> Mailboxes	<input type="checkbox"/> Worktop
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other: _____

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.11	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Meeting Room	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM: Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

Comfort Cooling Filtration: % Air Pressure: Positive Negative Neutral remarks:

Recirculate Air Exhaust No. of Air Ch/Hr:

Humidifier CFM: Minimum Temp. (C):

Dehumidifier Remarks: Humidity Range:

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	Floorbox. <input type="text"/>	8

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	
Data	<input type="text"/>	<input type="text" value="6"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other _____ remarks:

Indirect Lighting

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer remarks:

Occupancy / Vacancy Wall Switch Occupancy Sensor

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Workbench (IT)	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	Acoustic Tile	Pre-Finished	1200 x 600mm panels
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT:

Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S):

Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.12	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Workbench (IT)	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

sink	mounting	faucet	tap			remarks
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Urinal	<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Fountain	
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> WC	<input type="checkbox"/> Emergency Shower	
<input type="checkbox"/> Double				<input type="checkbox"/> Barrier Free WC	<input type="checkbox"/> Corrosion Resistant Fittings	
<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other: <input type="text"/>	
Size: <input type="text"/>						

WATER:

Cold Water (potable) Hot Water Purified/Distilled Water Other _____ remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air Natural Gas remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling	<input type="checkbox"/> Filtration: <input type="text"/> %	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	remarks: <input type="text"/>
<input type="checkbox"/> Recirculate Air	<input type="checkbox"/> Exhaust	No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/>	
<input type="checkbox"/> Humidifier	CFM: <input type="text"/>	Minimum Temp. (C): <input type="text" value="21"/>	
<input type="checkbox"/> Dehumidifier	Remarks: <input type="text"/>	Humidity Range: <input type="text"/>	

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	12

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="8"/>	

Clock - Central Clock - Battery Overhead Projection A/V Video Conferencing TV Infrastructure

LIGHTING:


LED Task Lighting Direct Lighting Other Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch Multi-level Switching Dimmer Occupancy / Vacancy Wall Switch Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: District IT Storage	
		Client: New Westminster School Board	m ² : 20. m ²	

ARCHITECTURAL REQUIREMENTS

GENERAL:

Hours of Operation: 24 hours to 24 hours Controlled Access: No Yes
Weekend Hours: 24 hours to 24 hours External Access: No Yes
Daylighting:
Location (eg, At grade): Adjacencies:

ACOUSTICS:

Sound: No Privacy Normal Speech Privacy Speech Privacy
Minimum NC Ratings: No Yes
GENERAL REMARKS:

INTERIOR FINISHES:

	height	material	finish	remarks
Ceiling:	3000	GWB	Paint	
Wall:		GWB - Impact Resistant	Paint	
Floor:			Sealed Concrete	
Base:	100	Rubber		

Wall Protection: Chair Rail 1/2 Height Wall Protection Corner Guard remarks
 Handrail Wall Panels Bumper Rail

WINDOW TREATMENT: Blackout Roller Shades Curtains remarks
 Blinds 1 Way Mirror Direct Operable

DOOR(S): Clear Opening (W x H):

	type	material	finish	remarks
Door:	B	Hollow Metal	Paint	
Door Frame:	1	Pressed Metal	Paint	
Door Hardware:	001	Pressed Metal	Brushed Stainless	Master keyed

SINK ACCESSORIES:

Soap Dispenser
 Paper Towel Dispenser
 Paper Towel Waste
 Other:

ROOM ACCESSORIES:

Hand Sanitizer


MILLWORK:

Cubbies Lockable Cabinets
 Lockers Shelving
 Mailboxes Worktop
 Other Specialty Millwork

EQUIPMENT (for planning purposes only):

SECURITY REQUIREMENTS

Lockset: Passage Privacy Other:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.13	
	Sign Off:	Date Issued: 2017-12-08	Room Name: District IT Storage	
		Client: New Westminster School Board	m ² : 20. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other: <input type="text"/>	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type:
 Pre-Action System
 Wet System
 Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Exhaust <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
---	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:


LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting

remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor

remarks:

Project Name: New West Secondary School		Department: Maintenance/IT	Sub Department: Maintenance/IT	
Project Number: 101823		Draft: Initial Draft	Program Number: 8.14	
	Sign Off:	Date Issued: 2017-12-08	Room Name: Stores Storage	
		Client: New Westminster School Board	m ² : 50. m ²	

MECHANICAL REQUIREMENTS

PLUMBING FIXTURES:

<table border="0"> <tr> <td><input type="checkbox"/> sink</td> <td><input type="checkbox"/> mounting</td> <td><input type="checkbox"/> faucet</td> <td><input type="checkbox"/> tap</td> </tr> <tr> <td><input type="checkbox"/> Handwash</td> <td><input type="checkbox"/> Counter</td> <td><input type="checkbox"/> Gooseneck</td> <td><input type="checkbox"/> Lever/Blades</td> </tr> <tr> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td><input type="checkbox"/> Janitorial</td> <td><input type="checkbox"/> Floor</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Electronic Controls</td> </tr> <tr> <td><input type="checkbox"/> Double</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Size:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap	<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls	<input type="checkbox"/> Double				<input type="checkbox"/> Other:	<input type="text"/>			Size:	<input type="text"/>			<input type="checkbox"/> Urinal <input type="checkbox"/> Slop Sink <input type="checkbox"/> WC <input type="checkbox"/> Barrier Free WC <input type="checkbox"/> Floor Drain	<input type="checkbox"/> Eyewash <input type="checkbox"/> Water Fountain <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Corrosion Resistant Fittings <input type="checkbox"/> Other:	remarks <input type="text"/>
<input type="checkbox"/> sink	<input type="checkbox"/> mounting	<input type="checkbox"/> faucet	<input type="checkbox"/> tap																												
<input type="checkbox"/> Handwash	<input type="checkbox"/> Counter	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Lever/Blades																												
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Wall	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard																												
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Floor	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Electronic Controls																												
<input type="checkbox"/> Double																															
<input type="checkbox"/> Other:	<input type="text"/>																														
Size:	<input type="text"/>																														

WATER:

Cold Water (potable)
 Hot Water
 Purified/Distilled Water
 Other _____
 remarks:

SPRINKLER SYSTEM:

Sprinkler Type: Pre-Action System Wet System Dry Sprinkler

GASSES:

Compressed Air
 Natural Gas
 remarks:

HVAC:

<input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Recirculate Air <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier	<input type="checkbox"/> Filtration: <input type="text"/> % <input type="checkbox"/> Exhaust CFM: <input type="text"/> Remarks: <input type="text"/>	Air Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral No. of Air Ch/Hr: <input type="text" value="as required by ASHRAE 62.1 2001"/> Minimum Temp. (C): <input type="text" value="15"/> Humidity Range: <input type="text"/>	remarks <input type="text"/>
--	---	---	---------------------------------

ELECTRICAL REQUIREMENTS

GENERAL POWER:

POWER RECEPTACLES:

type	location	qty (minimum)
Duplex	<input type="text"/>	4

COMMUNICATION SYSTEMS:

type	location	qty	remarks
Telephone	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text" value="0"/>	

Clock - Central
 Clock - Battery
 Overhead Projection
 A/V
 Video Conferencing
 TV Infrastructure

LIGHTING:

LED
 Task Lighting
 Direct Lighting
 Other _____
 Indirect Lighting
 remarks:

LIGHTING CONTROL:

Wall Switch
 Multi-level Switching
 Dimmer
 Occupancy / Vacancy Wall Switch
 Occupancy Sensor
 remarks: