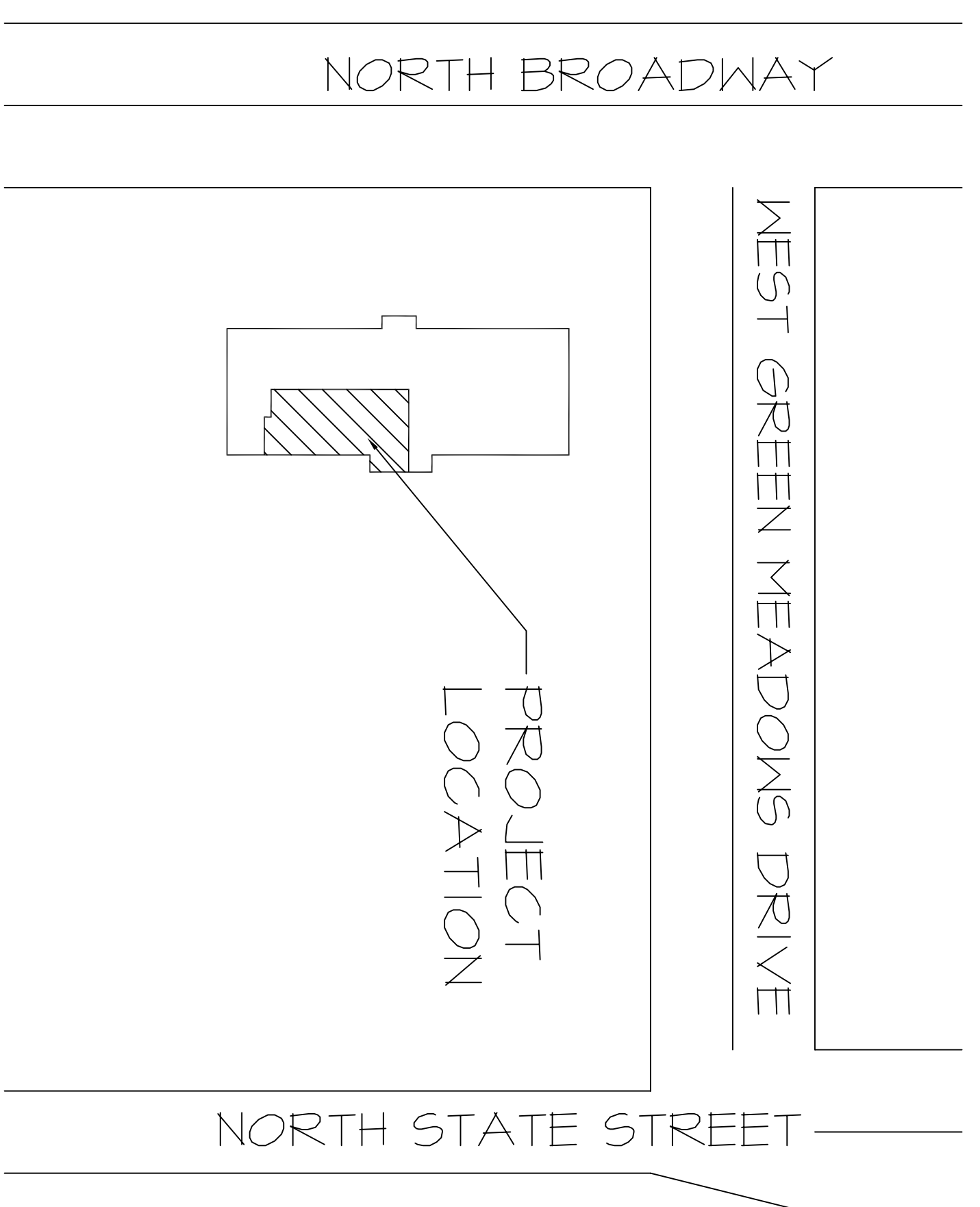


HAND SURGERY ASSOCIATES OF INDIANA

737 WEST GREEN MEADOWS DRIVE

GREENFIELD, INDIANA 46140

SHEET INDEX	
AO.1	COVER SHEET
AO.2	LIFE SAFETY PLAN
A1.1	DEMOLITION PLAN
A2.1	FLOOR PLAN
A5.1	FINISH PLAN
A6.1	REFLECTED CEILING PLAN
A7.1	POWER/COMMUNICATIONS PLAN
M.1	MECHANICAL PLAN AND PLUMBING RISERS



VICINITY MAP
NOT TO SCALE

PROJECT NUMBER 2106
ISSUE DATE 6-22-21
DRAWN BY CLB
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COVER SHEET

HAND SURGERY ASSOCIATES OF INDIANA
737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA 46140

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Dann Keiser
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(765)366-1010 FAX - (765)764-4020

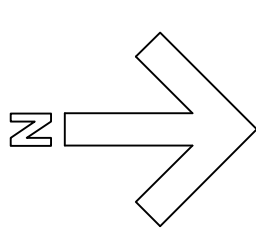
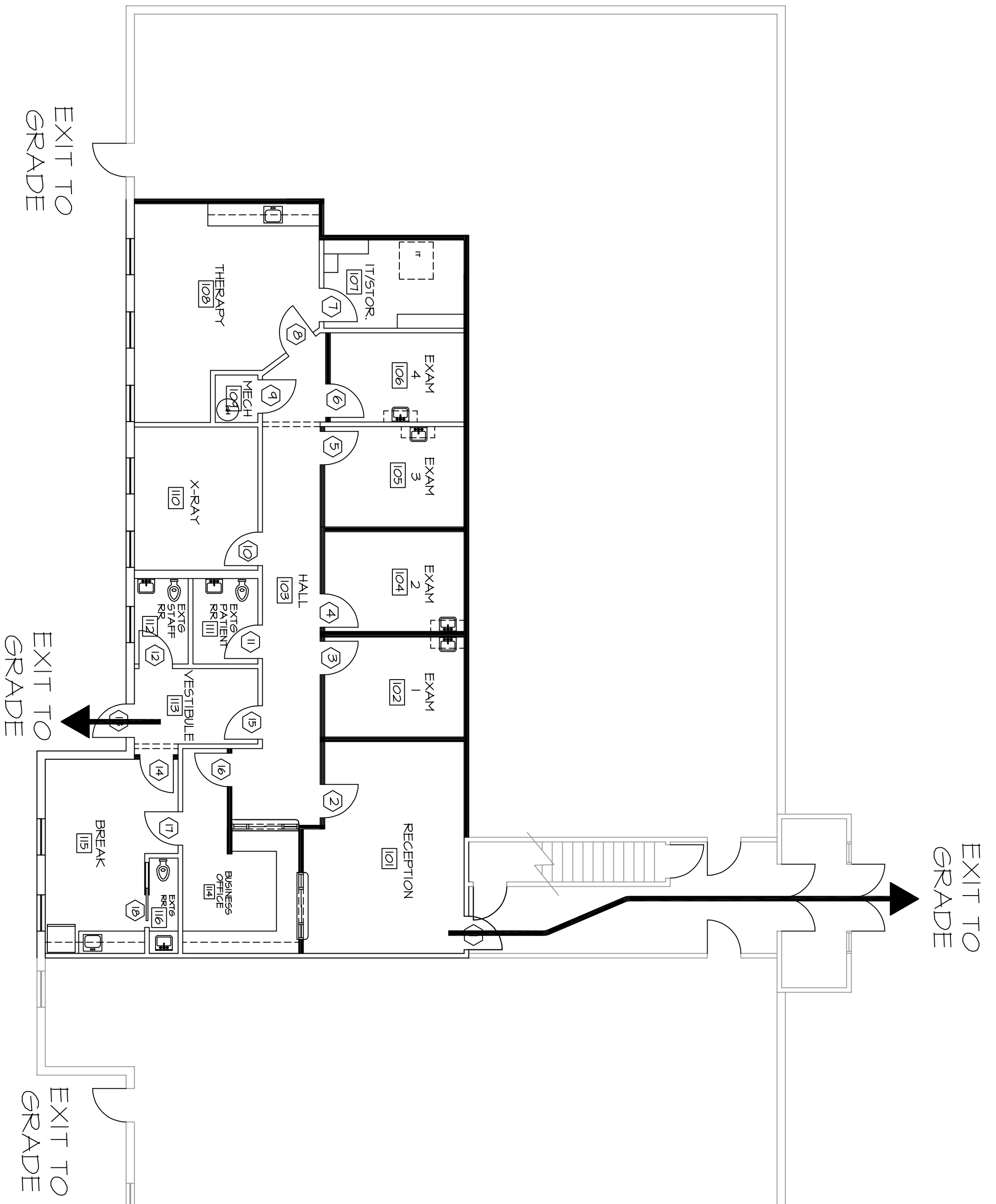
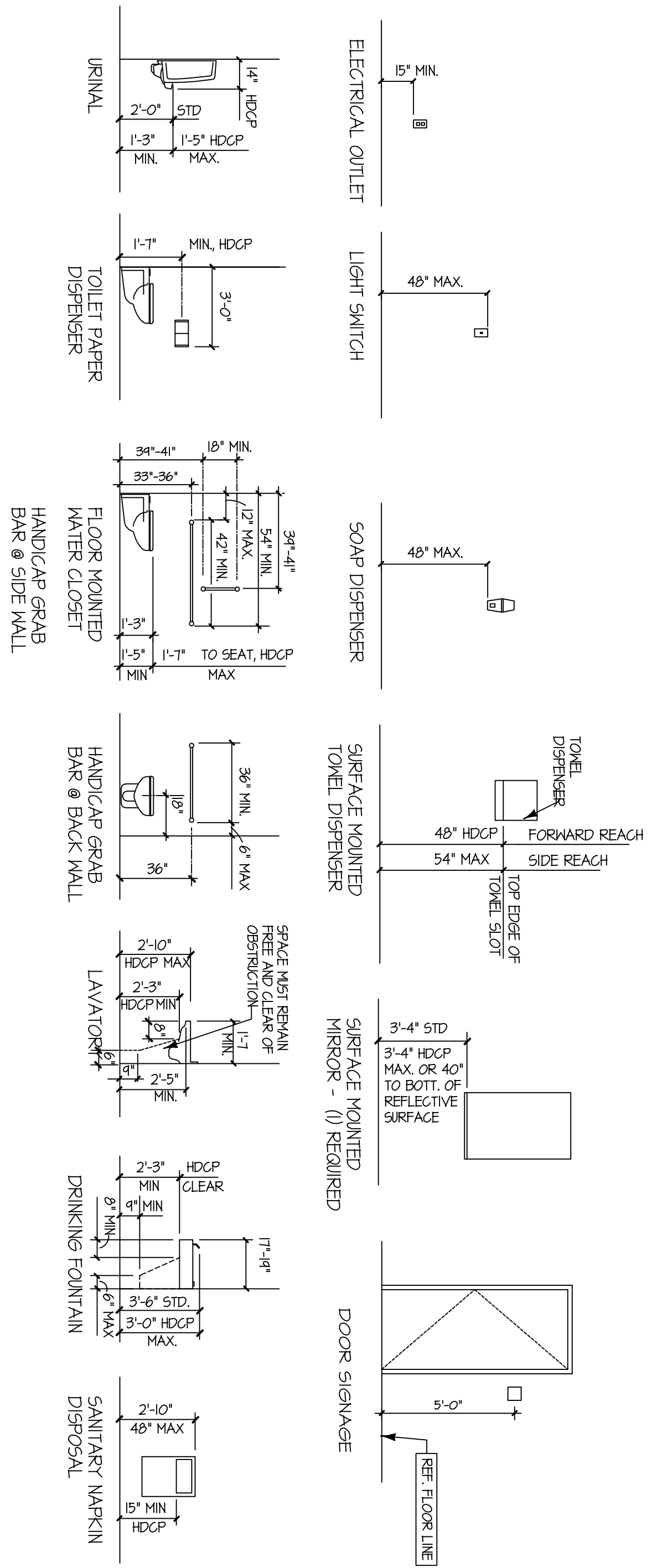
REVISION

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CODE SUMMARY
(BASED ON 2014 INDIANA BUILDING CODE)

OWNER: OWNER NAME
OWNER ADDRESS
OWNER ADDRESS
PROJECT ADDRESS: 737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA
DESCRIPTION: MEDICAL OFFICE
BUILDING CONSTRUCTION: IIB?
OCCUPANCY: B?
HEIGHT: (1) STORY
NUMBER OF OCCUPANTS: (2)
FIRE PROTECTION: NOT SPRINKLED
BUILDING AREAS: 2103 SF RENOVATION
4744/47 SF TOTAL BUILDING
ALLOWABLE AREAS: UNLIMITED PER (507.3)
CORRIDORS: NOT RATED PER (1004.3.2.1)
TENANT SEPARATION: 1 HR PER (708)

STANDARD MOUNTING DIMENSIONS



LIFE SAFETY PLAN
NO SCALE

AREA OF RENOVATION

APPROVAL FOR CONSTRUCTION
The Engineer certifies that these drawings and specifications represent the true and correct design for the improvement shown on the drawings. Any changes to the scope of work shall be made in writing and signed by the Engineer. The Engineer shall not be responsible for any errors or omissions in the drawings or specifications.

Drawn: _____ Date: _____

PROJECT NUMBER 2106
ISSUE DATE 6-22-21
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LIFE SAFETY PLAN

HAND SURGERY ASSOCIATES OF INDIANA
737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA 46140

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DEMOLITION NOTES

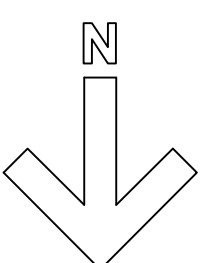
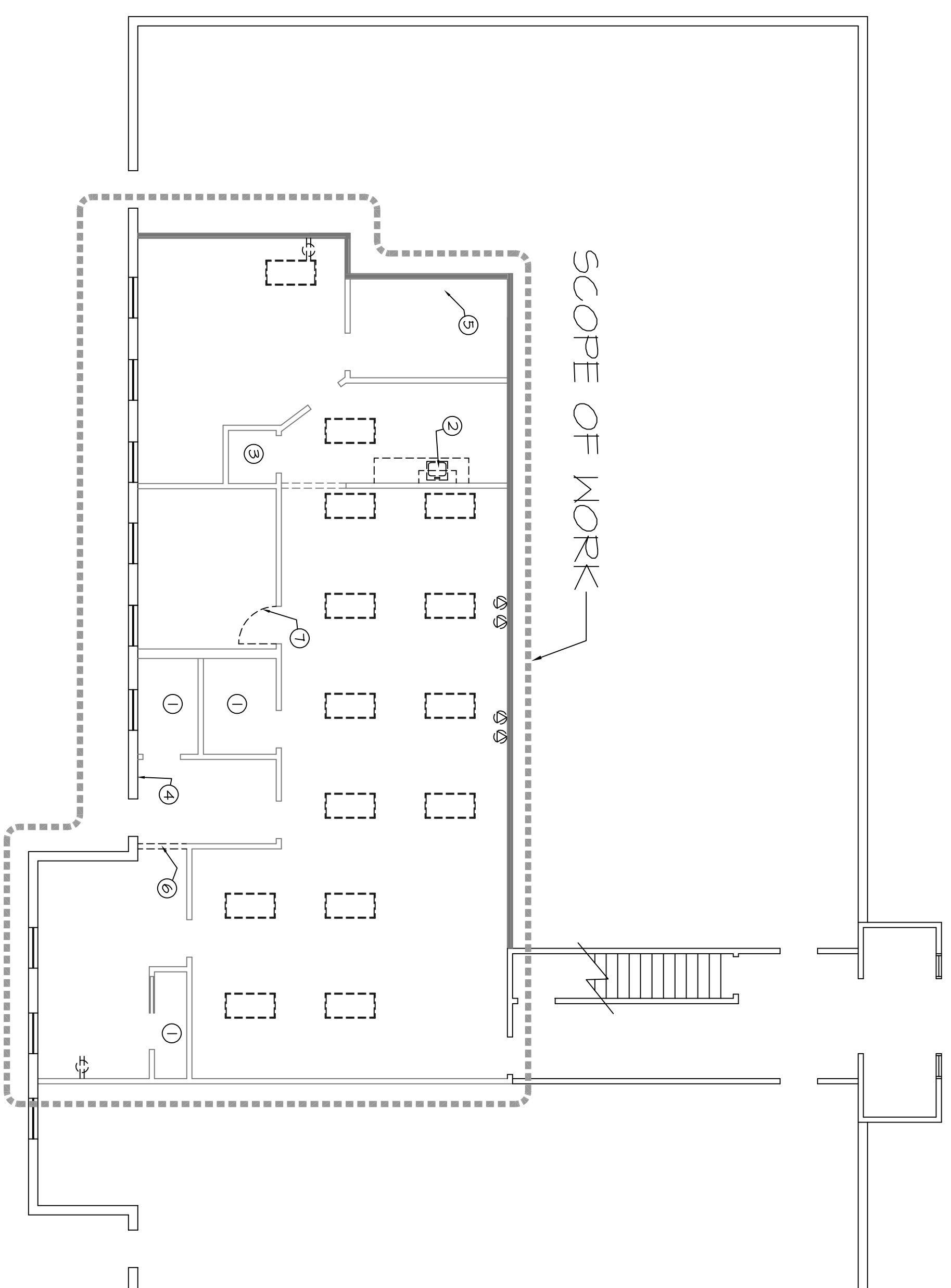
1. ALL WORK ON PROJECTS SHALL COMPLY WITH ALL CURRENT LOCAL, STATE AND NATIONAL CODES AND REGULATIONS.
2. EACH CONTRACTOR SHALL PROVIDE ADEQUATE DUST PARTITIONS, ETC. AS REQUIRED BY LAW AND AS OTHERWISE REQUIRED.
3. EACH CONTRACTOR IS REQUIRED TO REMOVE ALL CARTONS, BOXES, PALLETS, PACKAGING CAUSED BY TRASH AND DEBRIS FROM THE JOB SITE PRIOR TO ANY DEMOLITION.
4. VERIFY ALL EXISTING CONDITIONS PRIOR TO START OF DEMOLITION. IF LAYOUT AS DIMENSIONED OR SHOWN ON PLANS DOES NOT WORK WITHIN EXISTING SPACE NOTIFY DESIGNER PRIOR TO ANY DEMOLITION.
5. EACH CONTRACTOR SHALL SCRUPTINIZE ALL DRAWING SHEETS TO DETERMINE FULL EXTENT OF RESPONSIBILITIES FOR EACH RESPECTIVE TRADE.

DEMOLITION PLAN NOTES

1. ALL EXISTING FLOORCOVERING AND VINYL WALLCOVERINGS TO BE REMOVED EXCEPT WHERE NOTED. ALL EXISTING SURFACES TO BE REPAIRED FOR NEW FINISHES WHERE REQUIRED.
2. ALL EXISTING LIGHT FIXTURES TO REMAIN. SOME ADJUSTMENT WILL BE REQUIRED.
3. ALL EXISTING CEILING TILE AND GRID TO REMAIN EXCEPT AS NOTED. DAMAGED TILE TO BE REPLACED.
4. ALL CABINETRY SHOWN ON DEMO TO BE REMOVED UNLESS OTHERWISE NOTED. RETAIN FOR RELOCATION OF REQUIRED.
5. ANY PLUMBING FIXTURES REMOVED TO BE RETAINED FOR RELOCATION. PLUMBING TO BE CAPPED.
6. ANY POWER/COMMUNICATIONS TO BE REMOVED AS SHOWN EXISTING WALL CONSTRUCTION WHERE REMOVED TO BE REPAIRED.
7. ANY EXISTING DOORS AND FRAMES REMOVED TO BE RETAINED FOR RELOCATION WHERE MATCHING TO FLOOR. ALL DOORS AND FRAMES IN SUITE ARE TO REMAIN.

DEMOLITION PLAN KEYED NOTES

- ① EXISTING RESTROOM TO REMAIN.
- ② EXISTING CABINETRY AND SINK TO BE REMOVED. PLUMBING LOCATION TO REMAIN.
- ③ EXISTING MECHANICAL ROOM TO REMAIN.
- ④ EXISTING LOCATION FOR ELECTRICAL PANEL TO REMAIN.
- ⑤ LOCATION FOR IT RACK AND CABLES TO REMAIN.
- ⑥ PORTION OF EXISTING WALL CONTRIBUTION TO BE REMOVED. CONTRACTOR TO LEAVE SHALL ON BULKHEAD.
- ⑦ CONTRACTOR TO REMOVE EXISTING DOOR AND FRAME AND RETAIN FOR RELOCATION.



DEMOLITION PLAN
SCALE: 1/8"=1'-0"

WALL LEGEND	
	EXISTING WALL CONSTRUCTION
	EXISTING WALL CONSTRUCTION TO BE REMOVED
	NEW PARTIAL HEIGHT PARTITION
	NEW GLAZED WALL
	NEW INSULATED WALL

APPROVAL FOR CONSTRUCTION

The Tenant agrees that these drawings and specifications represent the entire scope of work for the improvements and that any changes to the scope of work initiated by the Tenant will cause changes in the total cost to the Tenant and in the completion date for the project.

Tenant _____ Date _____

PRELIMINARY PLANS ONLY
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DEMOLITION PLAN

HAND SURGERY ASSOCIATES OF INDIANA
737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA 46140

PROJECT NUMBER
2106

ISSUE DATE
6-22-21

DRAWN BY
CLB

CHECKED BY

SHEET NUMBER

3 OF 8 SHEETS

SCOPE DOCUMENT

THE DRAWINGS INDICATE THE GENERAL SCOPE OF WORK. THE CONTRACTOR SHALL VERIFY ALL AS SHOWN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

GENERAL NOTES

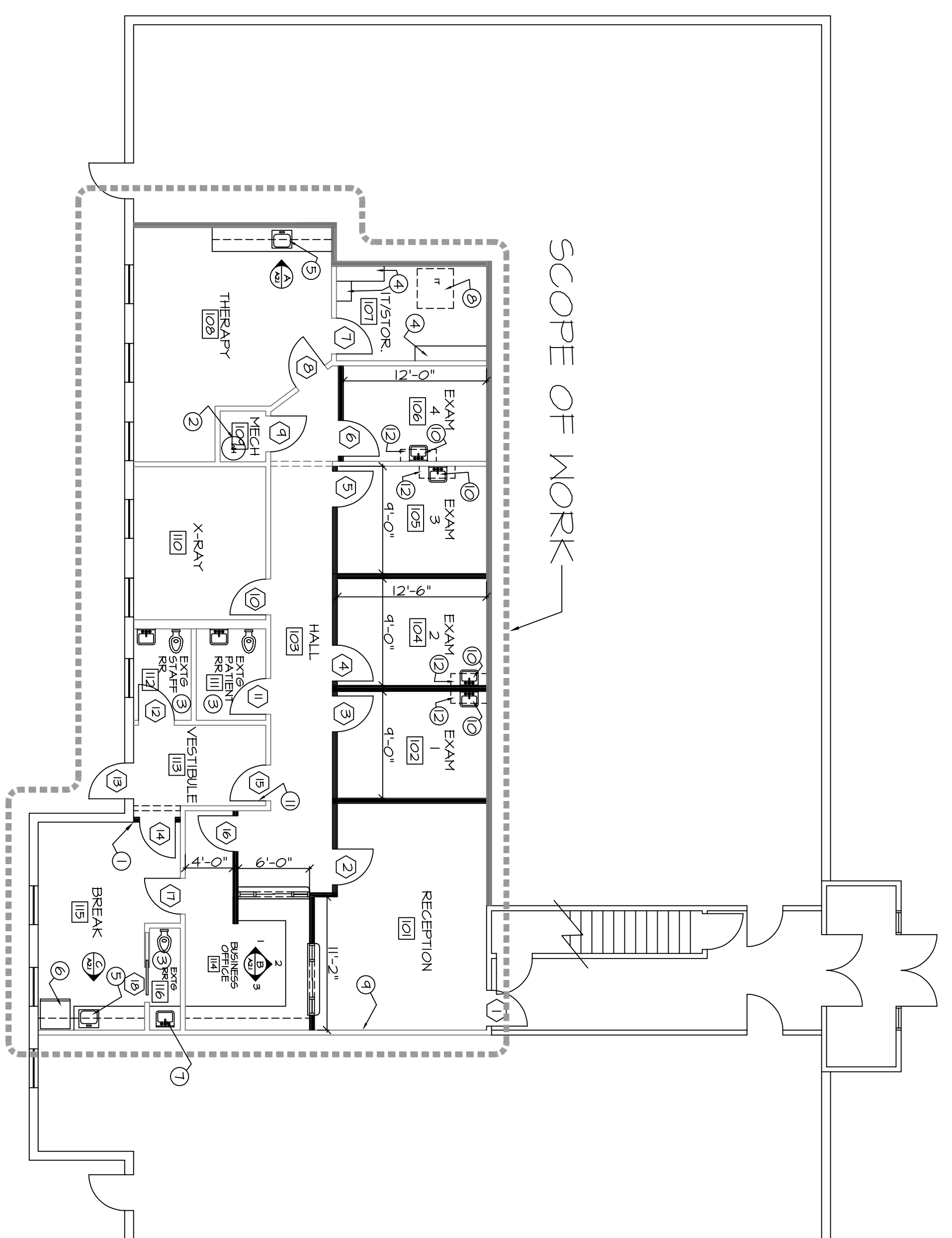
- ALL WORK SHALL COMPLY WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL CODES AND REGULATIONS.
- ALL FINISHES SHALL COMPLY WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL CODES AND REGULATIONS.
- ALL DIMENSIONS ARE FROM FINISHED FLOOR TO FINISHED FACE OF WALL TO FINISHED FACE OF MASONRY OR FROM FINISHED FACE OF MASONRY UNLESS OTHERWISE NOTED.
- VERIFY ALL EXISTING CONDITIONS BEFORE COMMENCING CONSTRUCTION. NOTIFY DESIGNER OR ARCHITECT IMMEDIATELY OF ANY DIMENSIONAL CONFLICTS OR CONFLICTS DUE TO UNKNOWN CONDITIONS. WORK SHALL NOT PROCEED UNTIL CONFLICTS ARE RESOLVED.
- EACH CONTRACTOR SHALL EXAMINE ALL DRAWING SHEETS TO DETERMINE FULL EXTENT OF RESPONSIBILITIES FOR EACH RESPECTIVE TRADE.
- REVIEW ALL DRAWINGS (ARCHITECTURAL, PLUMBING, ELECTRICAL, HVAC) CONCERNING SLEEVES, OUTLETS, BOXES, ANCHORS, VENTS, OPENINGS, ETC. THAT MAY BE REQUIRED. EACH RESPECTIVE TRADE SHALL PROVIDE THE NECESSARY SLEEVES AND INSTALLING THESE ITEMS.
- ALL SUBCONTRACTORS SHALL PROVIDE SHOP DRAWINGS TO DESIGNER FOR REVIEW PRIOR TO FABRICATION AS REQUESTED. WHERE NOT IN CONTRACT, BY OTHERS OR BY OWNER, THE G.C. SHALL COORDINATE REQUIREMENTS AND PROVIDE BLOCKING, HOOD-UP SERVICES, UTILITIES, ETC. WITH THE OWNER.
- G.O. TO TAPE SPACKLE AND SAND SMOOTH ALL STYPAIN WALL CONSTRUCTION AND PREPARE WALLS TO RECEIVE FINISHES.
- G.C. TO PROVIDE AND INSTALL ANY MISCELLANEOUS BLOCKING AS REQUIRED FOR ANY WALL MOUNTED SHELVING, EQUIPMENT OR ACCESSORIES.
- CONTRACTOR SHALL PROVIDE ALL BACKLASHES, DUST PARTITIONS, ETC. AS REQUIRED.
- EACH CONTRACTOR IS REQUIRED TO REMOVE ALL CARTONS, BOXES, PALETS, PACKAGING, UNNEEDED MATERIALS, TRASH AND DEBRIS CAUSED BY HIS WORK FROM THE JOB.
- EACH CONTRACTOR IS RESPONSIBLE FOR PROPER INSTALLATION OF ALL FINISHES. FINISHES ARE SPECIFIED ONLY. PROPER INSTALLATION METHOD IS TO BE DETERMINED BY CONTRACTOR AND INSTALLER.

FLOOR PLAN PLAN NOTES

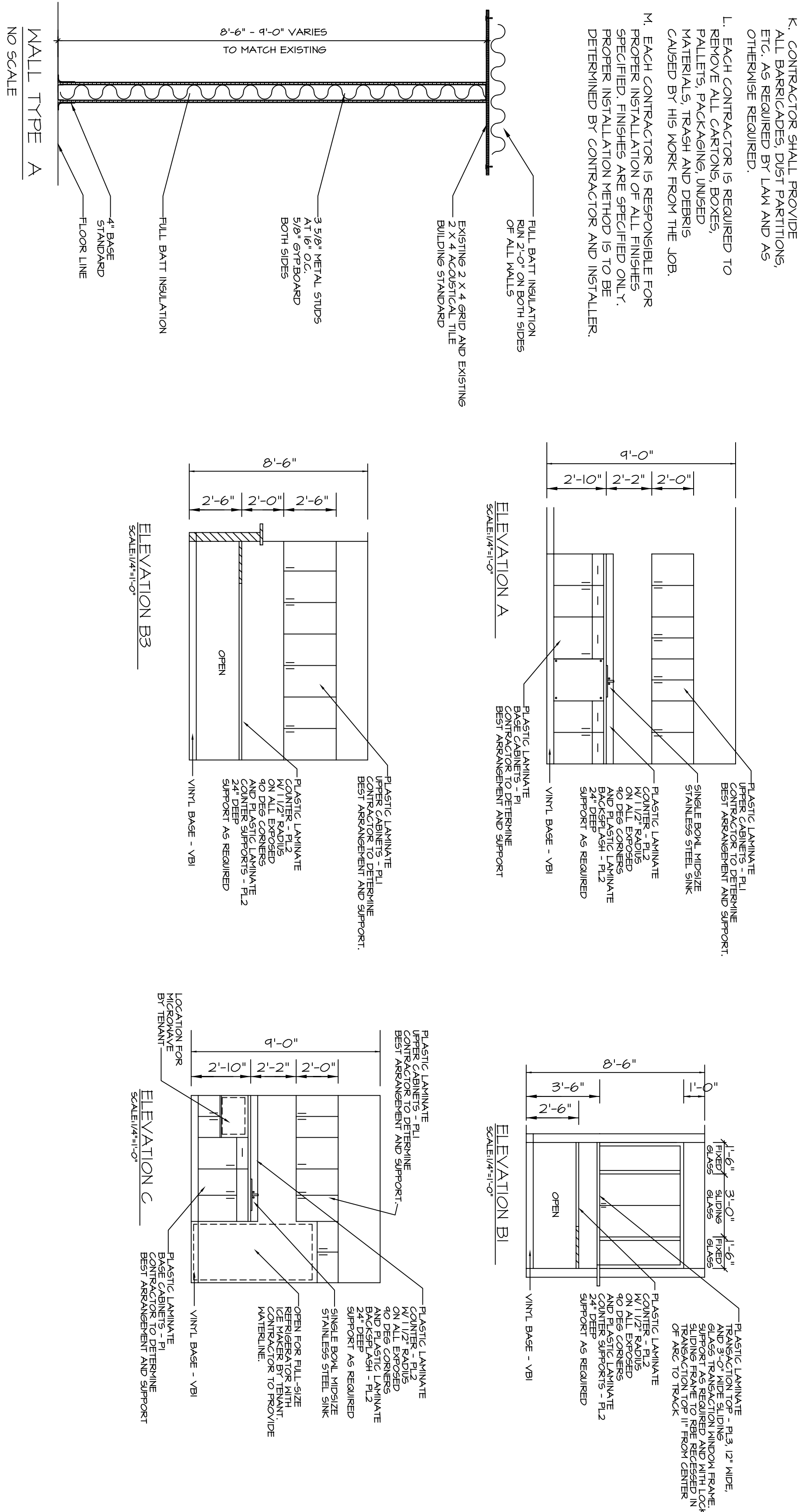
- ALL DOORS TO BE EXISTING OR NEW STANDARD SOLID CORE HOOD DOORS WITH HOOD FRAMES. ALL DOORS TO HAVE LEVER HANDS AND NEW DOORS AND FRAMES REQUIRED TO MATCH EXISTING AND MATCH EXISTING STAIN.
- DOOR #1 IS EXISTING SUITE ENTRY DOOR AND FRAME TO REPAIR. DOOR #19 IS EXISTING REAR ENTRY DOOR TO REPAIR.
- CONTRACTOR TO PROVIDE BLOCKING IN ALL LOCATIONS WHERE SHELVING, CABINETS, OR WORKSURFACES ARE SHOWN.
- EXTERIOR WINDOW BLINDS TO BE PROVIDED FOR ALREADY EXIST ALL BLINDS IN SITE TO MATCH.
- ALL EXPOSED CORNERS TO RECEIVE CLEAR PLASTIC CORNER GUARDS.
- TOILEL AND SOAP DISPENSERS IN REST ROOMS TO BE PROVIDED BY CONTRACTOR IF THEY DO NOT ALREADY EXIST.
- CONTRACTOR TO PROVIDE CLEAR CALKING AROUND ALL DOOR FRAMES (WOOD AND METAL) AFTER DOOR FRAMES HAVE BEEN ADJUSTED AND SET.
- CONTRACTOR TO PROVIDE LEG SUPPORT FOR ALL CONTRACTORS NOT SUPPORTED BY BASE CABINETS.
- ANY FIRE ALARM PULLS AFFECTED BY DEMOLITION TO BE RELOCATED TO NEAREST REMAINING OR NEW WALL.
- ANY INTERIOR GLAZING REQUIRED TO BE 1/2" LAMINATED SAFETY GLASS.
- CONTRACTOR TO PROVIDE SHOP DRAWINGS FOR ALL DESIGNERS FOR APPROVAL.
- ANY EXISTING WALLS TO BE PATCHED OR FROM DAMAGE.
- ALL NEW PLASTIC LAMINATE COUNTERTOPS TO HAVE 1/4" RADIUS ON ALL EXPOSED 90 DEGREE CORNERS.
- CONTRACTOR TO PROVIDE PROPER LEAD DOOR AND FRAME ALONG WITH CODE REQUIRED LEAD PER PHYSICIST'S REPORT FOR I10.
- CONTRACTOR TO PROVIDE BLOCKING IN CEILING FOR ANY X-RAY EQUIPMENT. REQUIREMENTS TO BE DETERMINED.

FLOOR PLAN KEYED NOTES

- NEW WALL CONSTRUCTION TO ALIGN WITH EXISTING WALL.
- LOCATION FOR EXISTING MECHANICAL ROOM WITH EXISTING WATER HEATER TO REPAIR.
- LOCATION FOR EXISTING RESTROOM TO REPAIR.
- CONTRACTOR TO PROVIDE 1/2" DEEP LAMINATED SAFETY GLASS TO DETERMINE BEST ARRANGEMENT AND SUPPORT.
- CONTRACTOR TO PROVIDE STANDARD MIDSIZE SINGLE BOWL STAINLESS STEEL SINK.
- LOCATION FOR FULL-SIZE REFRIGERATOR BY TENANT CONTRACTOR TO PROVIDE WATER LINE FOR ICE MAKER HOOD-UP.
- EXISTING CABINETS TO REPAIR.
- LOCATION FOR EXISTING IT RACK AND CABLING TO REPAIR.
- CONTRACTOR TO PROVIDE BLOCKING IN WALL AT CEILING HEIGHT FOR WALL MOUNTED TV. EXACT HEIGHT, SIZE, AND TYPE OF MOUNT TO BE DETERMINED.
- CONTRACTOR TO PROVIDE STANDARD WALL MOUNTED SINK SUPPORT AS REQUIRED.
- CONTRACTOR TO PROVIDE SMALL GLASS VIEW WINDOW IN EXISTING DOOR.
- CONTRACTOR TO PROVIDE WALL MOUNTED PLASTIC LAMINATE COUNTERTOP WITH 1/4" RADIUS TO BE MOUNTED AT 4'-6" A.F.F. SUPPORT AS REQUIRED.



FLOOR PLAN SCALE: 1/8"=1'-0"



WALL LEGEND	
	EXISTING WALL CONSTRUCTION
	EXISTING WALL CONSTRUCTION TO BE REMOVED
	NEW PARTIAL HEIGHT PARTITION
	NEW GLAZED WALL
	NEW INSULATED WALL

APPROVAL FOR CONSTRUCTION

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Tenant _____ Date _____

<p>PROJECT NUMBER 2106</p> <p>ISSUE DATE 6-22-21</p> <p>DRAWN BY CLB</p> <p>CHECKED BY</p>	<p>FLOOR PLAN</p> <p>HAND SURGERY ASSOCIATES OF INDIANA</p> <p>737 WEST GREEN MEADOWS DRIVE GREENFIELD, INDIANA 46140</p>	<p>EnviroSpace, Inc.</p> <p>4647 winterskill road, zionsville, indiana 46071 (317)873-4950 FAX - (317)873-4486</p> <p>Cornerstone Design</p> <p>Dann Kelsler 8481 east 550 north, otterbein, indiana 41910 (165)366-7010 FAX - (165)764-4020</p>	<p>REVISION</p>	<p>PRELIMINARY PLANS ONLY NOT FOR CONSTRUCTION</p>
			<p>SHEET NUMBER A2.1</p> <p>4 OF 8 SHEETS</p>	

FINISH NOTES

1. EACH CONTRACTOR IS REQUIRED TO VERIFY ALL FINISHES AND MATERIALS PACKAGING UNSEALD MATERIALS, TRASH AND DEBRIS CAUSED BY HIS WORK FROM THE JOB SITE.

2. VERIFY ALL EXISTING CONDITIONS PRIOR TO THE START OF CONSTRUCTION. NOTIFY DESIGNER IMMEDIATELY OF CONFLICTS PRIOR TO PROCEEDING WITH WORK.

3. ALL FINISHES SHALL COMPLY WITH FLAME SPREAD AND SMOKE DEVELOPMENT STANDARDS AS LISTED IN THE INTERNATIONAL FIRE CODE AND THE INTERNATIONAL FIRE CODE.

4. EACH CONTRACTOR IS RESPONSIBLE FOR PROPER INSTALLATION OF ALL FINISHES. PROPER INSTALLATION METHOD IS TO BE DETERMINED BY CONTRACTOR AND INSTALLER.

FINISH PLAN NOTES

1. ALL DOORS TO BE EXISTING OR NEW STANDARD DOORS. ALL DOOR FRAMES ARE STAINED. ALL DOORS TO HAVE LEVER HANDLES, ANY NEW DOORS TO BE MATCHED TO EXISTING STAIN AND MATCH EXISTING STAIN.

2. CONTRACTOR TO PROVIDE CLEAR PLASTIC CORNER GUARDS ON ALL OUTSIDE CORNERS WHERE WALLCOVERING HAS BEEN APPLIED.

3. CONTRACTOR TO PROVIDE CLEAR CALKING AROUND ALL DOOR FRAME INCO AND SETBACKS. ALL DOOR FRAME SETBACKS TO BE SET AND SET.

4. ALL RECOVERED CABINETS TO HAVE FINISHED EDGES BY CONTRACTOR.

ROOM NO.	ROOM NAME	DOOR		FRAME		SIDE LITE		CLOSURE	HDM SET	REMARKS & NOTES
		HT	HT	HT	HT	HT	HT			
1	RECEPTION	3'-0"	1'-0"	X	X			X	LI	B
2	EXAM 1	3'-0"	1'-0"	X	X					
3	EXAM 2	3'-0"	1'-0"	X	X					
4	EXAM 3	3'-0"	1'-0"	X	X					
5	EXAM 4	3'-0"	1'-0"	X	X					
6	EXAM 5	3'-0"	1'-0"	X	X					
7	IT/STORAGE	3'-0"	1'-0"	X	X					
8	THERAPY	3'-0"	1'-0"	X	X					
9	MECHANICAL	3'-0"	1'-0"	X	X					A
10	PATIENT RR	3'-0"	1'-0"	X	X					
11	STAFF RR	3'-0"	1'-0"	X	X					
12	VESTIBULE	3'-0"	1'-0"	X	X					
13	VESTIBULE	3'-0"	1'-0"	X	X					
14	RECEPTION	3'-0"	1'-0"	X	X					
15	BUSINESS OFFICE	3'-0"	1'-0"	X	X					B
16	BREAK	3'-0"	1'-0"	X	X					
17	EXG RR			X	X					

NOTES:

A - TO BE LEAD LINED DOOR AND FRAME

B - TO HAVE SMALL VIEW LIGHT KIT

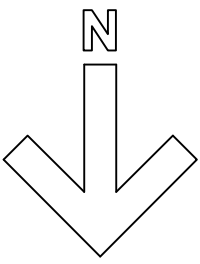
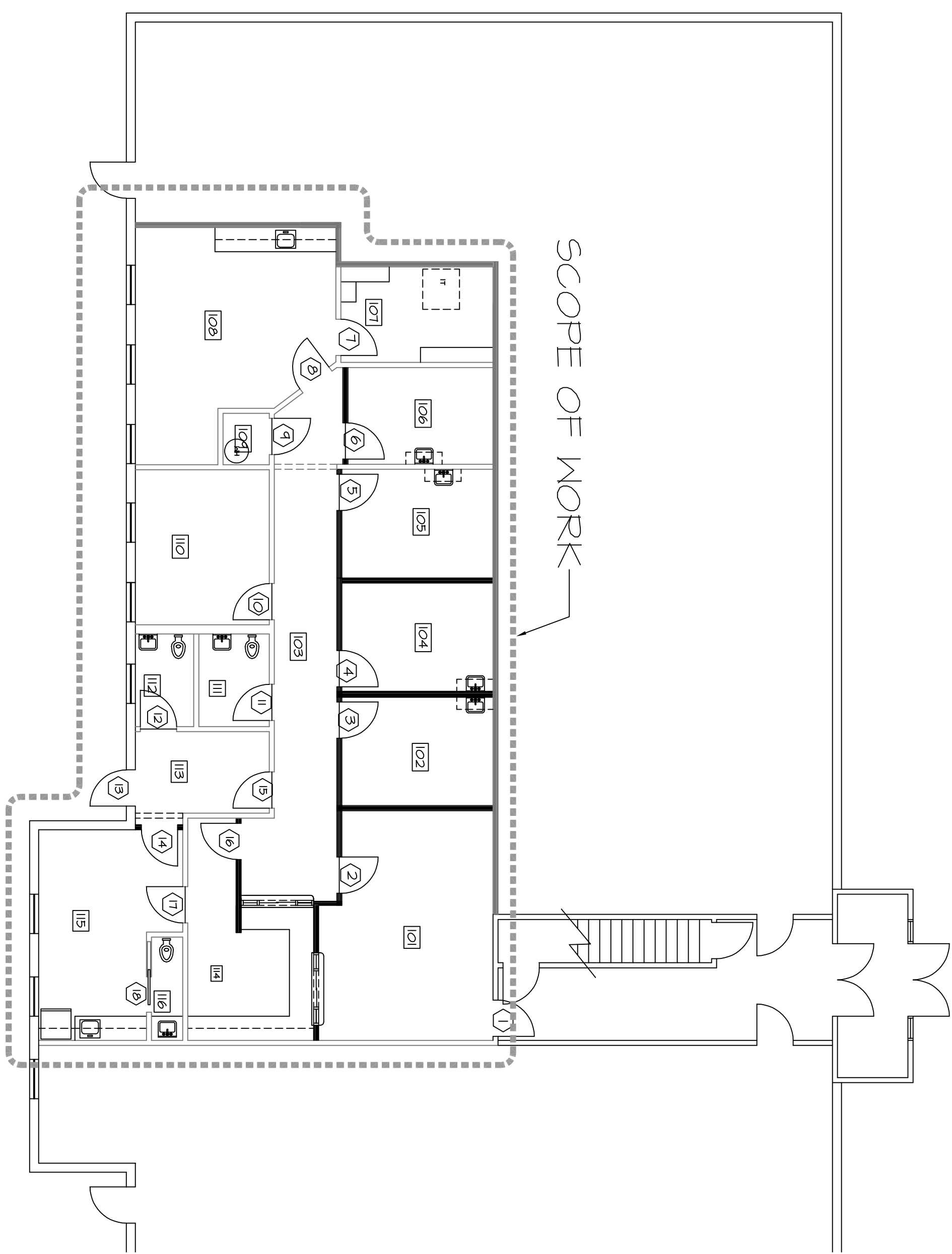
LOCK LEGEND

NOTE: ALL HARDWARE TO BE BUILDING STANDARD. DOOR OPERATION TO BE LEVER TYPE. ALL LOCKSETS TO ACCEPT BEST CORES.

- L1 - TRANT ENTRY LOCKSET
- L2 - TRANT SET
- L3 - PRIVACY SET
- L4 - OFFICE LOCK
- L5 - CARD ACCESS
- L6 - STORAGE LOCK
- L7 - RILCOY LOCK

FINISH SCHEDULE

NO.	ROOM NAME	FLOORING	BASE	WALLS		CEILING	BULKHEAD	REMARKS
				MOIST	DRY			
101	RECEPTION	LVTI	VBI	PT	PT	B-1-G		
102	EXAM 1	LVTI	VBI	PT	PT	B-1-G		
103	EXAM 2	LVTI	VBI	PT	PT	B-1-G		
104	EXAM 3	LVTI	VBI	PT	PT	B-1-G		
105	EXAM 4	LVTI	VBI	PT	PT	B-1-G		
106	EXAM 5	LVTI	VBI	PT	PT	B-1-G		
107	IT/STORAGE	LVTI	VBI	PT	PT	B-1-G		
108	THERAPY	LVTI	VBI	PT	PT	B-1-G		
109	MECHANICAL	LVTI	VBI	PT	PT	B-1-G		
110	PATIENT RR	LVTI	VBI	PT	PT	B-1-G		
111	STAFF RR	LVTI	VBI	PT	PT	B-1-G		
112	VESTIBULE	LVTI	VBI	PT	PT	B-1-G		
113	BUSINESS OFFICE	LVTI	VBI	PT	PT	B-1-G		
114	BREAK	LVTI	VBI	PT	PT	B-1-G		
115	EXG RR	LVTI	VBI	PT	PT	B-1-G		



FINISH PLAN

SCALE: 1/8" = 1'-0"

FINISH SPECIFICATIONS - NO SUBSTITUTIONS

<p>ZABEET CARPET CPTI CARPET TO BE PATRICIA COMMERCIAL TILE COLOR TO BE DETERMINED QUARTER TURN INSTALLATION</p>	<p>PAINT PT1 PAINT TO BE SHERWIN WILLIAMS COLOR TO BE DETERMINED MUST BE USED WITH BEST COAT PRIMER PLUS (2) FINISH COATS. PT2 PAINT TO BE SHERWIN WILLIAMS RESHELL FINISH FOR WALLS PLUS (2) FINISH COATS.</p>
<p>LUXURY VINYL TILE LVTI LUXURY VINYL TILE TO BE PATRICIA PERSPECTIVE II, HEAVY COLOR TO BE DETERMINED</p>	<p>SOLID SURFACE SS1 SOLID SURFACE TO BE ECO BY COBURN COLOR TO BE DETERMINED</p>
<p>VINYL BASE VBI VINYL BASE TO BE VBI PREMIUM MALL BASE 4" VINYL COVE COLOR TO BE DETERMINED</p>	<p>ELASTIC LAMINATE ELI ELASTIC LAMINATE TO BE MILSONART COLOR TO BE DETERMINED (FOR VERTICAL SURFACES)</p>
<p>PLASTIC LAMINATE PLI PLASTIC LAMINATE TO BE MILSONART COLOR TO BE DETERMINED (FOR HORIZONTAL SURFACES)</p>	<p>ALL FINISH SELECTIONS TO BE COORDINATED WITH DESIGNER BEFORE ORDERING OF MATERIALS.</p>
<p>BULKHEAD UNIT MNTI MANT OFFICE UNIT TO BE LEE'S FIRST STEP II COLOR TO BE DETERMINED</p>	

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REVISION

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FINISH PLAN

HAND SURGERY ASSOCIATES OF
INDIANA
737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA 46140

PROJECT NUMBER
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ISSUE DATE
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DRAWN BY
CLB

CHECKED BY

SHEET NUMBER

A5.1

5 OF 8 SHEETS

APPROVAL FOR CONSTRUCTION

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**POWER/
COMMUNICATION NOTES**

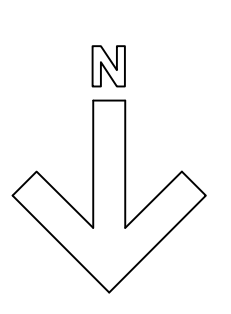
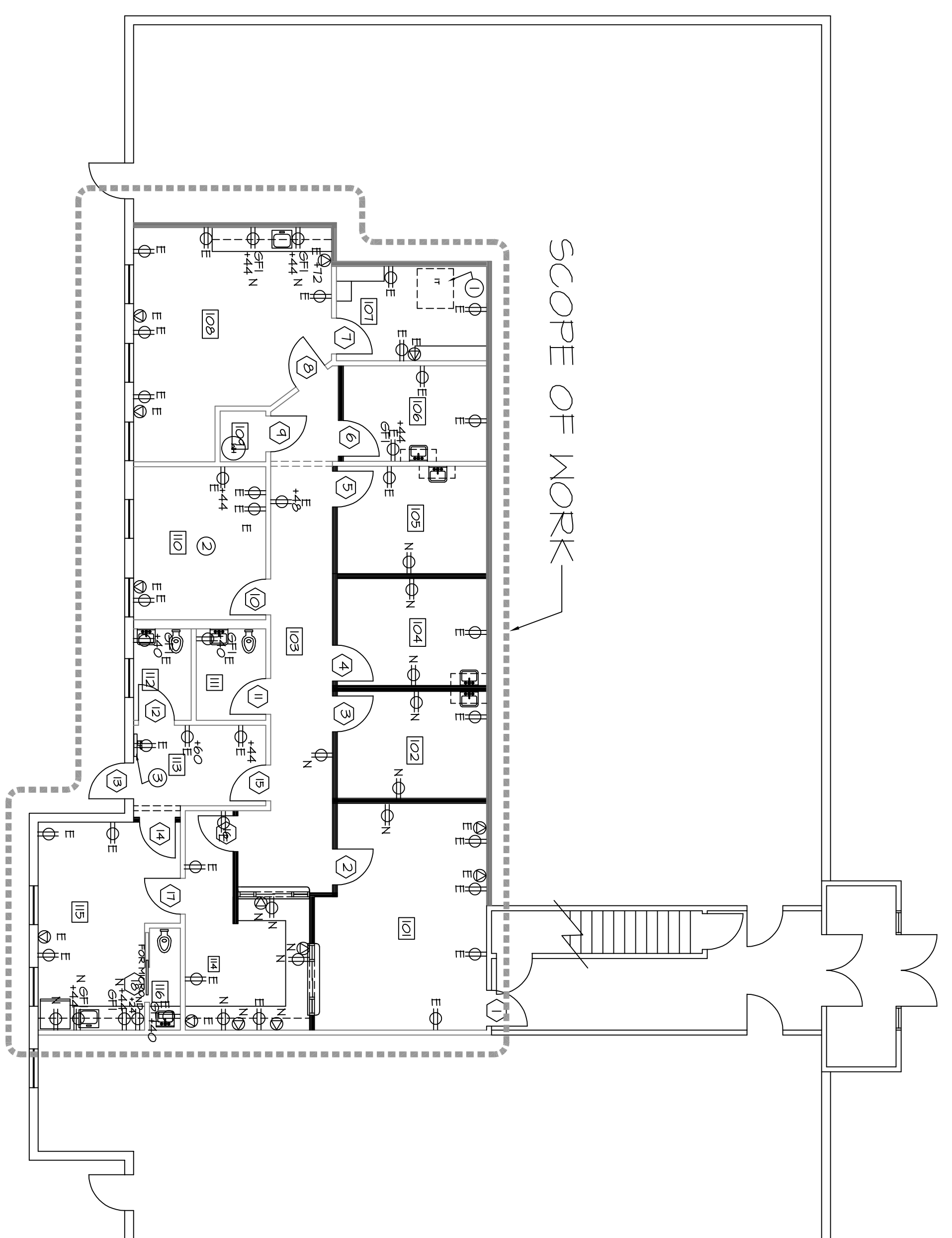
1. ALL ELECTRICAL OUTLETS TO HAVE GROUND UN.
2. E.G. TO PROVIDE JUNCTION BOXES AT TELEPHONE AND COMPUTER LOCATIONS AS INDICATED ON PLANS. COMPLETE TELEPHONE AND COMPUTER SYSTEM MATERIAL AND CABLES TO BE PROVIDED BY TENANT UNLESS OTHERWISE INDICATED.
3. ALL RECEPTACLES FACE PLATES AND SWITCHES TO BE BUILDING STANDARD. IF NO BUILDING STANDARD EXISTS, FACE PLATE COLOR TO BE SELECTED WHITE, IVORY OR GRAY UNLESS NOTED.
4. GROUNDS TO BE PROVIDED IN WORKS. GROUNDS TO ACCESS STANDARD HEIGHT MOUNTED OUTLETS.
5. ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH CODE REQUIREMENTS.
6. ALL CONDUIT AND WIRING TO BE CONCEALED IN CEILINGS, WALLS, CHASES, CASEWORK, ETC. EXCEPT AS APPROVED BY DESIGNER.
7. ALL EXIT LIGHTING AND EMERGENCY LIGHTING TO BE SPECIFIED AND INSTALLED BY ELECTRICAL CONTRACTOR.
8. ELECTRICAL CONTRACTOR TO PROVIDE AND INSTALL FIRE ALARM AND STROBE SYSTEM PER LOCAL AND STATE CODES.
9. SERVICE SHALL BE FROM MAIN AND DISTRIBUTION PANELS.
10. FIRE EXTINGUISHERS TO BE PROVIDED AS DETERMINED BY LOCAL AUTHORITIES AS INTERPRETED BY IBC CODE SECTION 906.1.

**POWER/COMMUNICATION
PLAN NOTES**

1. CONTRACTOR TO PROVIDE PLYWOOD TELEPHONE PANEL, VERIFY TYPE AND SIZE WITH PHONE SYSTEM REPRESENTATIVE.
2. CONTRACTOR TO VERIFY ALL ELECTRICAL ELEVATIONS TO CONFIRM UNDERCOUNTER PEDESTAL AND FILE LOCATIONS.
3. ALL DATA/COMMUNICATIONS CABLING REQUIRED TO BE FIRE-RATED FLEMING CABLING.
4. ALL OUTLETS TO BE MOUNTED AT STANDARD HEIGHT UNLESS NOTED.

**POWER/COMMUNICATION PLAN
KEYED NOTES**

- ① CONTRACTOR TO CONFIRM EXISTING LOCATION FOR RATED PLYWOOD PANEL, VERIFY TYPE AND SIZE WITH PHONE SYSTEM REPRESENTATIVE. PANEL IS TO BE PAINTED WITH SAIED PAINT.
- ② CONTRACTOR TO PROVIDE PROPER ELECTRICAL/DATA REQUIREMENTS FOR ALL X-RAY EQUIPMENT. EXACT LOCATIONS TO BE DETERMINED. UNIT WILL REQUIRE 100 AMP SINGLE PHASE 208-240 VAC POWER MAIN POWER FOR GENERATOR 110V 20 AMP OUTLET REQUIRED FOR CR/CRU AND ADDITIONAL DUPLEX FOR TUBE STAND - ADDITIONAL DATA OUTLET
- ③ EXISTING ELECTRICAL PANEL TO REMAIN.



POWER/COMMUNICATIONS PLAN
SCALE: 1/8" = 1'-0"

ELECTRICAL LEGEND

- ⊕ DUPLEX OUTLET 110 VOLT
- ⊖ DEDICATED CIRCUIT 110 VOLT
- ⊕²⁰⁰ DUPLEX OUTLET W/GROUND FAULT INTERRUPTER
- ⊖²⁰⁰ 220 VOLT OUTLET
- ⊕²⁰⁰ QIAD OUTLET
- ⊖²⁰⁰ QIAD VOICEDATA OUTLET
- ⊕ VOICEDATA OUTLET
- ⊖ VOICEDATA OUTLET
- ⊕ TELEPHONE OUTLET
- ⊖ DEDICATED
- ⊕ NEM
- ⊖ EXISTING
- ⊕ R RELOCATED

APPROVAL FOR CONSTRUCTION

The Tenant agrees that these drawings and specifications represent the entire scope of work for the improvements of work indicated by the final design. Any changes to this scope of work initiated by the Tenant will cause changes in the total cost to the Tenant and in the completion date for the project.

Tenant _____ Date _____

PRELIMINARY PLANS ONLY
NOT FOR CONSTRUCTION

REVISION

EnviroSpace, Inc.
4641 winterskill road, zionsville, Indiana 46077
(317)813-9950 FAX - (317)813-4486

Cornerstone Design
Dann Kelsner
8481 east 550 north, otterbein, Indiana 47910
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POWER/COMMUNICATIONS PLAN

HAND SURGERY ASSOCIATES OF INDIANA
737 WEST GREEN MEADOWS DRIVE
GREENFIELD, INDIANA 46140

PROJECT NUMBER 2106
ISSUE DATE 6-22-21
DRAWN BY CLB
CHECKED BY

SHEET NUMBER
AT.1

7 OF 8 SHEETS

