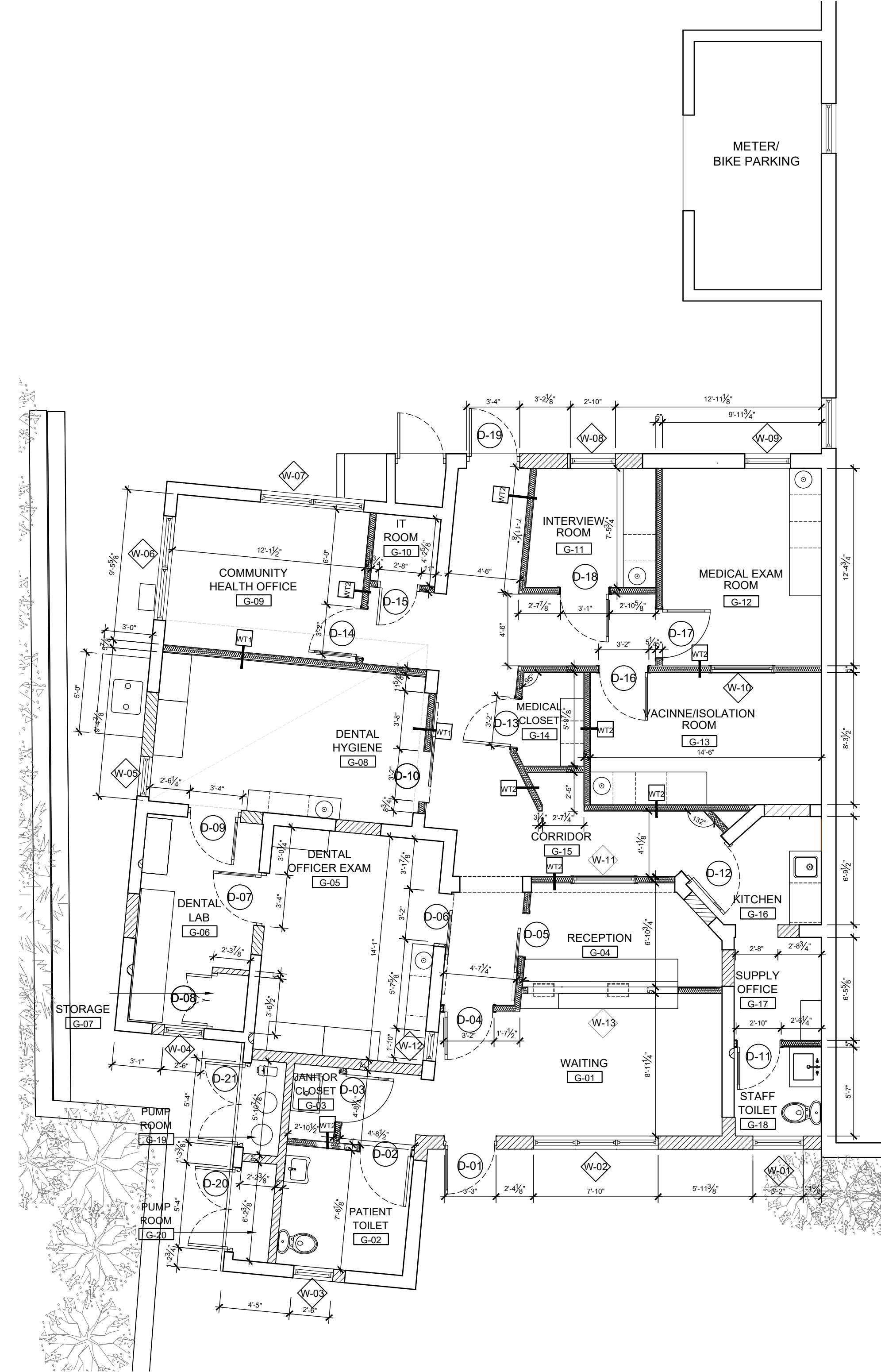
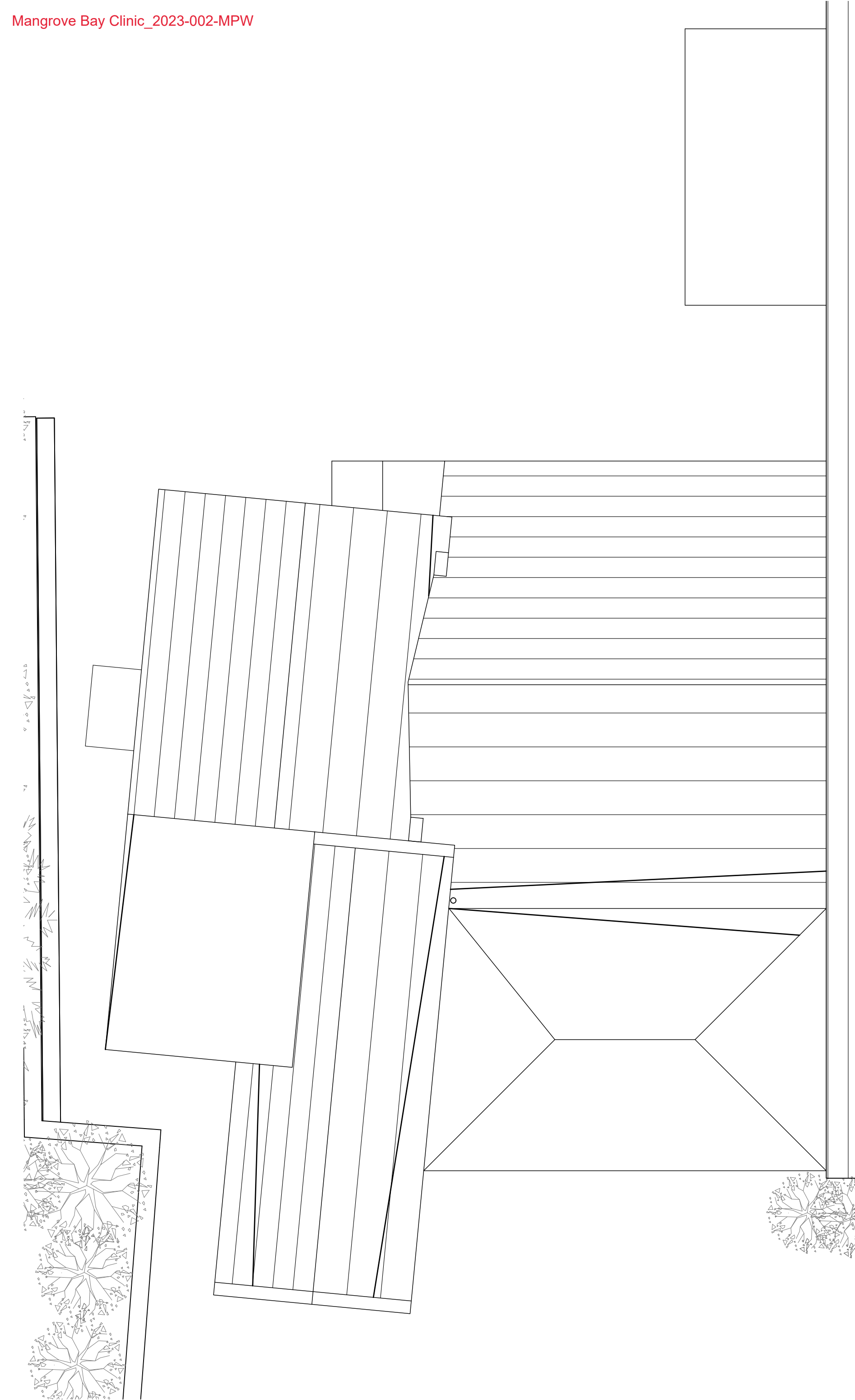


1 TANK/FOUNDATION PLAN  
 SCALE: 3/16"=1'-0"



2 FLOOR PLAN  
 SCALE: 3/16"=1'-0"



3 ROOF PLAN  
 SCALE: 3/16"=1'-0"

- CONSTRUCTION KEY**
- EXISTING BERMDUDA STONE WALLS TO BE RETAINED
  - NEW UNFILLED CONCRETE BLOCK CONSTRUCTION
  - NEW FILLED CONCRETE BLOCK CONSTRUCTION
  - NEW PARTITION WALL
- PROPOSED GENERAL NOTES**
1. SCRAPE DOWN EXISTING UNEVEN WALLS AND CLEAN TO ELIMINATE EXISTING MOLD. APPLY PLASTER RENDER, 2 COATS MOLD/MILDEW PRIMER AND PAINT FINISH
  2. FILL HOLES IN WALLS CAUSED BY REMOVAL OF PLUMBING AND ELECTRICAL OUTLETS. APPLY AN EVEN LAYER OF PLASTER RENDER TO ALIGN WITH WALLS.
  3. EXISTING OPENINGS TO BE BLOCKED WITH CONCRETE BLOCK TO MATCH WITH OF EXISTING OPENINGS.
  4. APPLY NEW GYPSUM BOARD TO CEILING.
  5. EXISTING CONCRETE SLAB TO BE RESURFACED EVENLY AND READY TO RECEIVE NEW VINYL TILE FINISH
  6. ALL GYPSUM BOARD WALLS REQUIRE BLOCKING TO SUPPORT ADDITIONAL MEDICAL/DENTAL EQUIPMENT OR WALL HANGING OBJECTS
  7. ALL STONE WALLS RECEIVING RECESSED EQUIPMENT TO BE FULLY GROUTED ON THE INTERIOR.
  8. ALL SERVICES TO POST OFFICE PARTY SHALL BE ENCASED IN A MINIMUM OF 4" OF CONCRETE OR METAL

**GENERAL NOTES**

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**LIST OF INFORMANTS/CONSULTANTS**

ENTECH LTD  
 ISLAND AUTOMATION  
 BERMUDA AIR CONDITIONING  
 HENRY SHEIN



Issue	Date	Description
A	23.06.06	FOUNDATION PLAN AND TANK DIMENSIONS

Issue Status  
 BUILDING CONTROL

Client  
 DEPARTMENT OF HEALTH

Project  
 MANGROVE BAY CLINIC  
 RENOVATIONS & ADDITIONS

Project Address  
 55 MANGROVE BAY  
 SANDYS

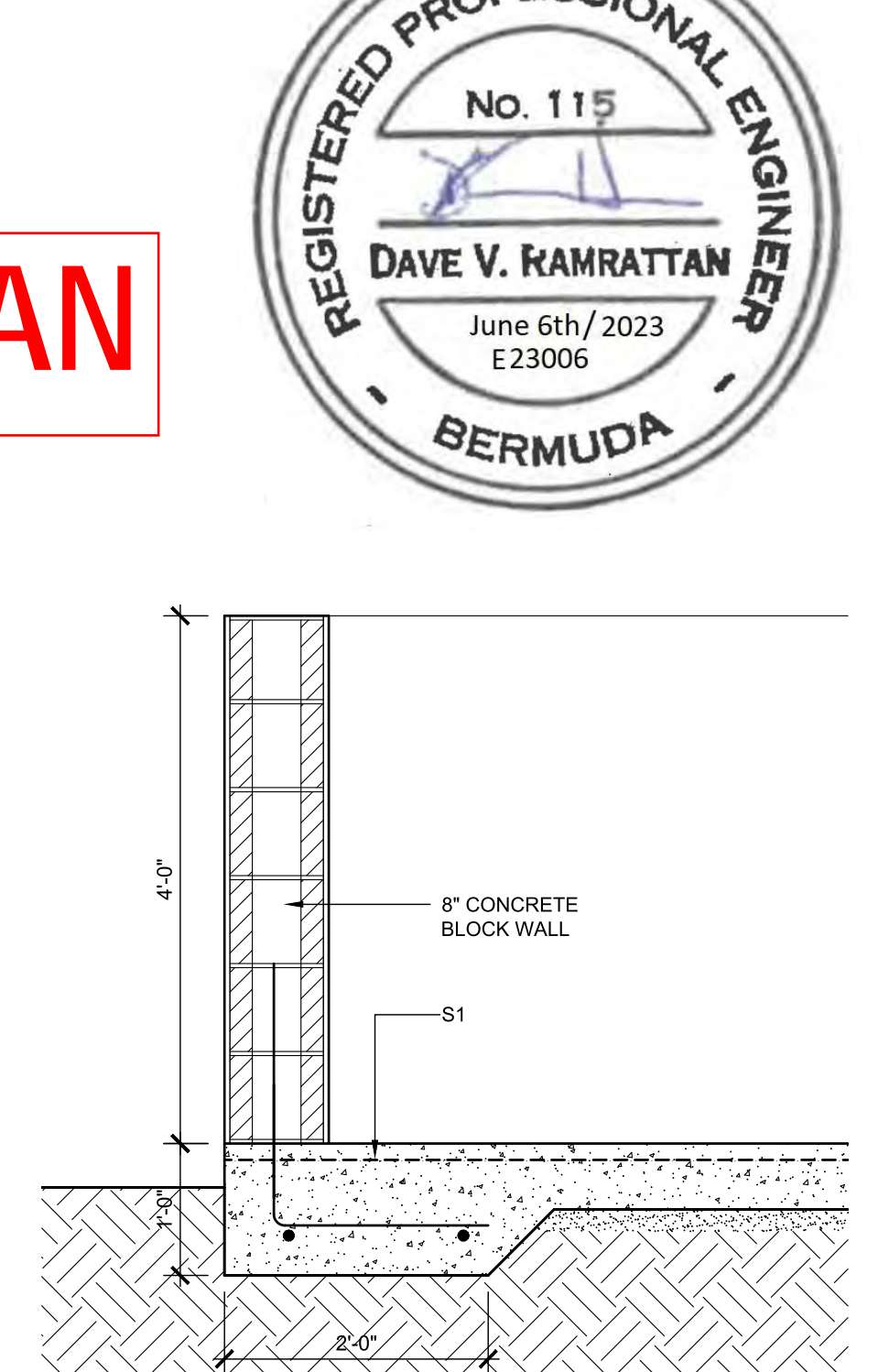
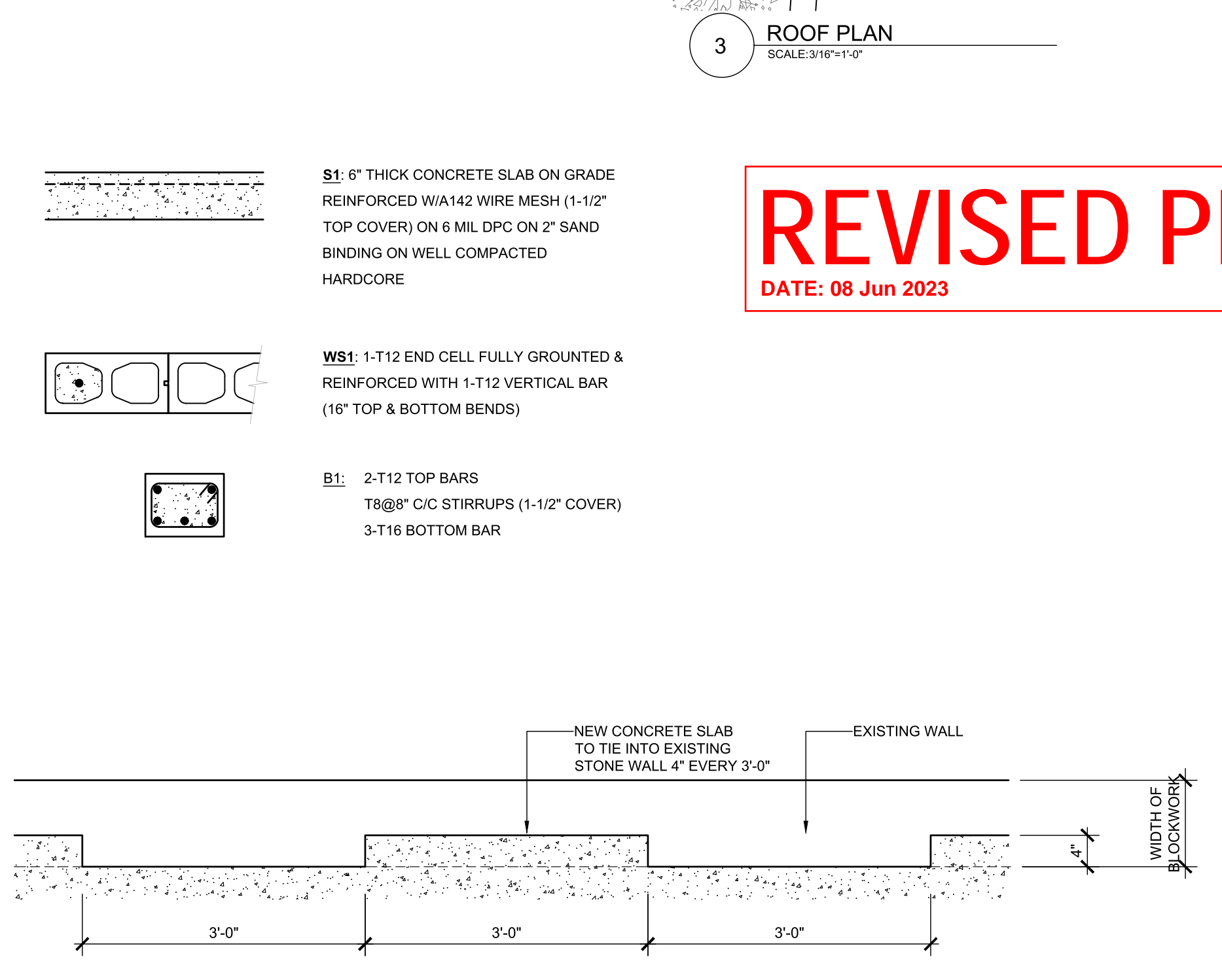
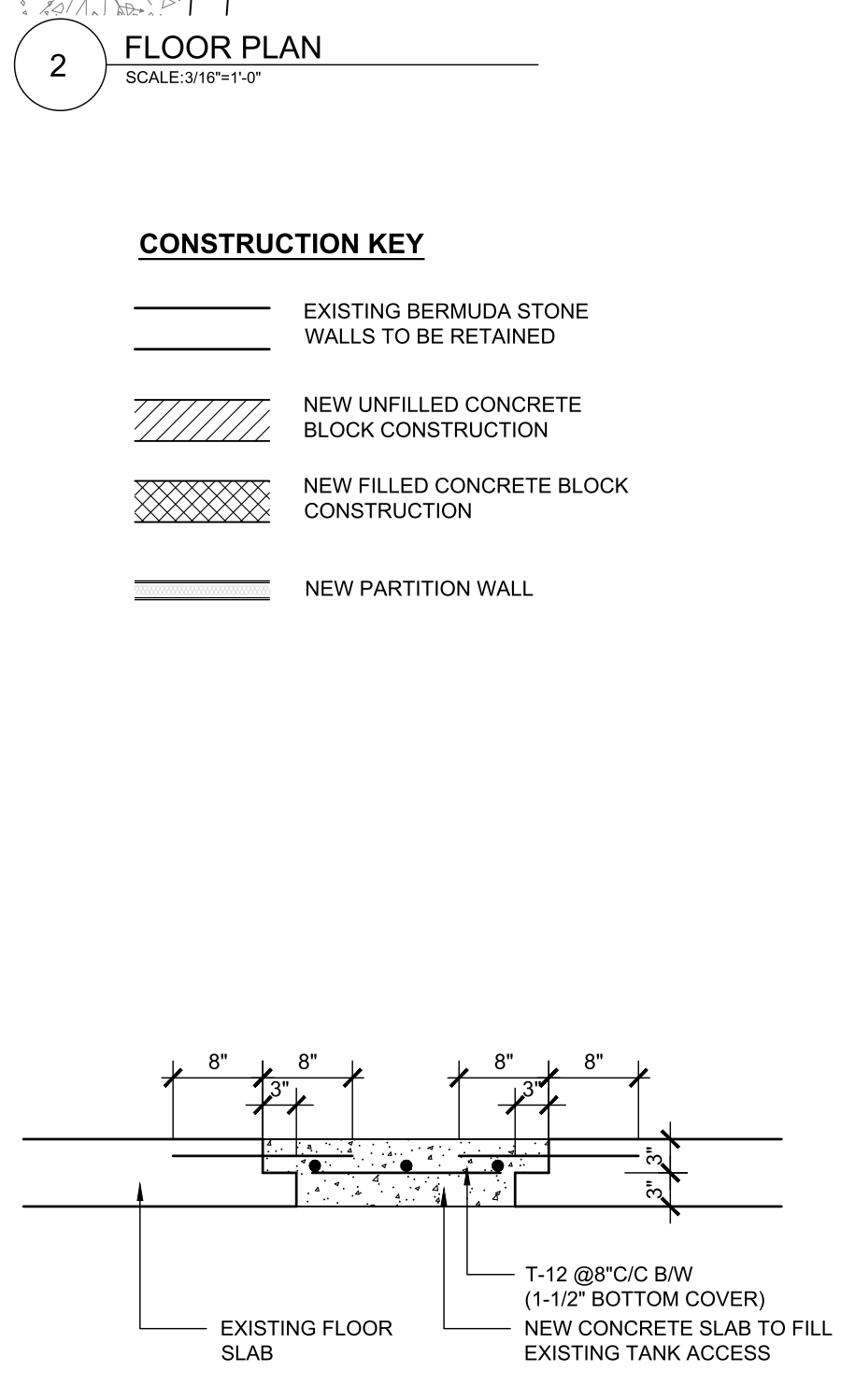
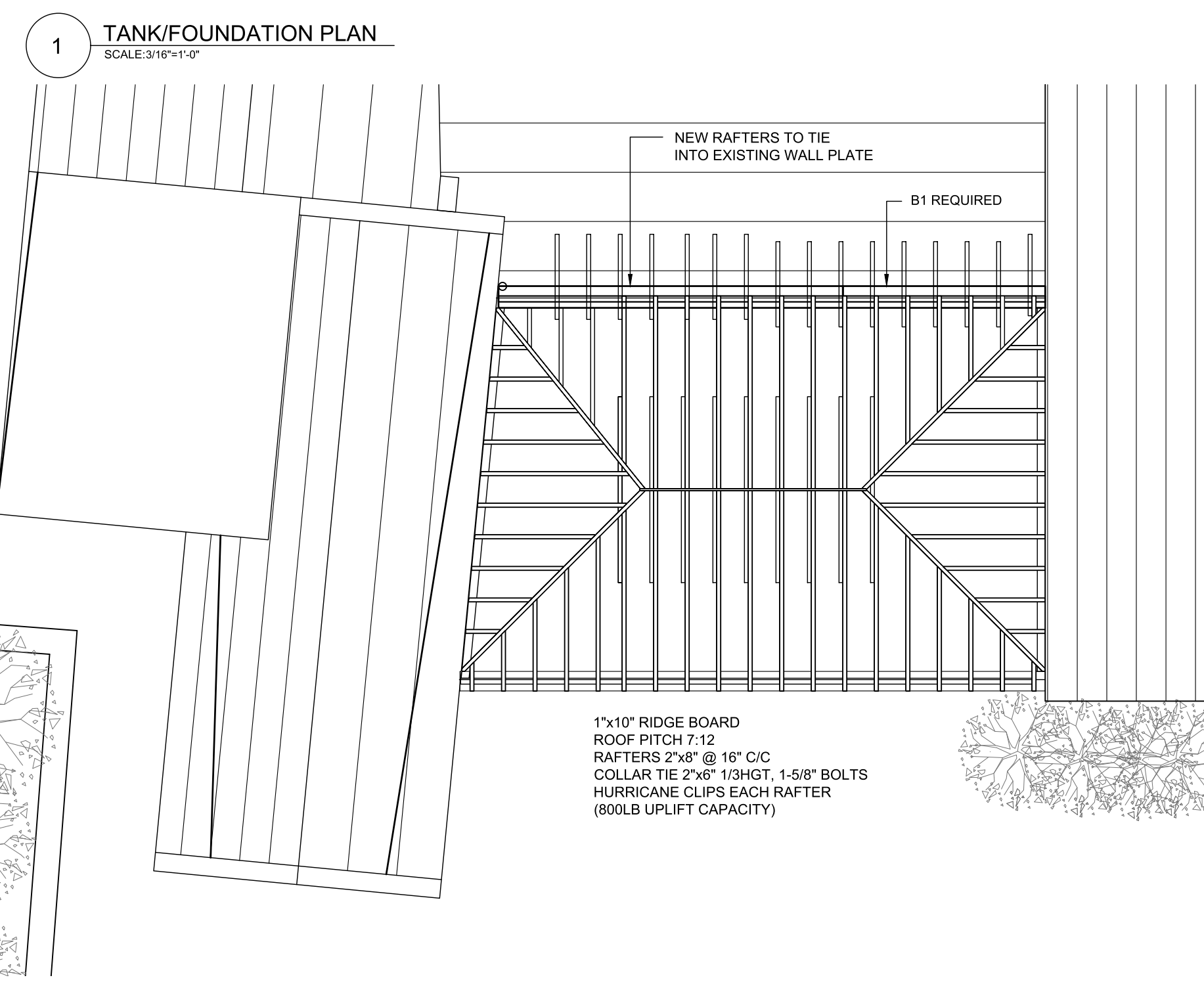
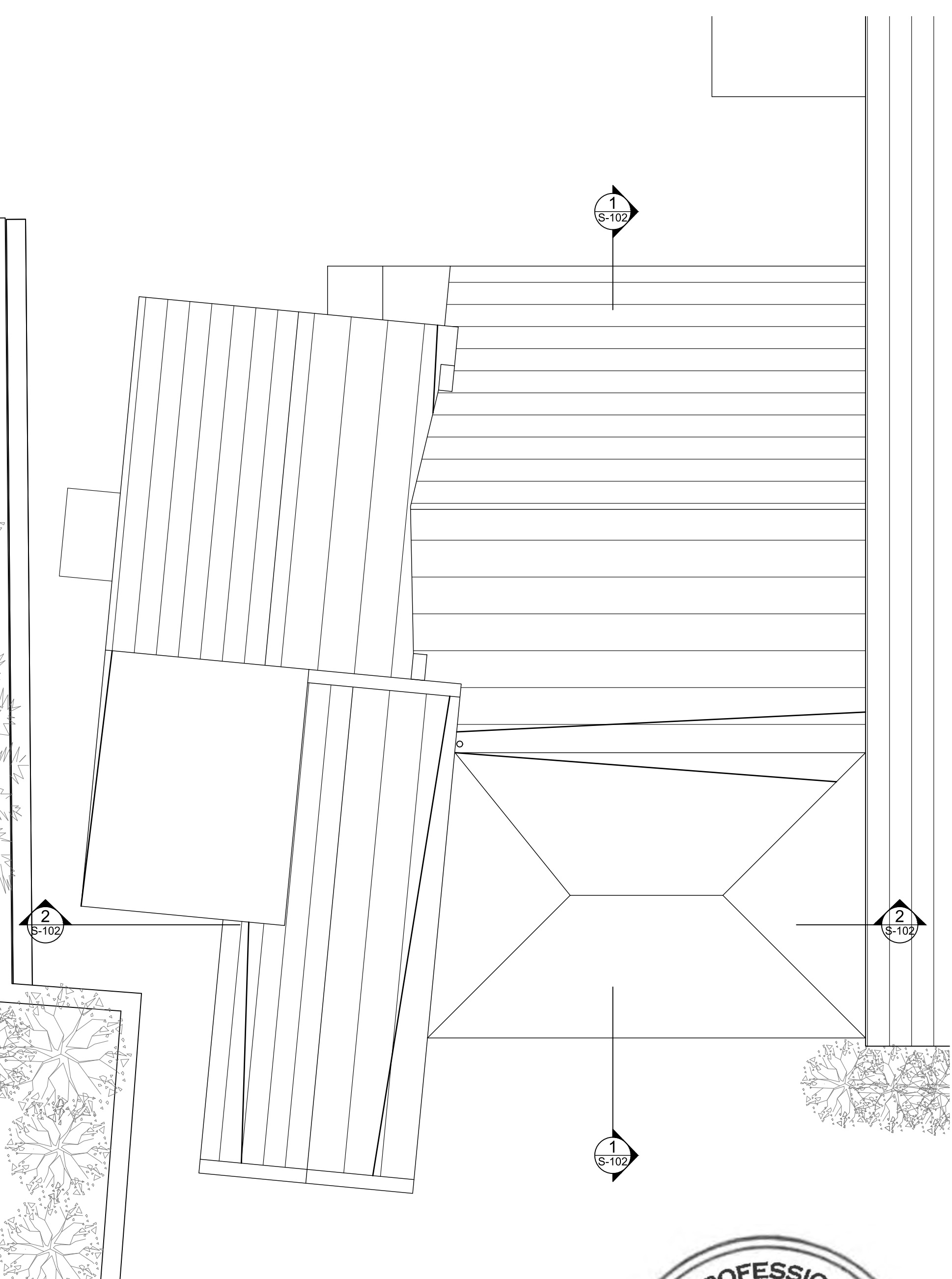
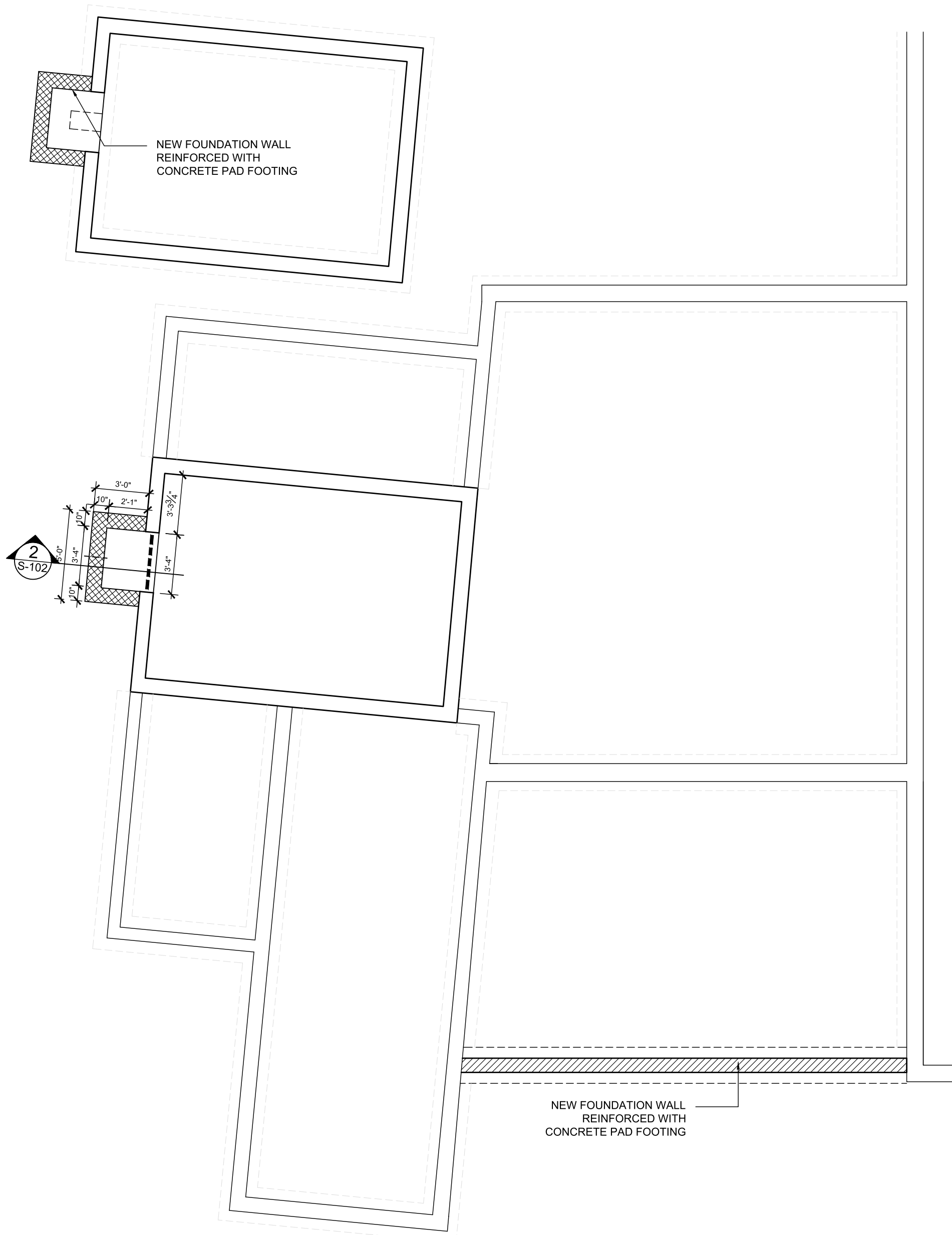
Title Sheet  
**PROPOSED PLANS**

Project No. 2021 15  
 Date: 16.03.22 Scale: AS NOTED  
 Drawn: TG Chk'd: TG

Sheet No.:

**REVISED PLAN**  
 DATE: 08 Jun 2023

**A-301**  
 REV: -



- CONSTRUCTION KEY**
- EXISTING BERMUDA STONE WALLS TO BE RETAINED
  - NEW UNFILLED CONCRETE BLOCK CONSTRUCTION
  - NEW FILLED CONCRETE BLOCK CONSTRUCTION
  - NEW PARTITION WALL
- S1:** 6" THICK CONCRETE SLAB ON GRADE REINFORCED W/ #142 WIRE MESH (1-1/2" TOP COVER) ON 6 MIL DPC ON 2" SAND BINDING ON WELL COMPACTED HARDWARE
- WS1:** 1-T12 END CELL FULLY GROUNDED & REINFORCED WITH 1-T12 VERTICAL BAR (16" TOP & BOTTOM BENDS)
- B1:** 2-T12 TOP BARS  
T8@8" C/C STIRRUPS (1-1/2" COVER)  
3-T16 BOTTOM BAR

**REVISED PLAN**  
DATE: 08 Jun 2023



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ENTECH LTD
ISLAND AUTOMATION
BERMUDA AIR CONDITIONING
HENRY SHEIN

Issue	Date	Description
A	23.06.06	FOUNDATION PLAN AND TANK DIMENSIONS

Issue Status  
BUILDING CONTROL

Client  
DEPARTMENT OF HEALTH

Project  
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address  
55 MANGROVE BAY SANDYS

Title Sheet  
STRUCTURAL PLANS

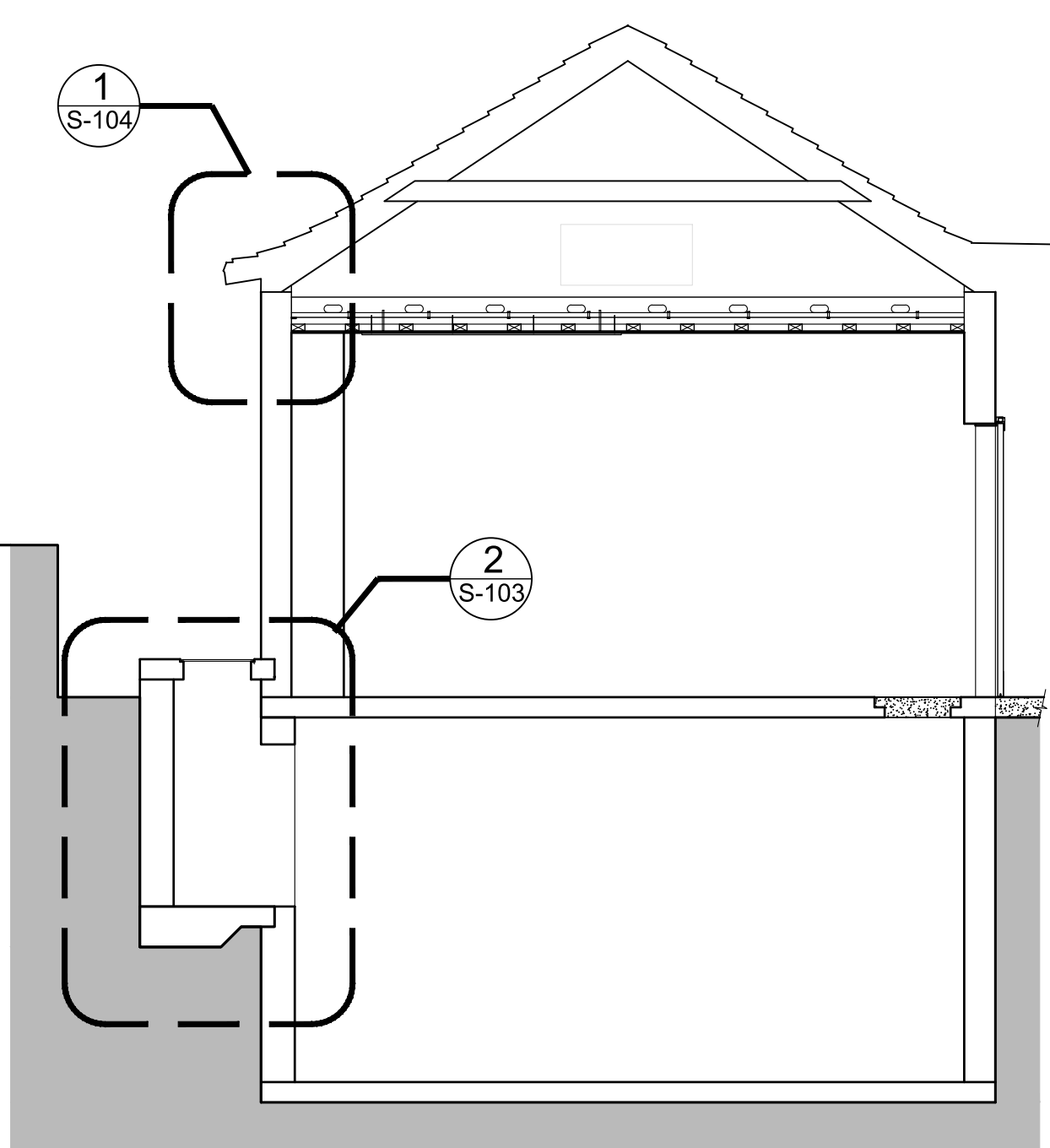
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Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

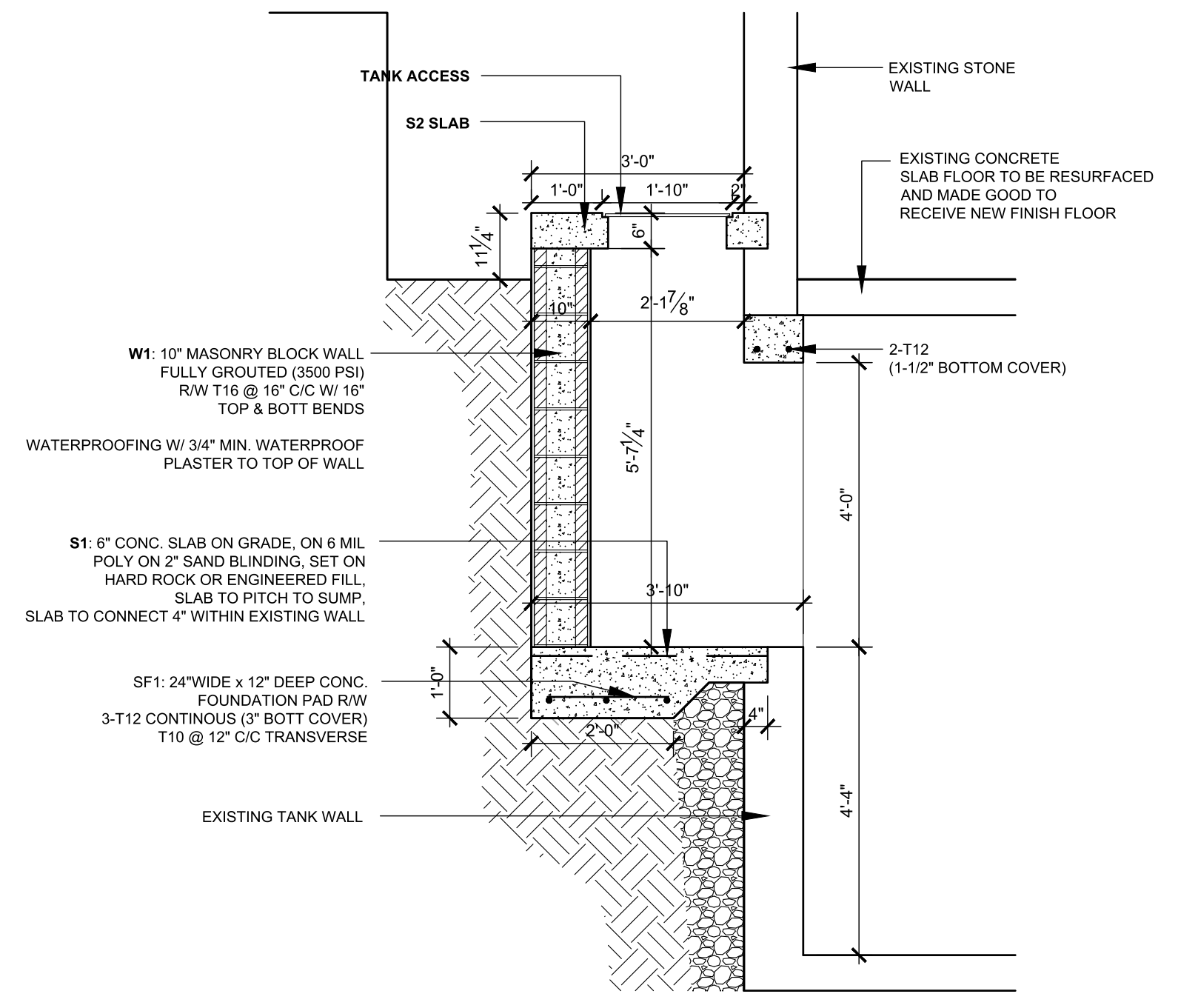
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**S-101**

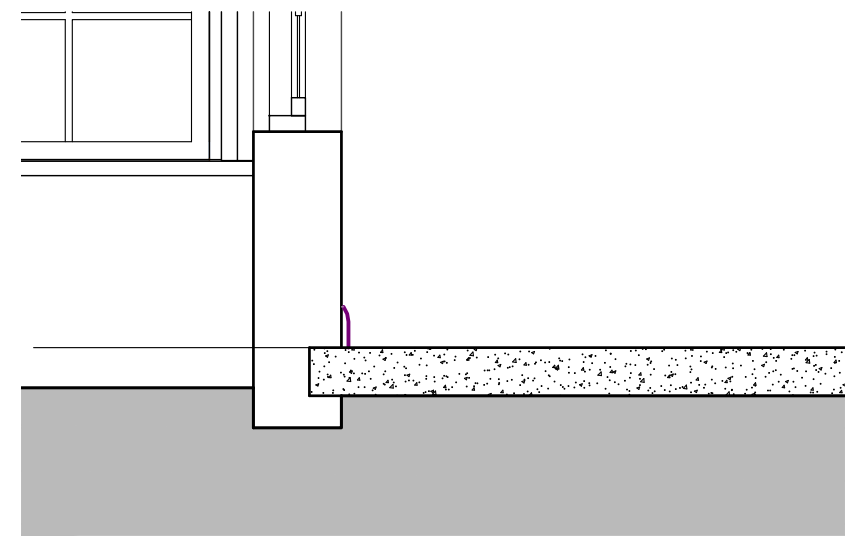
REV. -



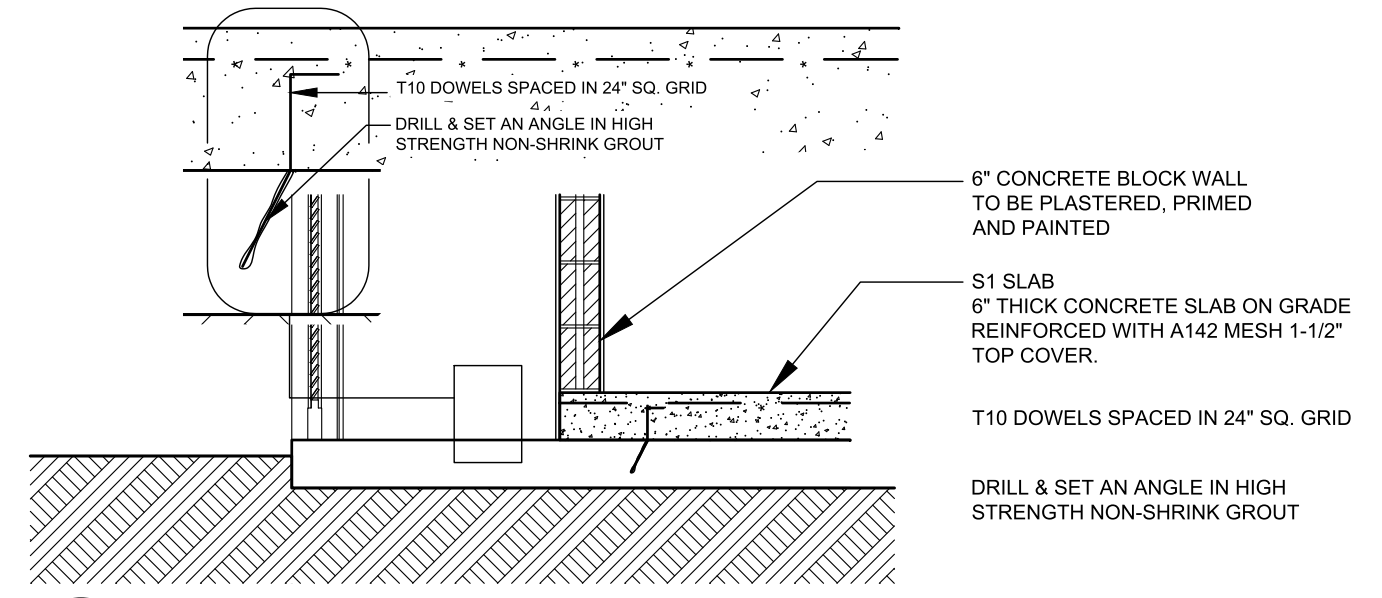
1 BUILDING SECTION  
 SCALE: 1/4"=1'-0"



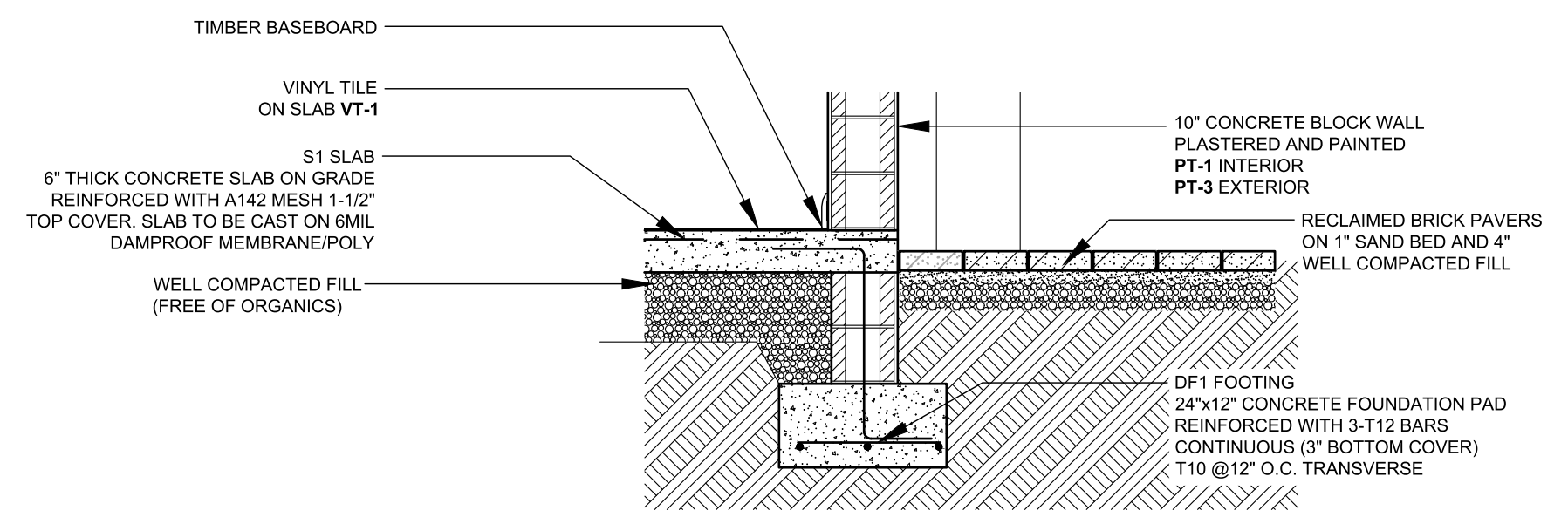
2 TANK ACCESS SECTION  
 SCALE: 1/2"=1'-0"



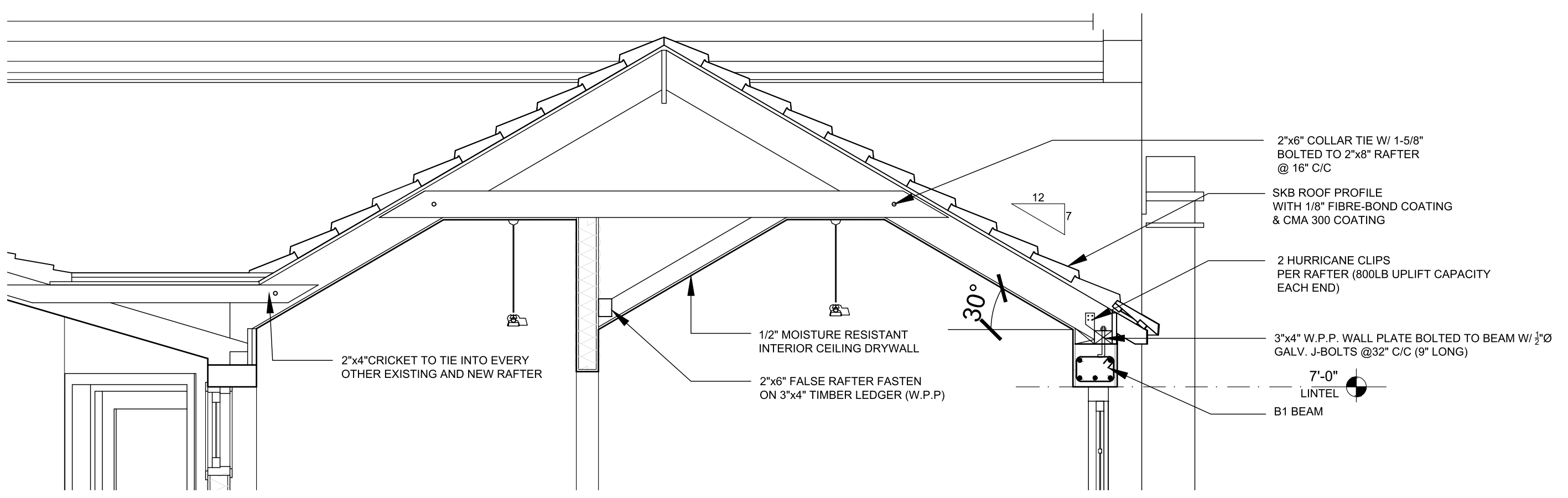
3 SLAB CONNECTION TO EXISTING WALL  
 SCALE: 1/4"=1'-0"



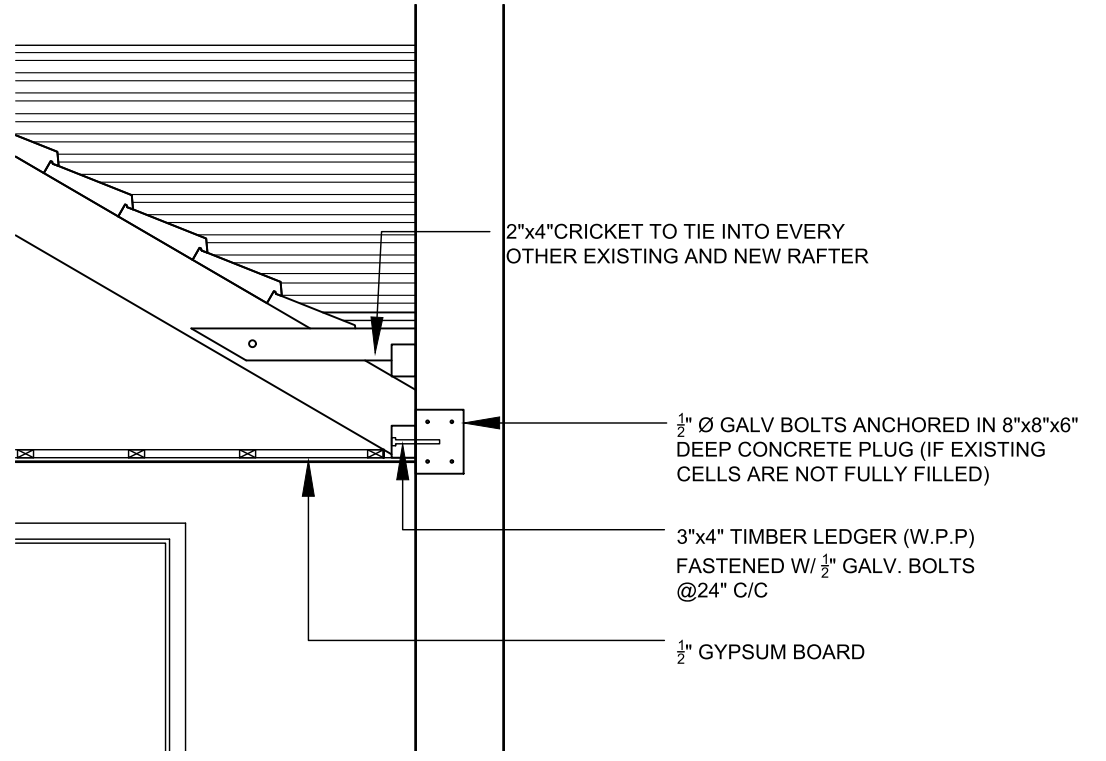
4 TYPICAL RAISED SLAB DETAIL  
 SCALE: 1/2"=1'-0"



5 TYPICAL FOOTING DETAIL  
 SCALE: 1/2"=1'-0"



6 ROOF DETAIL  
 SCALE: 1/2"=1'-0"



7 ROOF CONNECTION DETAIL  
 SCALE: 1/2"=1'-0"



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ISLAND AUTOMATION
BERMUDA AIR CONDITIONING
HENRY SHEIN

Issue	Date	Description
A	23.06.06	FOUNDATION PLAN AND TANK DIMENSIONS

Issue Status  
 BUILDING CONTROL

Client  
 DEPARTMENT OF HEALTH

Project  
 MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address  
 55 MANGROVE BAY SANDYS

Title Sheet

**STRUCTURAL SECTIONS & NOTES**

Project No. 2021 15  
 Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

Sheet No.:

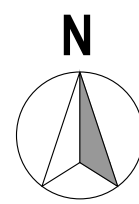
**REVISED PLAN**  
 DATE: 08 Jun 2023

**S-103**

REV: -



LOCATION PLAN



Dental x ray equipment must comply with the Occupational Safety and Health Regulations 2009 (reg. 156) and be registered by the Bermuda Health Council.



**APPROVED DRAWINGS**  
SUBJECT TO PERMIT CONDITIONS  
ONE SET OF DRAWINGS SHALL REMAIN ON SITE  
PERMIT NO. **BC0057-23**

**PROJECT INFORMATION**

ADDRESS: 55 MANGROVE BAY ROAD SANDYS MA05  
ZONING: RESIDENTIAL 2  
LISTING: GRADE II  
SITE AREA: 14190.70 SQ.FT  
EXISTING SITE COVERAGE: 2249 SQ.FT. (POST OFFICE, NOT PART OF THIS APPLICATION) 1599 SQ. FT. (SOMERSET CLINIC)  
PROPOSED SITE COVERAGE: 0 SQ.FT. (POST OFFICE, NOT PART OF THIS APPLICATION) 283 SQ. FT. (SOMERSET CLINIC)  
TOTAL SITE COVERAGE: 4131 SQ.FT.  
EXISTING FLOOR AREA: 3848 SQ.FT.  
PROPOSED FLOOR AREA: 283 SQ. FT.  
TOTAL FLOOR COVERAGE: 4131 SQ.FT.  
EXISTING ROOF AREA: 3848 SQ.FT.  
PROPOSED ROOF AREA: 283 SQ. FT.  
TOTAL ROOF COVERAGE: 4131 SQ.FT.  
EXISTING TANK CAPACITY: 10,625.6 GALS  
PROPOSED TANK CAPACITY: 0 GALS  
TOTAL TANK CAPACITY: 10,625.5 GALS

**CONTACT INFORMATION**

OWNER:  
ESTATES - DEPARTMENT OF PUBLIC LAND & BUILDING  
GOVERNMENT OF BERMUDA  
30 PARLIAMENT STREET  
HAMILTON HM CX  
BERMUDA

FOR

MINISTRY OF HEALTH  
DEPARTMENT OF HEALTH

ARCHITECT  
TIKA GILBERT ARCHITECTS  
11 BERMUDIANA ROAD  
MAILBOX SUITE 1183  
HAMILTON HM08

T: 441-705-2650  
E: tgilbert@tga.bm

STRUCTURAL ENGINEER  
ENTECH LTD  
P.O. BOX 2574  
HAMILTON HM KX

TEL: 441-292-9192  
E: mtavares@entech.bm

ELECTRICAL ENGINEER  
ISLAND AUTOMATION LTD  
P.O BOX HM 1930  
HAMILTON HM BX  
BERMUDA

TEL: 441-505-1888  
E: oconnor@logic.bm

MECHANICAL ENGINEER  
BAC ENGINEERING  
P.O BOX HM 1095  
HAMILTON HM EX  
BERMUDA

T: 441-292-0881  
E: wlin@bac.bm

DENTAL CONSULTANT  
HENRY SCHEIN  
1912 NW 84TH AVE.  
DORAL FL. 33146  
U.S.A

TEL: 954-408-6313  
E: Luisa.Castillo@henryschein.com



**DRAWING INDEX**

A-000	COVER SHEET & GENERAL INFORMATION
A-200	SITE PLAN - EXISTING/DEMOLITION
A-201	EXISTING/DEMOLITION PLANS
A-202	EXISTING/DEMOLITION - BUILDING ELEVATIONS
A-203	EXISTING/DEMOLITION - BUILDING SECTIONS
A-300	PROPOSED SITE PLAN
A-301	PROPOSED PLANS
A-501	PROPOSED BUILDING ELEVATIONS
A-601	PROPOSED BUILDING SECTIONS
A-701	FLOOR FINISHES PLAN
A-801	DOOR & WINDOW SCHEDULES
A-901	WAITING ROOM - INTERIOR ELEVATIONS
A-902	RECEPTION - INTERIOR ELEVATIONS
A-903	PATIENT TOILET - INTERIOR ELEVATIONS
A-904	JANITOR CLOSET - INTERIOR ELEVATIONS
A-905	DENTAL OFFICER - INTERIOR ELEVATIONS
A-906	DENTAL LAB - INTERIOR ELEVATIONS
A-907	DENTAL HYGIENE - INTERIOR ELEVATIONS
A-908	COMMUNITY HEALTH OFFICE - INTERIOR ELEVATIONS
A-909	IT CLOSET - INTERIOR ELEVATIONS
A-910	INTERVIEW ROOM - INTERIOR ELEVATIONS
A-911	MEDICAL EXAM ROOM - INTERIOR ELEVATIONS
A-912	ISOLATION/VACCINE ROOM - INTERIOR ELEVATIONS
A-913	MEDICAL STORAGE - INTERIOR ELEVATIONS
A-914	KITCHEN - INTERIOR ELEVATIONS
A-915	OFFICE SUPPLY ROOM
A-916	STAFF TOILET - INTERIOR ELEVATIONS
A-920	FURNITURE, FIXTURE & EQUIPMENT SCHEDULES

**STRUCTURAL DRAWINGS**

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S-102	STRUCTURAL SECTIONS & NOTES
S-103	STRUCTURAL DETAILS
S-104	STRUCTURAL DETAILS

**ELECTRICAL DRAWINGS**

E101	LEGEND, DRAWING LIST & GENERAL NOTES
E201	GROUND FLOOR PLAN LIGHTING
E301	GROUND FLOOR PLAN POWER & SYSTEMS
E401	ELECTRICAL DETAILS
E501	POWER DISTRIBUTION RISER DIAGRAM

**MECHANICAL DRAWING**

M-000	LEGEND AND EQUIPMENT SCHEDULES
M-100	GROUND FLOOR DRAINAGE
M-101	GROUND FLOOR PLUMBING PLAN
M-200	GROUND FLOOR HVAC PLAN & ROOF MECHANICAL PLAN

**DENTAL DRAWING**

SCV	COVER SHEET
SA.0	FLOOR PLAN
SA.1	REINFORCEMENT PLAN
SP.1	DENTAL PLUMBING PLAN
SP.2	DENTAL VACUUM PLAN



















































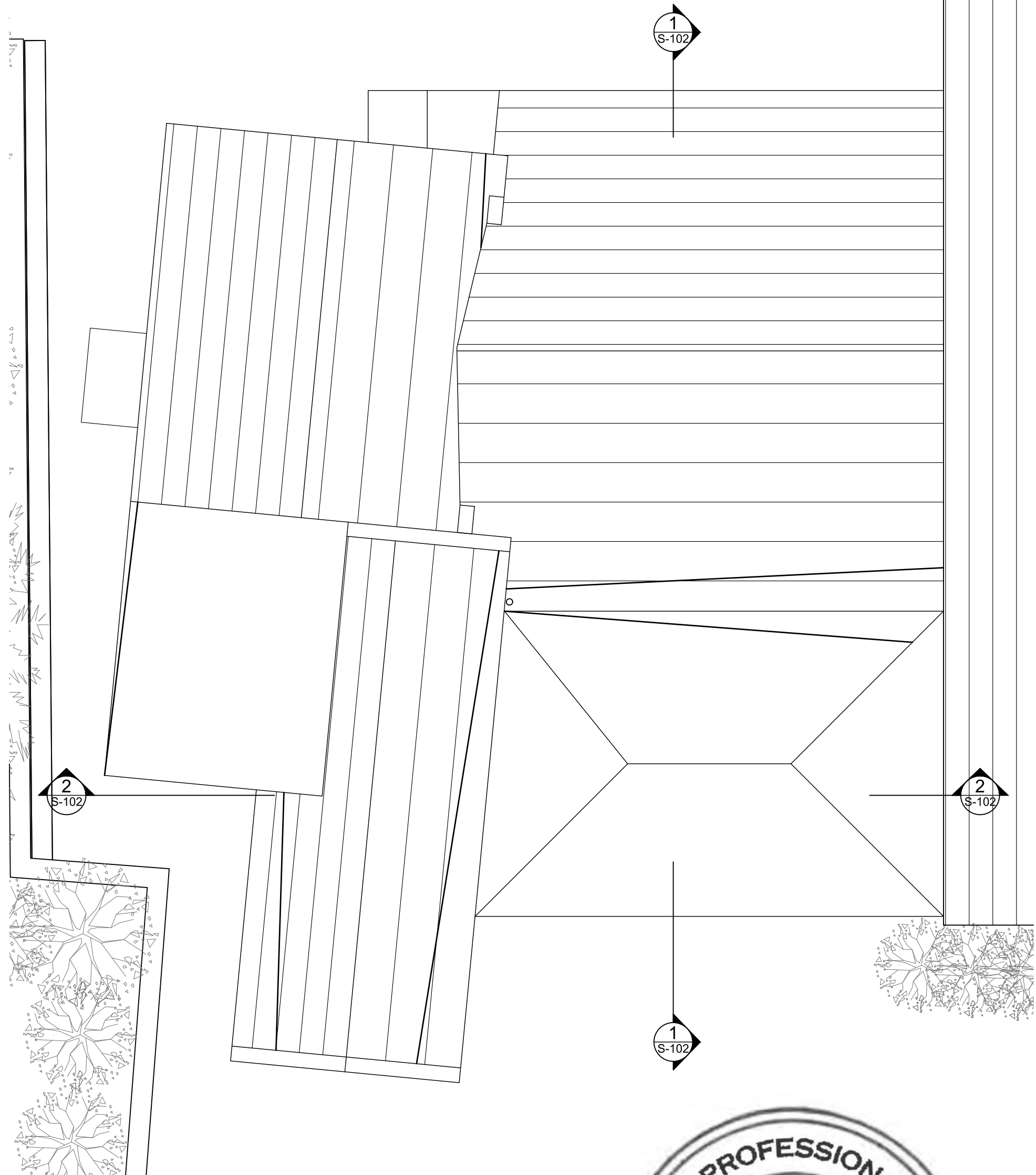
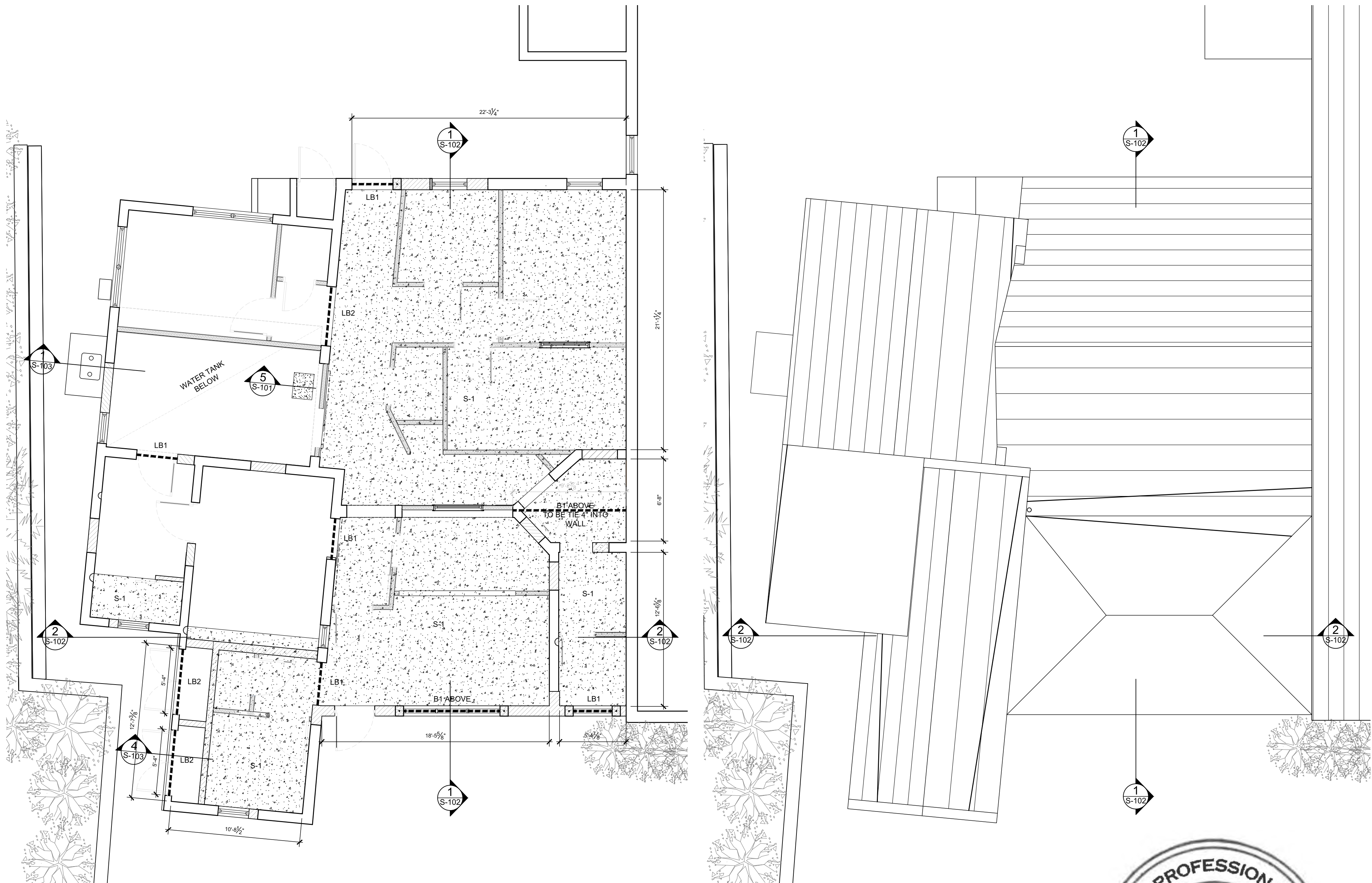
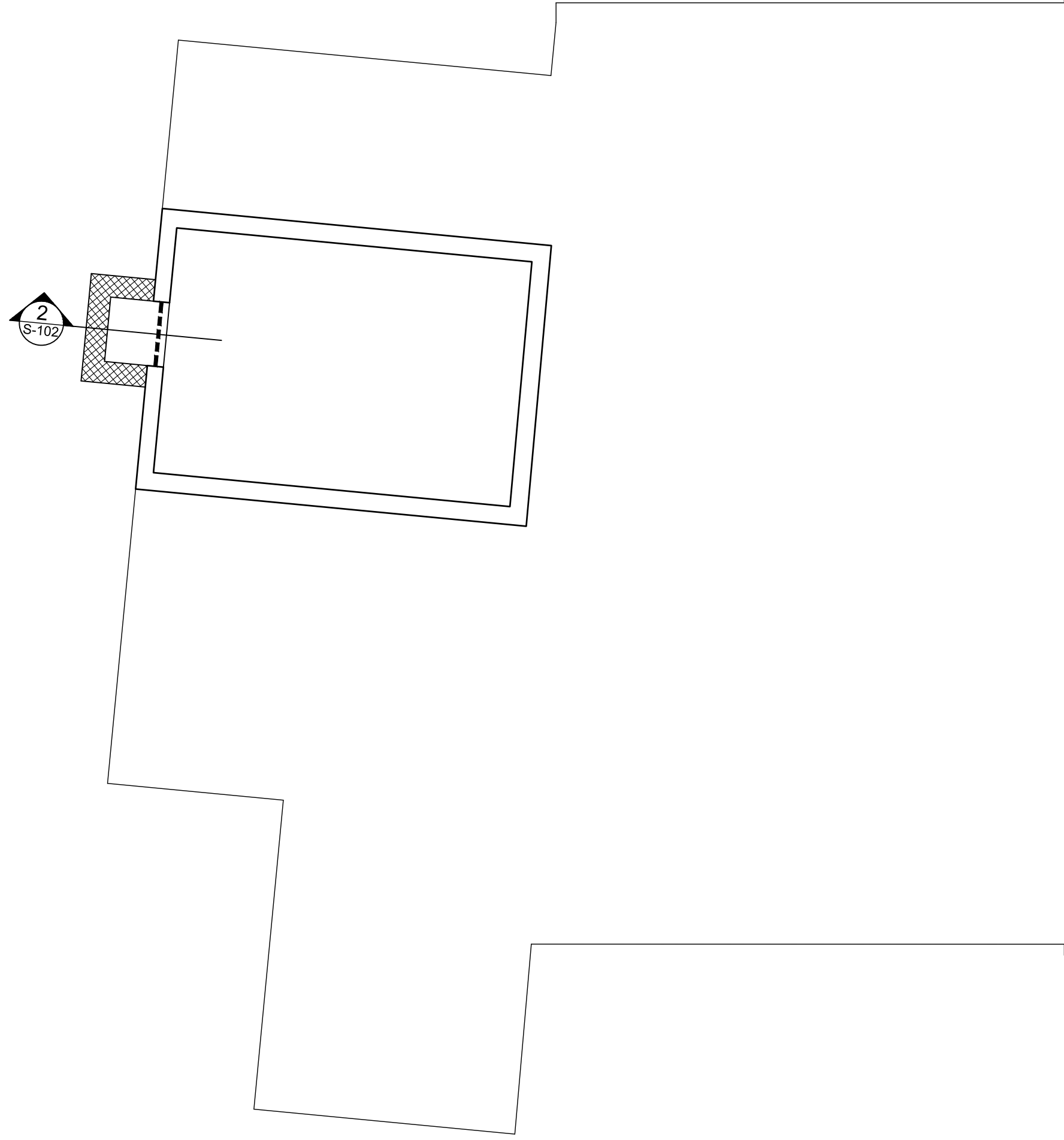






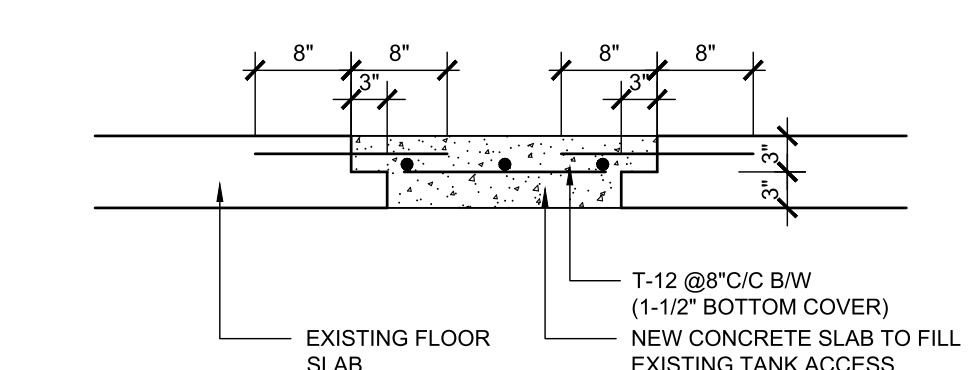
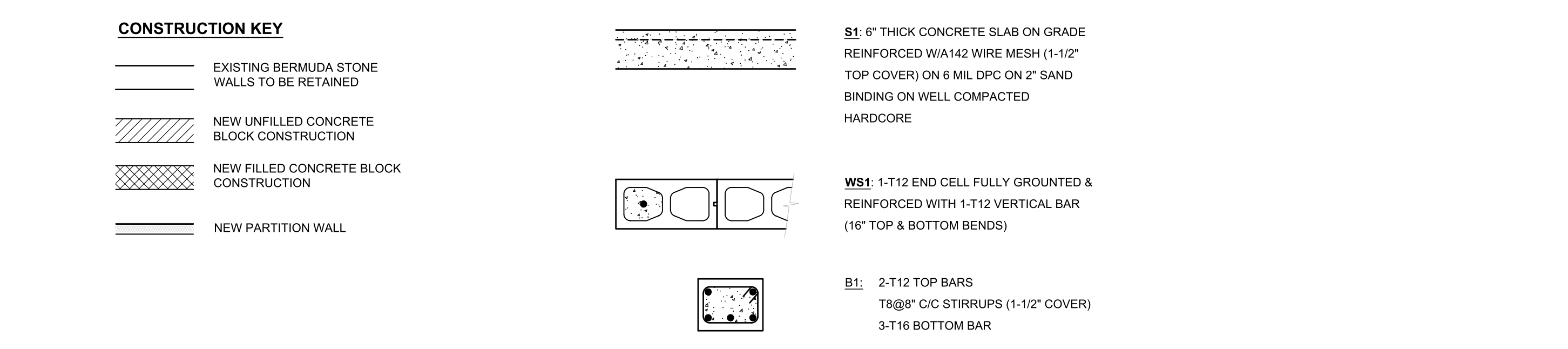


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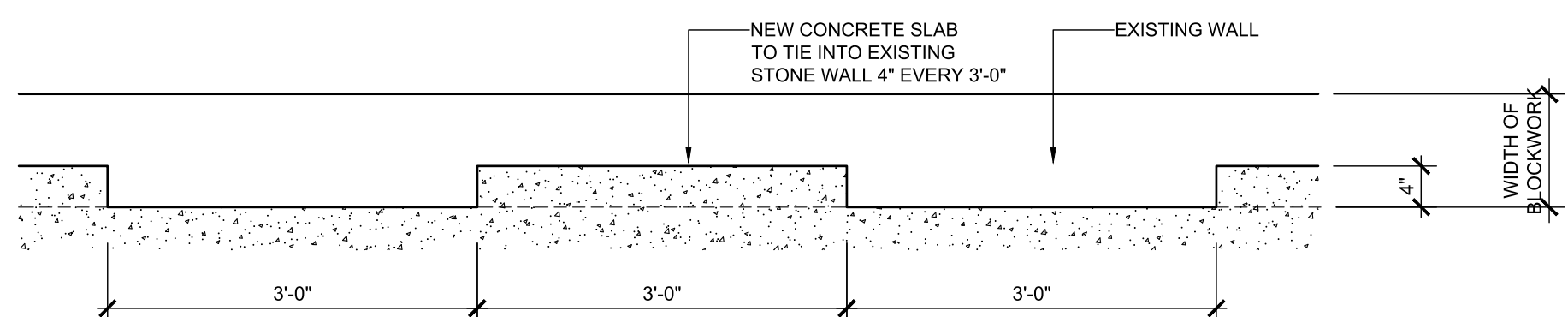


2 FLOOR PLAN  
SCALE: 3/16"=1'-0"

3 ROOF PLAN  
SCALE: 3/16"=1'-0"

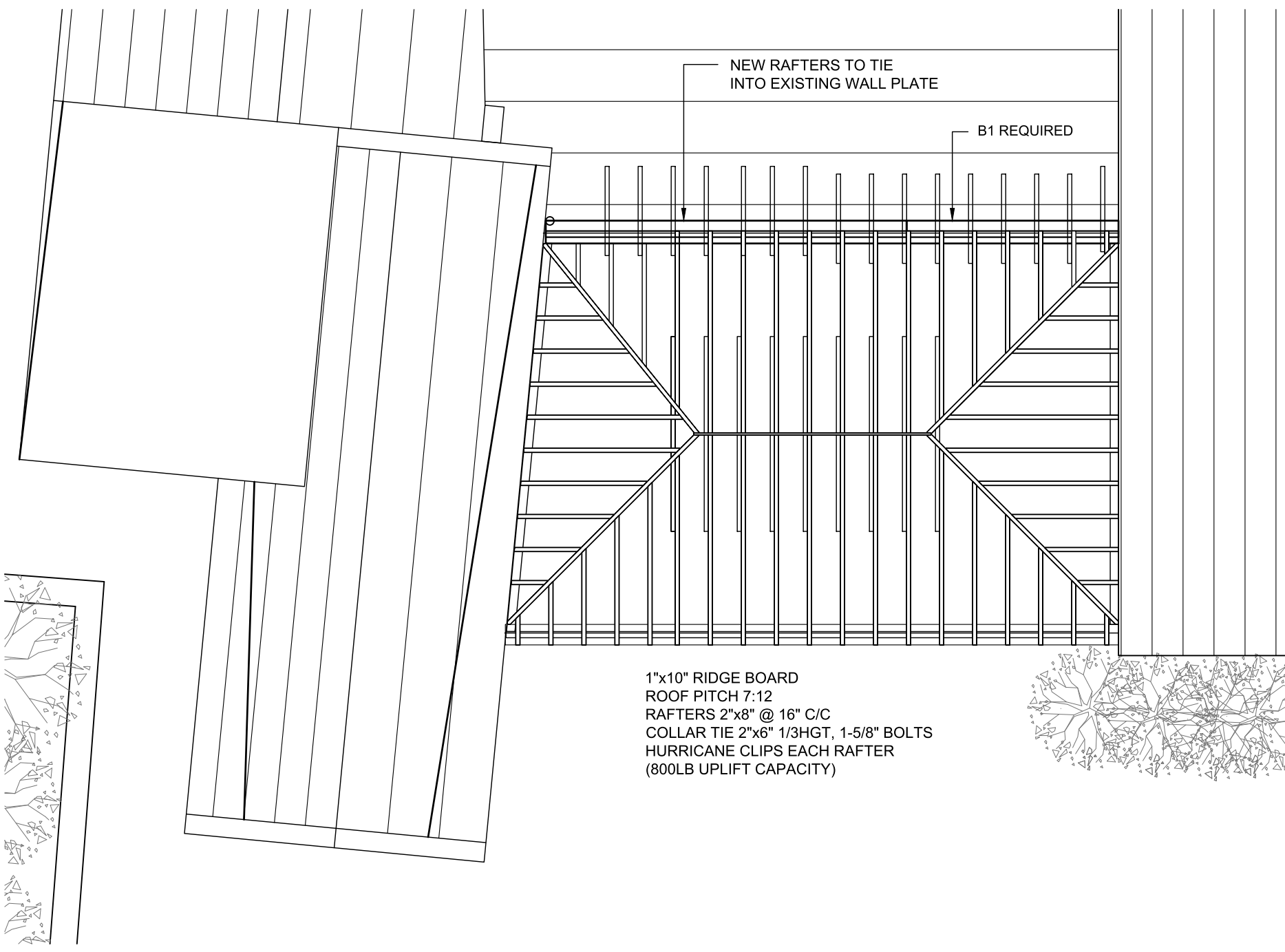


5 SLAB FOR CLOSED TANK ACCESS  
SCALE: 3/4"=1'-0"

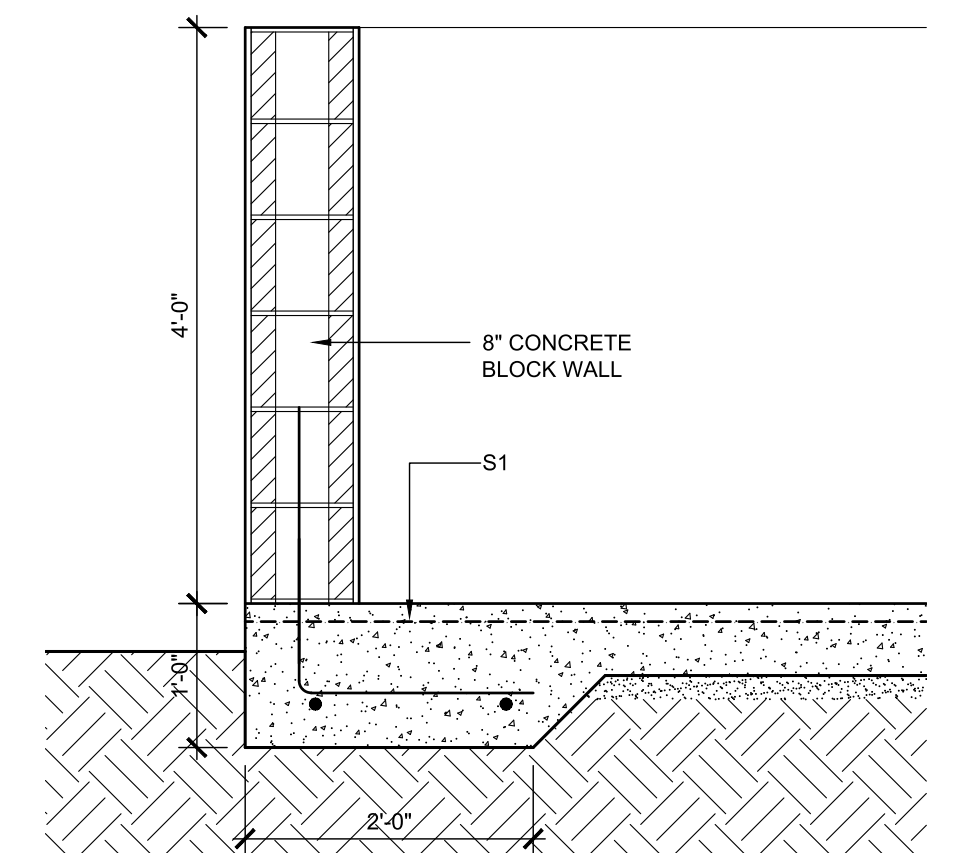


6 TYPICAL NEW SLAB TIE-IN PLAN  
SCALE: 3/4"=1'-0"

1 TANK PLAN  
SCALE: 3/16"=1'-0"



4 ROOF RAFTER PLAN  
SCALE: 3/16"=1'-0"



7 RECYCLE BIN STORAGE  
SCALE: 3/4"=1'-0"

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ENTECH LTD
ISLAND AUTOMATION
BERMUDA AIR CONDITIONING
HENRY SHEIN

Issue	Date	Description

Issue Status  
**BUILDING CONTROL**

Client  
**DEPARTMENT OF HEALTH**

Project  
**MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS**

Project Address  
**55 MANGROVE BAY SANDYS**

Title Sheet  
**STRUCTURAL PLANS**

Project No. 2021 15  
Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

Sheet No.:

**S-101**

REV. -















**APPROVED**  
 18 Jul 2023  
 BUILDING CONTROL  
 BERMUDA

- RESTLER RBP-100  
DIGITAL BP SYSTEM  
15A/1P 120V
- RESTLER RBP-3503  
MEDICAL FUSION ONE+  
EXAM TABLE  
15A/1P 120V OR 15A/1P 208V
- RESTLER RBP-3503  
MEDICAL FUSION ONE+  
DIAGNOSTIC STATION  
15A/1P 120V
- UMF MEDICAL FUSION ONE+ 3503  
POWER BACK EXAM TABLE  
15A/1P 120V OR 15A/1P 208V
- UMF MEDICAL FUSION ONE+ 3503  
POWER BACK EXAM TABLE  
15A/1P 120V OR 15A/1P 208V
- RESTLER RBP-3503  
MODULAR DIAGNOSTIC STATION  
15A/1P 120V
- RESTLER RBP-3503  
MODULAR DIAGNOSTIC STATION  
15A/1P 120V

**MANGROVE BAY CLINIC  
RENOVATION & ADDITIONS**

55 MANGROVE BAY  
SANDY'S, BERMUDA  
**GROUND FLOOR PLAN  
POWER & SYSTEMS**

PROJECT NO: 22017  
DRAWN BY: IAL  
DATE: JANUARY 2023  
SCALE: NTS

islandautomation limited  
mechanical and electrical consulting engineers  
Tel: 441.505.1888 • email: ial@logic.bm

**Issued for Building Permit**



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REV.#	REV. Date	REV. Notes

**E301**

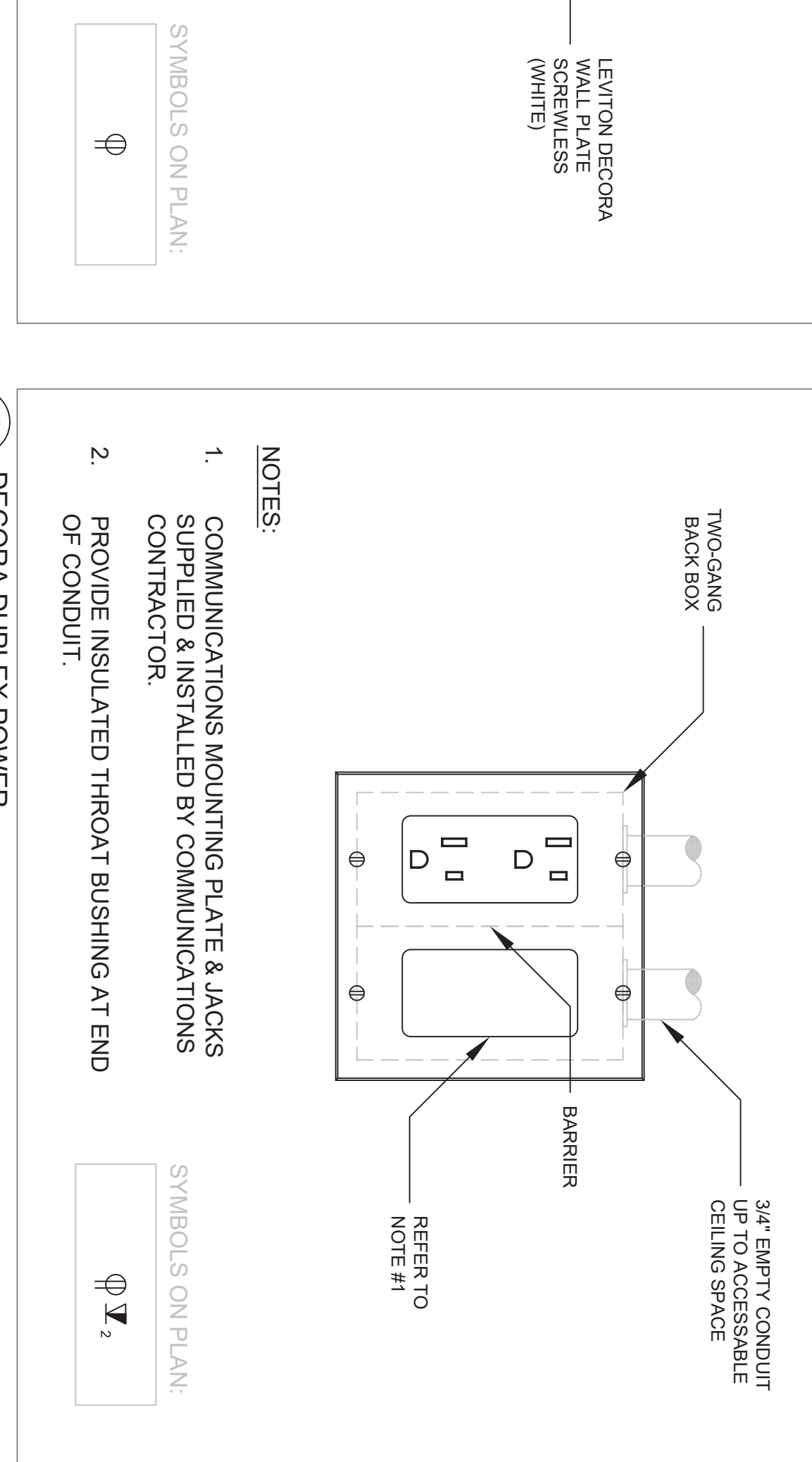
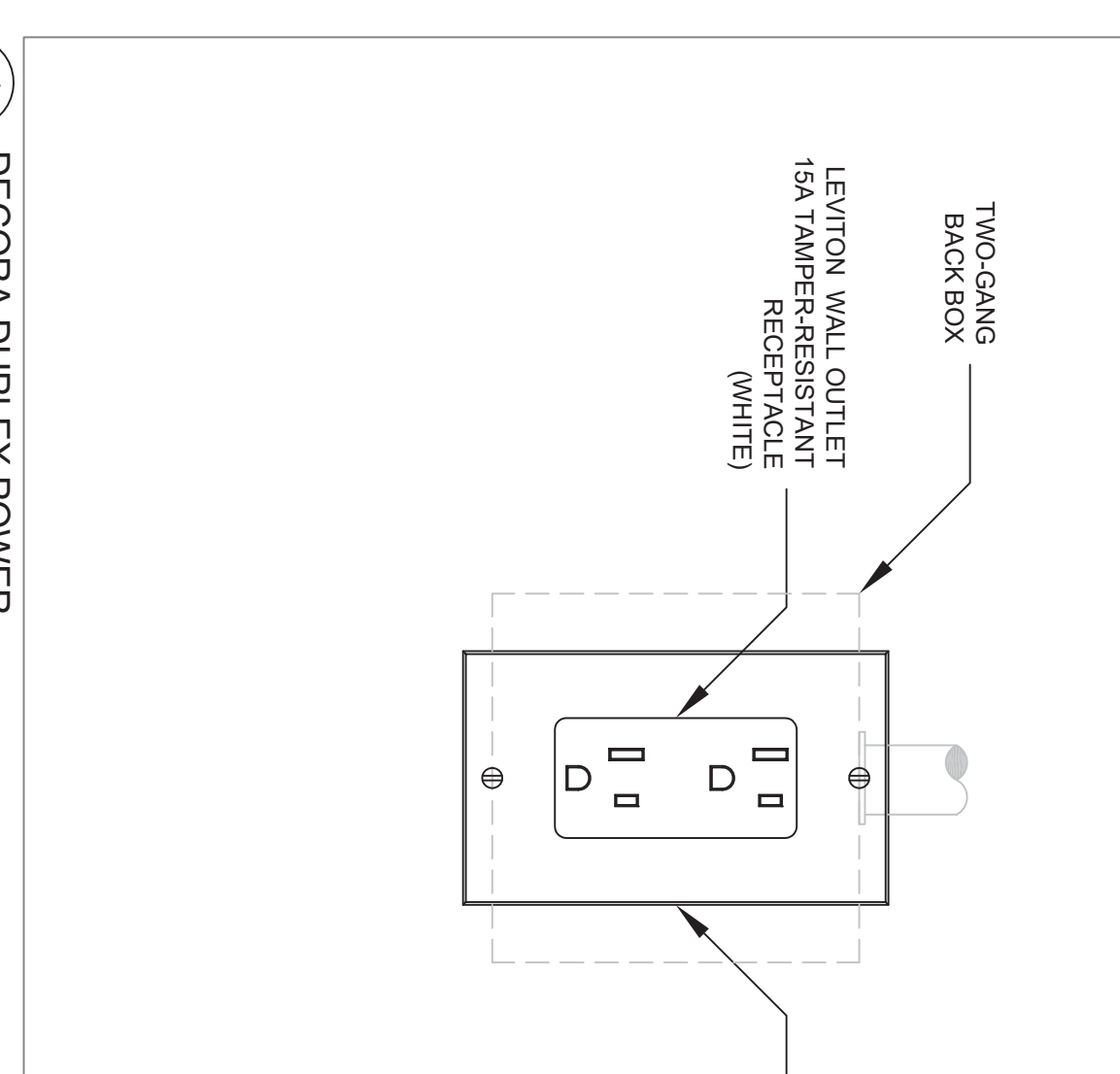
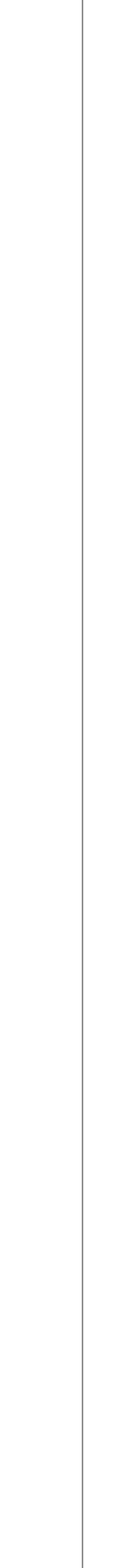
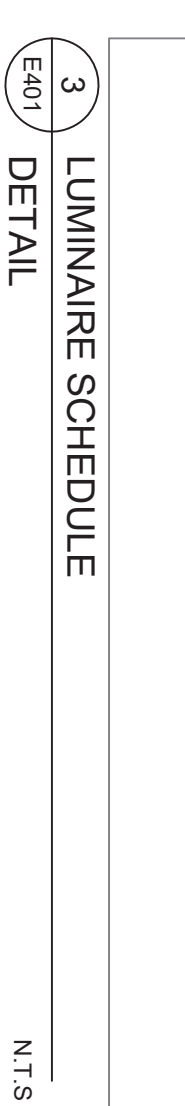
ELECTRIC SERVICE PANEL SCHEDULE			
DESCRIPTION	BREAKERS	BARS/POLES	BREAKERS
FEED TO PANEL PP-2B	3P-100A	L1 L2 L3	3P-60A
DOMESTIC WATER PUMP, P1	2P-20A	7	2P-40A
CU-1 (3800W)	2P-30A	11	2P-30A
CU-3 (3900W)	2P-30A	13	2P-20A
WASHER DISINFECTOR (15A)	2P-20A	15	2P-20A
DENTAL COMPRESSOR (25)	2P-20A	17	2P-20A
LIGHTS (INTERIOR)	1P-20A	19	2P-15A
LIGHTS (INTERIOR)	1P-20A	21	2P-15A
LIGHTS (INTERIOR)	1P-20A	22	2P-15A
LIGHTS (INTERIOR)	1P-20A	23	2P-15A
LIGHTS (INTERIOR)	1P-20A	24	2P-15A
LIGHTS (INTERIOR)	1P-20A	25	2P-15A
LIGHTS (INTERIOR)	1P-20A	26	2P-15A
LIGHTS (INTERIOR)	1P-20A	27	2P-15A
LIGHTS (INTERIOR)	1P-20A	28	2P-15A
LIGHTS (INTERIOR)	1P-20A	29	2P-15A
LIGHTS (INTERIOR)	1P-20A	30	2P-15A
LIGHTS (INTERIOR)	1P-20A	31	2P-15A
LIGHTS (INTERIOR)	1P-20A	32	2P-15A
LIGHTS (INTERIOR)	1P-20A	33	2P-15A
LIGHTS (INTERIOR)	1P-20A	34	2P-15A
LIGHTS (INTERIOR)	1P-20A	35	2P-15A
LIGHTS (INTERIOR)	1P-20A	36	2P-15A
LIGHTS (INTERIOR)	1P-20A	37	2P-15A
LIGHTS (INTERIOR)	1P-20A	38	2P-15A
LIGHTS (INTERIOR)	1P-20A	39	2P-15A
LIGHTS (INTERIOR)	1P-20A	40	2P-15A
LIGHTS (INTERIOR)	1P-20A	41	2P-15A
LIGHTS (INTERIOR)	1P-20A	42	2P-15A

ELECTRIC SERVICE PANEL SCHEDULE			
DESCRIPTION	BREAKERS	BARS/POLES	BREAKERS
OUTLET, COMMUNITY/HEALTH	1P-20A	1	1P-20A
OUTLET, COMMUNITY/HEALTH	1P-20A	3	1P-20A
OUTLET, DENTAL HYGIENE	1P-20A	5	1P-20A
OUTLET, DENTAL HYGIENE (40)	1P-20A	6	1P-20A
OUTLET, DENTAL HYGIENE (CHAIR) (5)	1P-20A	9	1P-20A
OUTLET, DENTAL HYGIENE (CHAIR) (5)	1P-20A	11	1P-20A
OUTLET, DENTAL HYGIENE (9)	1P-20A	13	1P-20A
OUTLET, DENTAL OFFICER	1P-20A	15	1P-20A
OUTLET, DENTAL OFFICER (40)	1P-20A	16	1P-20A
OUTLET, DENTAL OFFICER (CHAIR) (5)	1P-20A	17	1P-20A
OUTLET, DENTAL OFFICER (CHAIR) (5)	1P-20A	19	1P-20A
OUTLET, DENTAL XRAY (OFFICER) (9)	1P-20A	21	1P-20A
OUTLET, DENTAL LAB	1P-20A	23	1P-20A
OUTLET, DENTAL LAB	1P-20A	24	1P-20A
OUTLET, STERILIZATION (14)	1P-20A	25	1P-20A
OUTLET, STERILIZATION (14)	1P-20A	26	1P-20A
OUTLET, STERILIZATION (14)	1P-20A	27	1P-20A
OUTLET, STERILIZATION (14)	1P-20A	29	1P-20A
OUTLET, STERILIZATION (14)	1P-20A	31	1P-20A
OUTLET, PATIENT WASHROOM	1P-20A	33	1P-20A
OUTLET, PATIENT WASHROOM	1P-20A	35	1P-20A
OUTLET, STAFF WASHROOM	1P-20A	36	1P-20A
OUTLET, STAFF WASHROOM	1P-20A	37	1P-20A
OUTLET, OFFICE SUPPLY	1P-20A	39	1P-20A
OUTLET, OFFICE SUPPLY	1P-20A	41	1P-20A
POWER, SLIDING GLASS DOORS	1P-20A	42	1P-20A

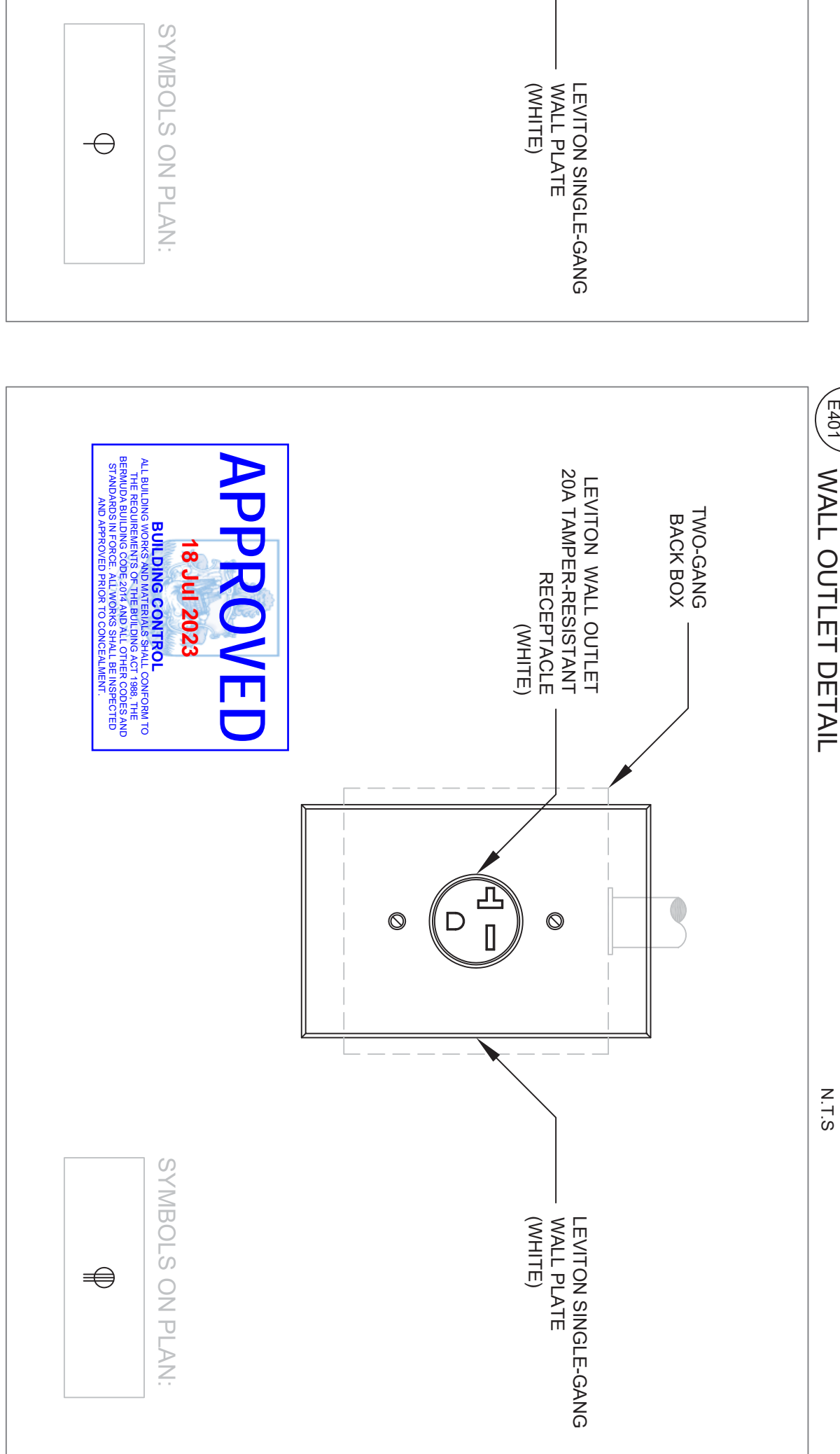
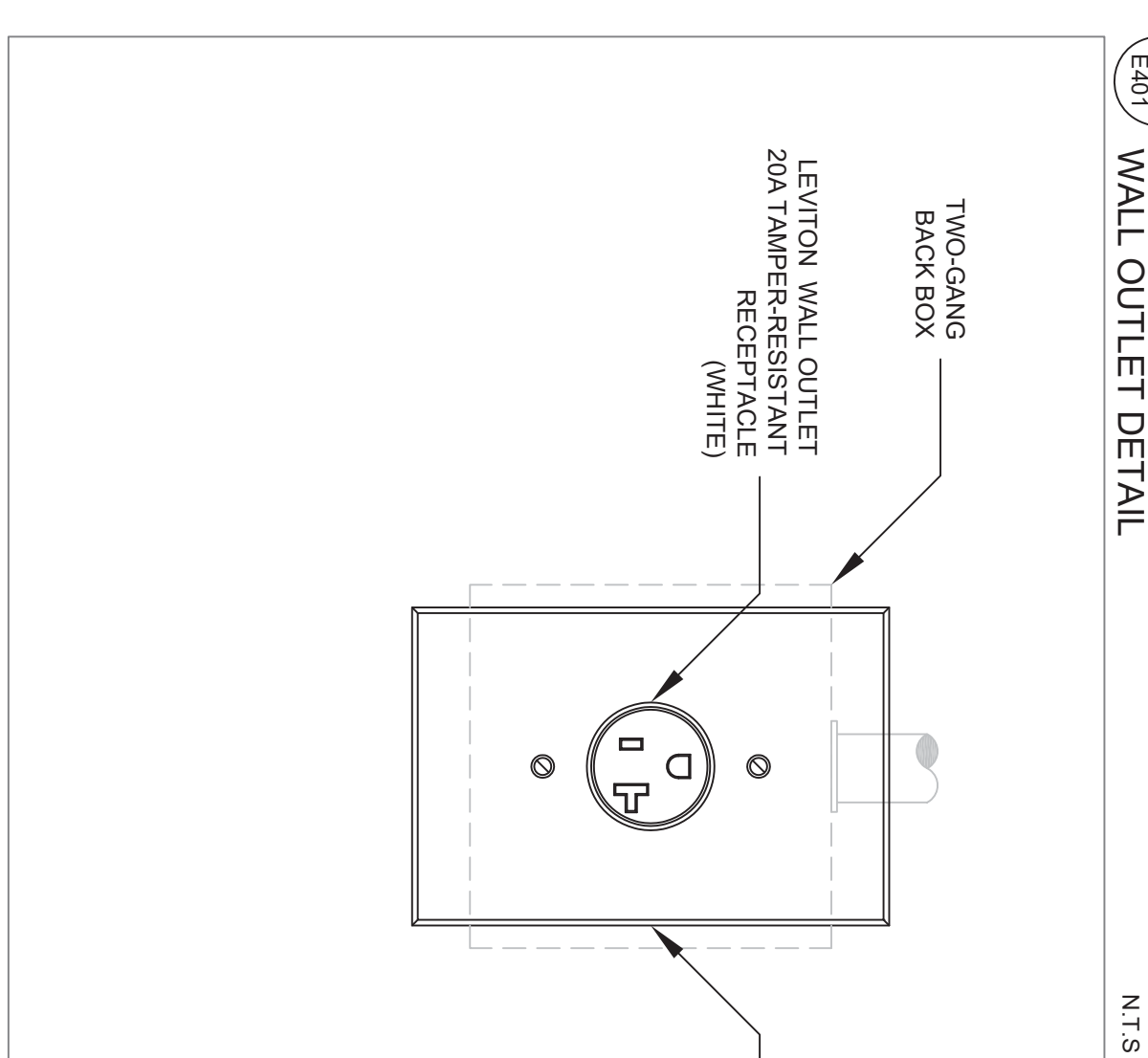
ELECTRIC SERVICE PANEL SCHEDULE			
DESCRIPTION	BREAKERS	BARS/POLES	BREAKERS
SPARE	2P-20A	1	2P-30A
SPARE	1P-20A	3	1P-20A
SPARE	1P-20A	5	1P-20A
SPARE	1P-20A	7	1P-20A
SPARE	1P-20A	9	1P-20A
SPARE	1P-20A	11	1P-20A

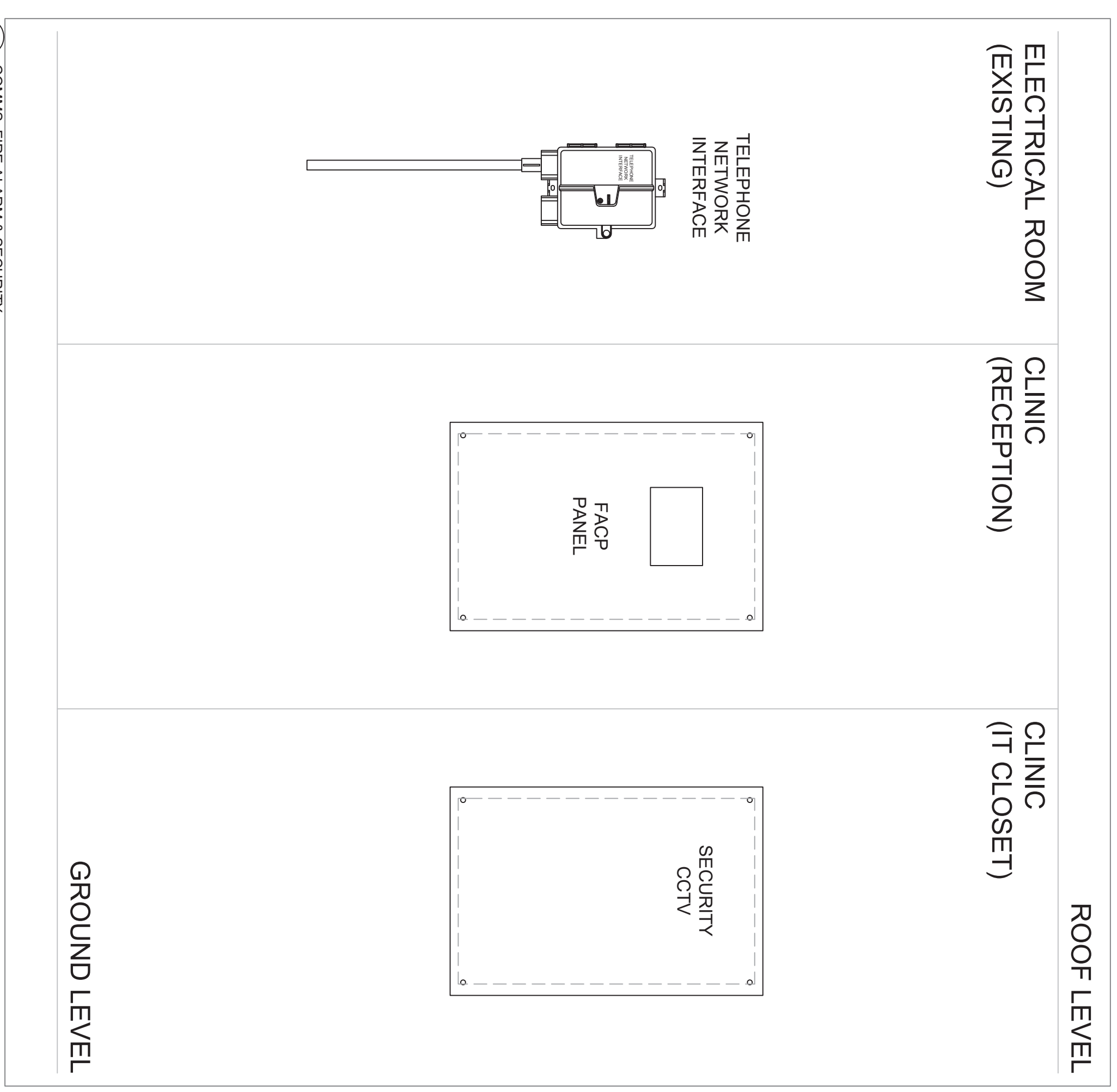
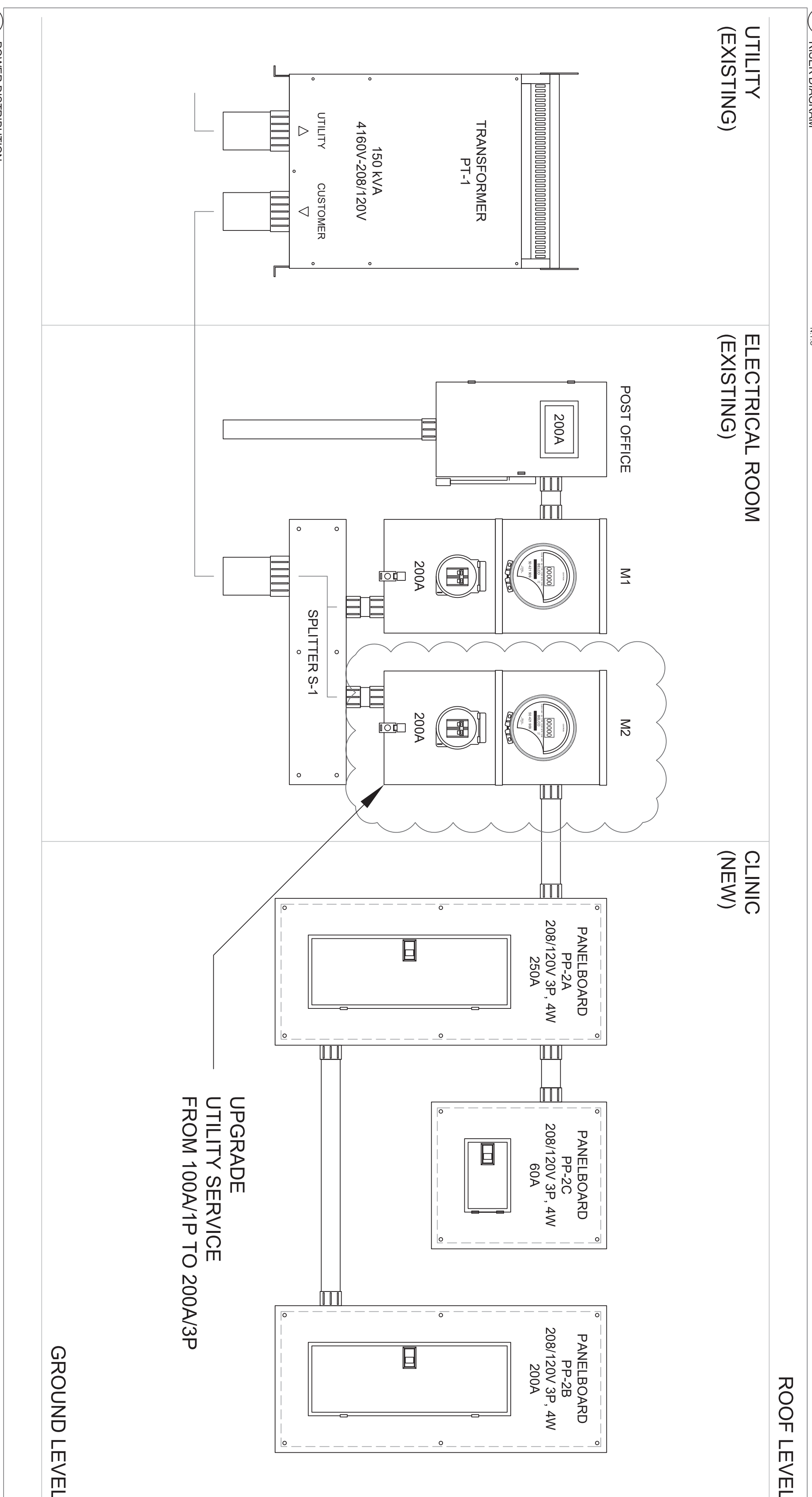
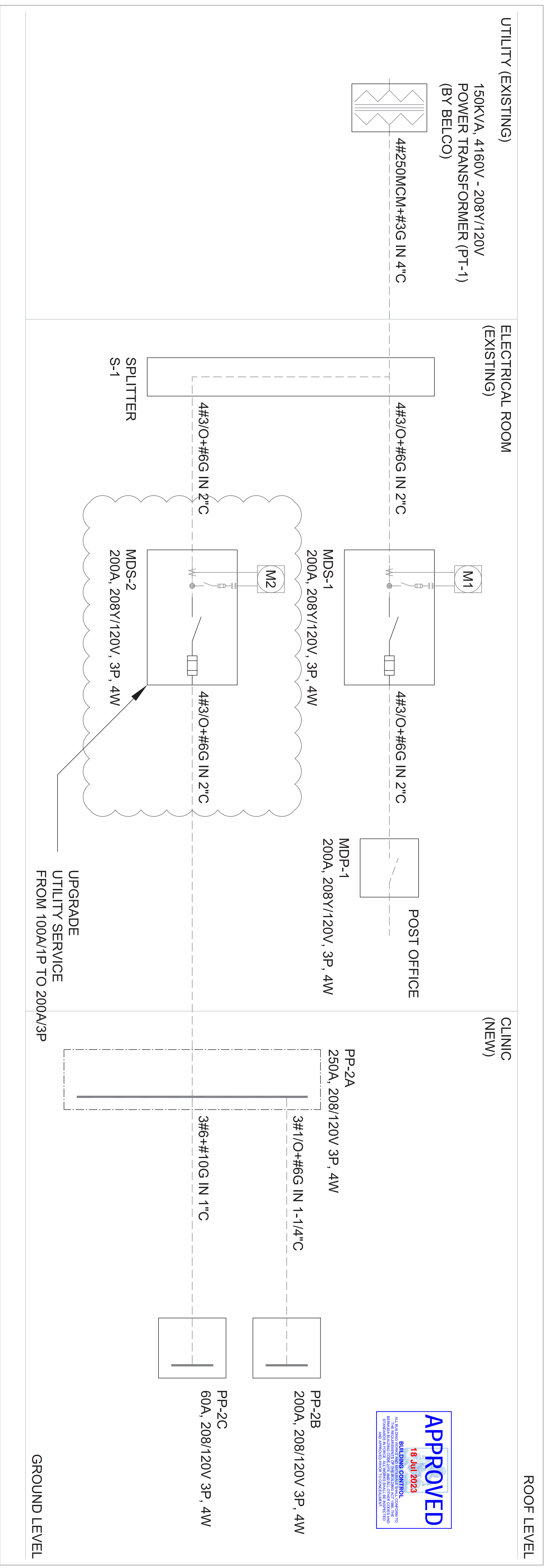
LUMINAIRE SCHEDULE										
Symbol	Label	QTY	Manufacturer	Catalog	Description	Lamp	No of Lamps	Lumen/Lamp	LLF	Wattage
⊖	L1	2	ALCON	12246-120-30-225-50K	ROLLING 36" LED ARCHITECTURAL PENDANT	LED	1	TBD	TBD	TBD
⊖	L2	44	ALCON	11170-12-WH	12" DISK ARCHITECTURAL LED SURFACE MOUNT DOWN (ROUND)	LED	1	TBD	TBD	TBD
⊖	L2A	15	JUNO	TBD ?	6" SLOPE TRIM SERIES SUPER SLOPE DOWNLIGHT	LED	1	TBD	TBD	TBD
⊖	L3	17	ALCON	11171-12-WH	12" DISK ARCHITECTURAL LED SURFACE MOUNT DOWN (SQUARE)	LED	1	TBD	TBD	TBD
⊖	L4	2	ALCON	12180-4-WH	4-FT PENDANT LED LIGHT	LED	1	TBD	TBD	TBD
⊖	L5	3	ROYAL COVE	2498822	OUTDOOR CEILING-MOUNTED PENDANT	LED	1	TBD	TBD	TBD
⊖	L6	2	ALCON	11253	Architectural Outdoor LED Frosted Lens Wall Sconce	LED	1	TBD	TBD	TBD
⊖	L7	4	ALCON	16009	Architectural 12-inch Squared Exterior LED Wall Light	LED	1	TBD	TBD	TBD
⊖	L8	2	RIESTER	6240 002	RIESTER RLMACC LED WALL MODEL EXAMINATION LAMP	LED	1	TBD	TBD	TBD
⊖	EF-1	2	TBD	TBD	VENT	LED	1	TBD	TBD	TBD
⊖	EL	4	ALCON	16103	EMU I Architectural LED Dual Head Emergency Unit	LED	2	TBD	TBD	TBD
⊖	EXIT	4	ALCON	16119	Edge Lit LED Recessed Exit Sign	LED	1	TBD	TBD	TBD
⊖	EXIT	4	ALCON	16107	Aluminum LED Exit Signs with Emergency Lights	LED	3	TBD	TBD	TBD

ELECTRIC SERVICE PANEL SCHEDULE			
DESCRIPTION	BREAKERS	BARS/POLES	BREAKERS
OUTLET, INTERVIEW ROOM	1P-20A	2	1P-20A
OUTLET, INTERVIEW ROOM	1P-20A	4	1P-20A
OUTLET, MEDICAL EXAM ROOM	1P-20A	6	1P-20A
OUTLET, MEDICAL EXAM ROOM	1P-20A	8	1P-20A
OUTLET, MEDICAL EXAM ROOM	1P-20A	10	1P-20A
OUTLET, MEDICAL STORAGE	1P-20A	12	1P-20A
OUTLET, MEDICAL STORAGE	1P-20A	14	1P-20A
OUTLET, VACCINE/ISOLATION ROOM	1P-20A	16	1P-20A
OUTLET, VACCINE/ISOLATION ROOM	1P-20A	18	1P-20A
OUTLET, VACCINE/ISOLATION ROOM	1P-20A	20	1P-20A
OUTLET, VACCINE/ISOLATION ROOM	1P-20A	22	1P-20A
OUTLET, CORRIDOR	1P-20A	24	1P-20A
OUTLET, PRINTER	1P-20A	26	1P-20A
OUTLET, RECEPTION	1P-20A	28	1P-20A
OUTLET, RECEPTION DESK	1P-20A	30	1P-20A
OUTLET, RECEPTION DESK	1P-20A	32	1P-20A
OUTLET, WAITING	1P-20A	34	1P-20A
OUTLET, WAITING	1P-20A	36	1P-20A
OUTLET, KITCHEN (FRIDGE)	1P-20A	38	1P-20A
OUTLET, KITCHEN (MICROWAVE)	1P-20A	40	1P-20A
OUTLET, KITCHEN	1P-20A	42	1P-20A



EQUIPMENT UTILITY LOAD SCHEDULE:												
ITEM	QTY	DESCRIPTION	CONN.	NEMA	VOLTS	PH	kVA	FLA	BREAKER	WIRING	CIRCUIT	NOTES
3A	4	UTILITY CENTER	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
4B	2	2"CONDUIT VERTICLE PIPE CHASE	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
5	2	DENTAL CHAIR RECEPTACLE	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
6	2	DENTAL TRACK LIGHT	DIRECT	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
9	2	WALL-MOUNTED INTRAORAL XRAY	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
9A	2	X-RAY MASTER CONTROL	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
9B	2	X-RAY REMOTE EXPOSURE BUTTON	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
14	1	STERILIZER (SINGLE CASSETTE)	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
14A	1	STERILIZER (AUTOCLAVE)	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
14C	1	STERILIZER UTILITIES	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
15A	1	WASHER DISINFECTOR	RECEPTACLE	6-20R	230V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
15B	1	HANDPIECE MAINTENANCE SYSTEM	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
23A	1	EXHAUST FAN	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
25	1	DENTAL AIR COMPRESSOR	RECEPTACLE	6-20R	230V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
27	1	VACUUM PUMP	RECEPTACLE	6-20R	230V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
32	1	REMOTE CONTROL PANEL	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
39	1	CEILING MOUNTED MONITOR	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
39A	1	WALL MOUNTED MONITOR	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
39D	1	CABINET MOUNTED MONITOR	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	
40	2	COMPUTER CIRCUIT	RECEPTACLE	5-20R	115V	1	-	?	20A-1P	2#12-G-3/4"C	PP-2B	





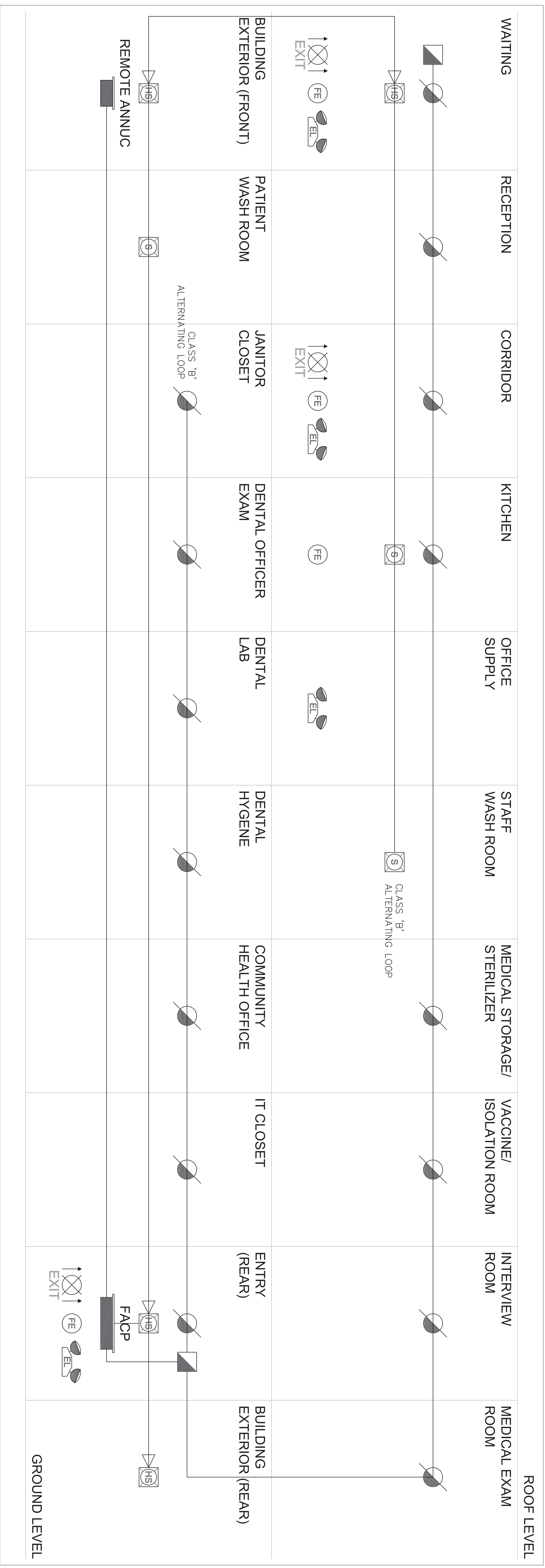
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REV.#	REV. Date	REV. Notes

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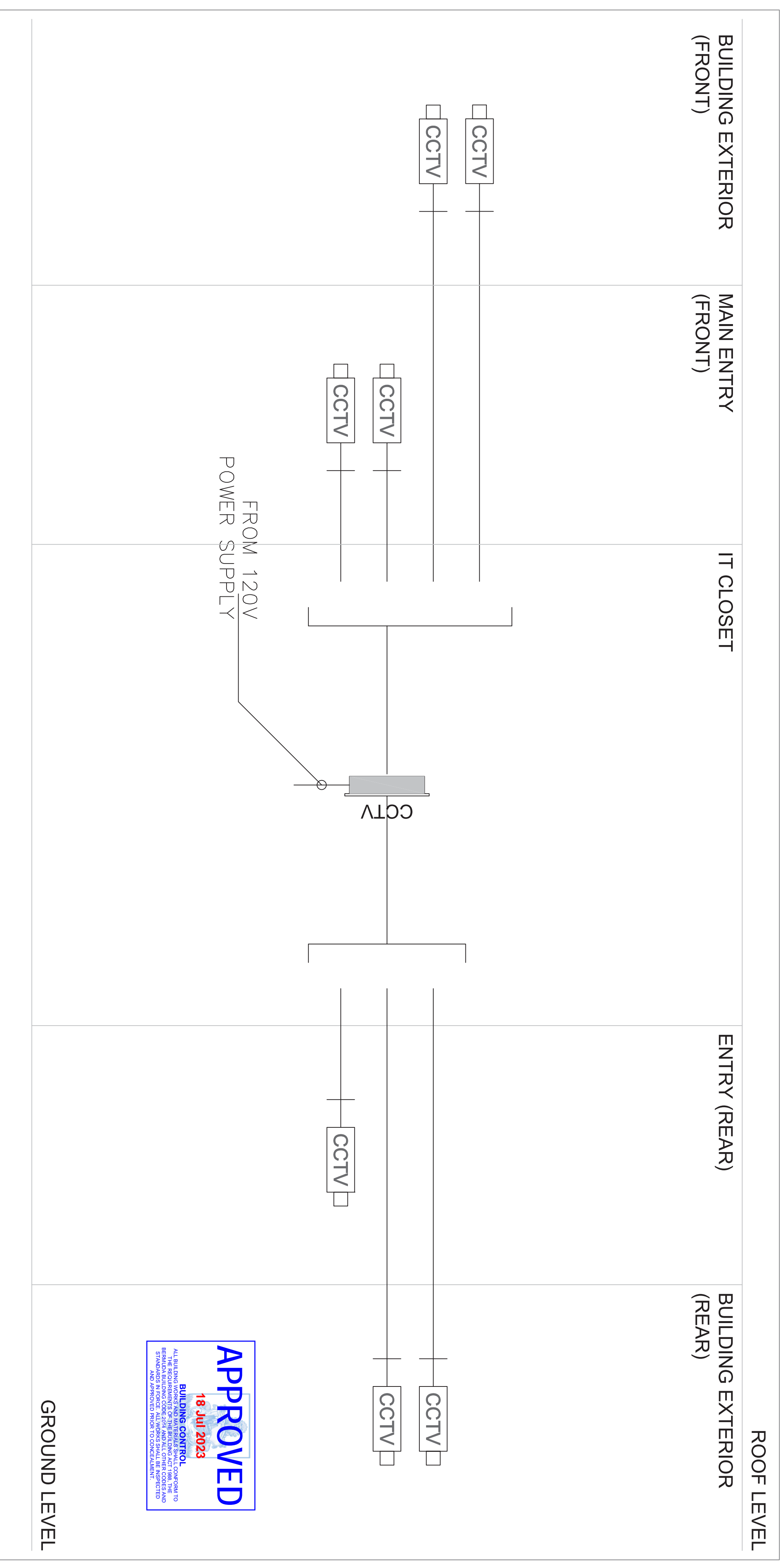
Issued for Building Permit



1 FIRE ALARM SYSTEM  
RISER DIAGRAM  
N.T.S.

**FIRE ALARM NOTES:**

1. PROVIDE CONDUIT AND WIRE AS REQUIRED BY THE FIRE ALARM MANUFACTURER TO MAKE SYSTEM OPERATIONAL AS PER SPECIFICATIONS WITH WIRE GAUGE TO MAINTAIN MINIMUM VOLTAGE DROP. ALL WIRING SHALL BE IN CONDUIT. MINIMUM CONDUIT SIZE SHALL BE 3/4".
2. PROVIDE END-OFF-LINE RESISTORS AS REQUIRED. INSTALL EOL RESISTORS IN ELECTRICAL ROOMS OR WHERE ACCESSIBLE.
3. ALL LIFE SAFETY SYSTEM WIRING TO BE PROTECTED AGAINST FIRE EXPOSURE AS REQUIRED BY CODE.
4. ALL CIRCUITS TO BE LOADED TO NO MORE THAN 80% CAPACITY.
5. THIS DETAIL IS FOR DIAGRAMMATIC PURPOSES ONLY. REFER TO FLOOR PLANS FOR EXACT NUMBER AND LOCATION OF DEVICES.
6. ALL FIRE ALARM SYSTEM PROVISIONS SHALL BE IN ACCORDANCE WITH NFPA 72 STANDARDS AND LOCAL BERMUDA FIRE ALARM SERVICES REQUIREMENTS.



2 SECURITY CCTV SYSTEM  
RISER DIAGRAM  
N.T.S.

REV.#	REV. Date	REV. Notes

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**Issued for Building Permit**

**MANGROVE BAY CLINIC  
RENOVATION & ADDITIONS**  
55 MANGROVE BAY  
SANDY'S, BERMUDA

**FIRE ALARM SYSTEM  
RISER DIAGRAM**

PROJECT NO: 22017  
DRAWN BY: IAL  
DATE: JANUARY 2023  
SCALE: NTS



**E502**



# MANGROVE CLINIC RENOVATIONS AND ADDITIONS

## MECHANICAL DRAWINGS



### INDEX

LEGEND AND EQUIPMENT SCHEDULES  
 GROUND FLOOR – DRAINAGE PLAN  
 GROUND FLOOR – PLUMBING PLAN

M-000  
 M-100  
 M-101

GROUND FLOOR HVAC PLAN AND ROOF MECHANICAL PLAN  
 SPECIFICATION – MECHANICAL

M-200  
 M-300

MECHANICAL LEGEND		
SYMBOL	ABBR.	MEANING
	DX	REFRIGERANT SUPPLY AND RETURN COMBINED
	AIR	COMPRESSED AIR LINE
		VACUUM LINE
		STERILIZED WATER SUPPLY
	C	DOMESTIC COLD WATER
	H	DOMESTIC HOT WATER
		SANITARY VENT
		SANITARY BELOW SLAB
		END OF LINE CLEAN OUT
		FLOOR DRAIN OR FUNNEL FLOOR DRAIN
		SANITARY TRAP
		CONCENTRIC PIPING TRANSITION
		CONTROL WIRE
		POSITIVE PRESSURE AIR FLOW (SUPPLY)
		NEGATIVE PRESSURE AIR FLOW (RETURN)
	U/C	GC TO UNDERCUT DOOR 3/4" OR AS NOTED
	24x12	RECTANGULAR DUCT WIDTH AND HEIGHT (IN.)
	24/12	OVAL DUCT WIDTH AND HEIGHT (IN.)
	24ø	ROUND DUCT DIAMETER (IN.)
	⊙ <sub>E</sub>	EXISTING SPRINKLER HEAD TO REMAIN
	⊙ <sub>R</sub>	RELOCATED EXISTING SPRINKLER HEAD
	⊙ <sub>N</sub>	NEW SPRINKLER HEAD (TYPE MATCH EXISTING)
	⊙ <sub>N</sub>	NEW CONCEALED SPRINKLER HEAD
	⊙ <sub>T</sub>	THERMOSTAT
		FLEXIBLE DUCT WITH SIZE LABEL
	16x12	INSULATED DUCTWORK 16x12 DENOTES INTERNAL DIMENSION
	$\frac{30 \times 2.5}{450}$	LENGTH x WIDTH CFM
	$\frac{6 \phi}{450}$	NECK SIZE CFM
	FE	FIRE EXTINGUISHER C/W WALL PLAQUE
	DN	DOWN
	TLD	TO LATER DETAIL
	UF/UG	UNDER FLOOR/UNDER GROUND
	RAO	RETURN AIR OPENING
	USS	UNDER SIDE OF SLAB, STEEL, OR ROOF
	AFG	ABOVE FINISHED GRADE
	NTS	NOT TO SCALE
	FCU	FAN COIL UNIT
	EF	EXHAUST FAN
	DX	DIRECT EXPANSION
	DIFF	DIFFUSER
	EXH	EXHAUST
	S	SUPPLY
	R	RETURN
	RAO	RETURN AIR OPENING ABOVE CEILING
	TBD	TO BE DETERMINED

BLOWER UNIT SCHEDULE						
UNIT NO	FCU-1A TO 1C	FCU-1D	FCU-2A TO 2C	FCU-2D	FCU-1A TO 3C	FCU-3D
SERVICE	GROUND FLOOR	GROUND FLOOR	GROUND FLOOR	GROUND FLOOR	GROUND FLOOR	GROUND FLOOR
LOCATION	WALL	WALL	WALL	CEILING	WALL	WALL
TOTAL AIR FLOW RATE (CFM)	260	307	260	357/292/241	307	260
FAN SPEEDS	-	-	-	-	-	-
MOTOR POWER (W)	22	20	22	40	20	22
UNIT VOLTS/PHASE/HZ	208-230/1/60	208-230/1/60	208-230/1/60	208-230/1/60	208-230/1/60	208-230/1/60
M.C.A. (AMPS)	-	-	-	-	-	-
F.L.A. (AMPS)	-	-	-	-	-	-
ENTERING DBT (°F)	-	-	-	-	-	-
ENTERING WBT (°F)	-	-	-	-	-	-
LEAVING DBT (°F)	-	-	-	-	-	-
LEAVING WBT (°F)	-	-	-	-	-	-
SENS CAPACITY (MBH)	9	12	9	12	12	9
TOTAL CAPACITY (MBH)	9	12	9	12	12	9
MANUFACTURER	CARRIER	CARRIER	CARRIER	CARRIER	CARRIER	CARRIER
MODEL	42QH009D8S	42QH012D8S	42QH009D8S	42QTD012D5-2	42QH012D8S	42QH009D8S
INTERLOCK WITH	CU-1	CU-1	CU-2	CU-2	CU-3	CU-3
EMS CONTROL TYPE	-	-	-	-	-	-
REMARKS	-	-	-	-	-	-

SPLIT-SYSTEM OUTDOOR UNIT SCHEDULE			
UNIT NO	CU-1	CU-2	CU-3
SERVICE	GROUND FLOOR	GROUND FLOOR	GROUND FLOOR
LOCATION	BACK OF HOUSE	BACK OF HOUSE	BACK OF HOUSE
SEERS	-	-	-
REFRIGERANT	R-410A	R-410A	R-410A
CAPACITY STEPS, %	-	-	-
NOMINAL SIZE/TYPE	-	-	-
CONDENSER TUBE/FIN MATERIAL	-	-	-
VOLTS/PHASE/HZ	208-230/1/60	208-230/1/60	208-230/1/60
M.C.A. (AMPS)	-	-	-
POWER INPUT (W)	3800	3800	3900
STARTING CURRENT (AMPS)	-	-	-
MAXIMUM FUSE SIZE (AMPS)	-	-	-
MANUFACTURER	CARRIER	CARRIER	CARRIER
MODEL	38QUS036D54-1	38QUS036D54-1	38QUS042D55-1
INTERLOCK WITH	FCU-1A TO 1D	FCU-2A TO 2D	FCU-3A TO 3D
EMS CONTROL TYPE	-	-	-
REMARKS	c/w COATING COIL	c/w COATING COIL	c/w COATING COIL

EXHAUST FAN SCHEDULE	
FAN NO.	TE-1 & GE-1
SERVICE	WASHROOMS AND KITCHEN
LOCATION	CEILING
FLOW RATE (CFM)	80
SP IN/WG	0.25
FAN SPEED (RPM)	-
FAN MAX DV	-
MOTOR POWER (HP)	FRACTIONAL
ELECTRICAL DATA VOLTS/PHASE/HZ	115/1/60
MOTOR SPEED (RPM)	-
MANUFACTURER	BROAN
MODEL NUMBER	QTXE80
ACCESSORIES	-
INTERLOCK WITH	LOCAL ON/OFF
EMS CONTROL TYPE	-
REMARKS	c/w FANTECH HS 6W LOWER AND RSK 6 BACK DRAFT DAMPER

ENERGY RECOVERY VENTILATOR SCHEDULE														
NO.	MANUFACTURER	MODEL NO.	FLOW (CFM)	SUPPLY				MOTOR POWER (HP)	FLOW (CFM)	ROOM CONDITIONS		MOTOR POWER (HP)	ELECTRICAL	
				WINTER AIR T. DB/WB (°F) ENTERING	LEAVING	SUMMER AIR T. DB/WB (°F) ENTERING	LEAVING			WINTER	SUMMER		VOLTS	PHASE
ERV-1	GREENHECK	MINIVENT-450-VG	265	55/46.1	67.4/53.2	90/80	78.9/69.1	1/4	2600	72/35.0	75/50	1/4	115	1

DIFFUSER & REGISTER SCHEDULE			
TAG	MANUFACTURER	MODEL	REMARK
A	TITUS	300FL	
B	TITUS	50F	
C	FANTECH	DGD	

PIPE AND INSULATION SCHEDULE					
SYSTEM	PIPE MATERIAL	SIZE STANDARD	WALL THICKNESS	INSULATION	NOTES
DOMESTIC HOT WATER, HOT WATER RETURN AND HEATING (140F OR BELOW)	CPVC	IPS	SCH. 80	1/2" WHERE PIPING IN WALLS 1" FOR PIPING UP TO 2" 1 1/2" FOR PIPING 2 1/2" AND GREATER	FIBERGLASS MOLDED WITH ASJ FINISH
DOMESTIC COLD WATER NOT INSIDE RETURN AIR PLENUM	PVC	IPS	SCH. 40	NOT REQUIRED	
DOMESTIC PUMP SUCTION	PVC	IPS	SCH. 40	NOT REQUIRED	
RAIN WATER LEADER AND GRAY WATER LEADER NOT INSIDE RETURN AIR PLENUM	PVC	IPS	SCH. 40	NOT REQUIRED	USE DWV FITTINGS
SOIL DRAINAGE AND SOIL VENT NOT INSIDE RETURN AIR PLENUM	PVC	IPS	SCH. 40	NOT REQUIRED	USE DWV FITTINGS
AC CONDENSATE DRAIN	PVC	IPS	SCH. 40	1/2" FOR PIPING UP TO 3/4" 3/4" FOR PIPING 1" TO 1 1/4" 1" FOR PIPING 1 1/2" AND GREATER	FLEXIBLE ELASTOMERIC
AIR CONDITIONING REFRIGERANT SUCTION PIPING	ACR COPPER	CTS		1" FOR PIPING UP TO 7/8" 1" FOR PIPING 1 1/8" AND GREATER	FLEXIBLE ELASTOMERIC, ADD COATING FOR PIPE EXPOSED
COMPRESSED AIR FOR DENTAL CATEGORY 3	TYPE "L" COPPER	CTS		NOT REQUIRED	WITH COATING

NOTE: SCHEDULE MAY ENCOMPASS PIPING SYSTEMS NOT EMPLOYED IN THIS PROJECT

DUCTWORK AND INSULATION SCHEDULE				
SYSTEM	DUCTWORK MATERIAL	WALL THICKNESS	INSULATION	NOTES
RETURN DUCTWORK IN UN-CONDITIONED SPACE INCLUDING MECHANICAL ROOM	GALVANIZED SHEETMETAL		2" FIBERGLASS WRAP	THIS IS STANDARD FOR ALL JOBS
REGULAR EXHAUST DUCTWORK INSIDE BUILDING	GALVANIZED SHEETMETAL		NOT REQUIRED	
FRESH AIR INTAKE DUCTWORK	ALUMINUM		2" FIBERGLASS WRAP	REFER TO FLOOR PLAN FOR INSULATION PORTION
RESIDENTIAL KITCHEN EXHAUST	GALVANIZED SHEETMETAL		NOT REQUIRED	

NOTE: SCHEDULE MAY ENCOMPASS DUCTWORK SYSTEMS NOT EMPLOYED IN THIS PROJECT

DOMESTIC WATER PUMP SCHEDULE		
UNIT NUMBER	P1	RP-1
SERVICE	DOMESTIC COLD WATER	HOT WATER RECIRCULATION
LOCATION	PUMP RM	PUMP ROOM
MOTOR POWER (HP)	2.11	41W
MAX FLOW RATE (USGPM)	22	6.4
DISCHARGE PRESSURE (PSIG)	45/55	5.2
MAX. NPSH (FT.W.G.)	7	
VOLTAGE/PHASE/HZ	230/1/60	115/1/60
MANUFACTURER	DAB WATER TECHNOLOGY	DAB WATER TECHNOLOGY
MODEL NUMBER	DAB ESYBOX	EVOSTA2 SAN
REMARKS	c/w ESYWALL BRACKET DCONNECT BOX KIT PIPE UNION	WARIABLE SPEED c/w AQUASTAT AND TIMER

HEAT PUMP DOMESTIC HOT WATER HEATER SCHEDULE	
UNIT NUMBER	HWT-1
SERVICE	DOMESTIC HOT WATER
LOCATION	PUMP ROOM
TANK SIZE (U.S. GAL.)	40
HOT WATER TEMPERATURE (°F)	125
ELEMENT POWER (KW)	4.5/4.5
HEAT PUMP CAPACITY (BTU)	
VOLTAGE/PHASE/HZ	240/1/60
MIN. FUSE SIZE (AMPS)	
MANUFACTURER	BRADFORD WHITE
MODEL NUMBER	M4056DS2
CONSTRUCTION PHASE	FIT OUT

PRESSURE TANK SCHEDULE	
UNIT NUMBER	PT1
SERVICE	DOMESTIC COLD WATER
LOCATION	PUMP ROOM
CAPACITY (U.S. GAL.)	20
WORKING PRESSURE (PSIG)	45/55
MANUFACTURER	WELLMATE
MODEL NUMBER	WM-6WM
CONSTRUCTION PHASE	FIT OUT

**GENERAL NOTES**

All dimensions are in imperial unless otherwise stated.

All dimensions shall be checked on site prior to commencing the works and errors and omission to be reports to the architects.

All materials and workmanship shall conform with the relevant specification and codes of practice.

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**LIST OF INFORMANTS/CONSULTANTS**

ENTECH LTD  
 ISLAND AUTOMATION  
 BERMUDA AIR CONDITIONING  
 HENRY SHEIN



Issue	Date	Description
0	MAY 02 2023	Issue for Building Permit and Tender

Issue Status

Client  
 DEPARTMENT OF HEALTH

Project  
 MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address  
 55 MANGROVE BAY SANDYS

Title Sheet  
 LEGEND AND EQUIPMENT SCHEDULES

Project No. 5220042  
 Date: 28.01.23 Scale: N.T.S.  
 Drawn: WL Chk'd: WL  
 Sheet No.:



M-000

**APPROVED**  
 12 Jul 2023  
 DEPARTMENT OF HEALTH  
 ENVIRONMENTAL CONTROL  
 ALL PLUMBING WORK SHALL BE CHECKED BY ENVIRONMENTAL CONTROL OFFICERS AND APPROVED PRIOR TO COMMENCEMENT OF WORK.  
 THE PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE BUILDING ACT AND THE BERMUDA BUILDING CODE 2014 AND ALL OTHER CODES AND STANDARDS IN FORCE. ALL WORK SHALL BE INSPECTED AND APPROVED PRIOR TO CONCEALMENT.  
 HEALTH INSPECTIONS: 278-5338

Plumbing Conditions of Approval  
 No drains shall be roughed into the tank structure. See note highlighted in yellow regarding dental sink.

Provide a 4" screened tank overflow pipe

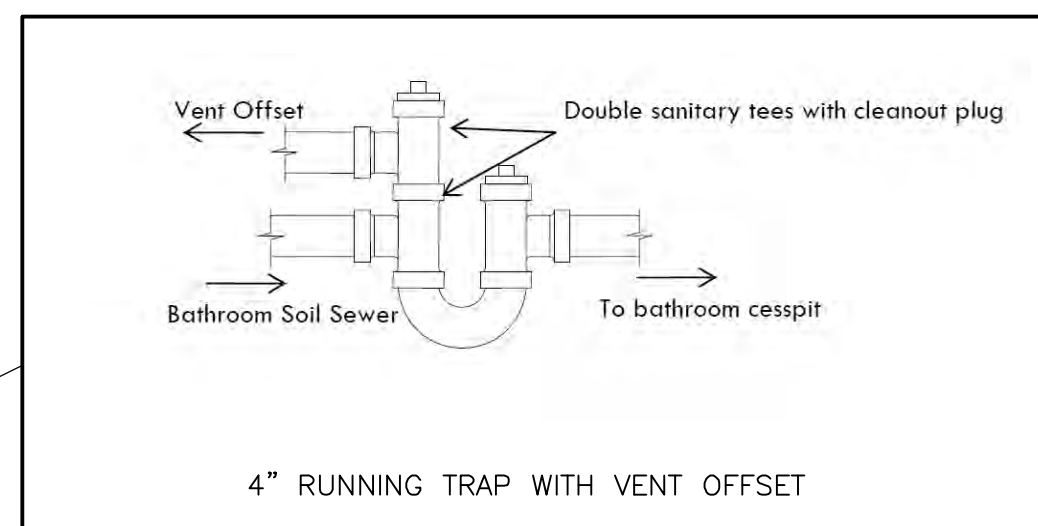
PLUMBING EQUIPMENT SCHEDULE		HOT WATER	COLD WATER	FILTERED COLD WATER	SANITARY	VENT	COMPRESSED AIR	VACUUM	NOTES
S-1	MODULAR SINK	1/2"	1/2"		1 1/2"	1 1/2"			
S-2	KITCHEN SINK	1/2"	1/2"		1 1/2"	1 1/2"			
JS-1	FLOOR MOUNTED JANITOR SINK	1/2"	1/2"		1 1/2"	1 1/2"			
WC-1	BARRIER FREE FLOOR MOUNTED FLUSH TANK WATER CLOSET		1/2"		4"	2"			
WC-2	FLOOR MOUNTED FLUSH TANK WATER CLOSET		1/2"		4"	2"			
LV-1	BARRIER FREE WALL HUNG LAVATORY	1/2"	1/2"		1 1/2"	1 1/2"			
LV-2	COUNTER MOUNTED LAVATORY	1/2"	1/2"		1 1/2"	1 1/2"			
FD-1	FINISHED FLOOR FLOOR DRAIN				3"	1 1/2"			
FD-1	FINISHED FLOOR FUNNEL FLOOR DRAIN				3"	1 1/2"			
HB-1	HOSE BIBB c/w VACUUM BREAKER		3/4"						
WD	WASHER DISINFECTOR (SUPPLIED BY H & S)	1/2"	1/2"		1 1/2"	1 1/2"			
SCU	STERI-CENTER-UTILITY c/w FAUCET (SUPPLIED BY H & S)	1/2"	1/2"		1 1/2"	1 1/2"	1/2"	1/2"	
HMS	HANDPIECE MAINTENANCE SYSTEM (SUPPLIED BY H & S)						1/2"		
DAC	DENTAL AIR COMPRESSOR (SUPPLIED BY H & S)						1/2"		
VCP	VACUUM PUMP (SUPPLIED BY H & S)				1 1/2"	1 1/2"		1 1/2"	
AS	AMALGAM SEPARATOR (SUPPLIED BY H & S)							1 1/2"	

**PLUMBING NOTES:**

- A. INSTALL PLUMBING VENT AS PER CODE REQUIREMENTS.
- B. ALL PLUMBING PIPES SHALL BE CONCEALED IN FURRED WALL PROVIDED OR UNDER SLAB UNLESS OTHERWISE NOTED.
- C. PROVIDE ISOLATION VALVE AT ALL HW & CW TEE-OFFS. PROVIDE ACCESS PANEL TO ISOLATION VALVES AND MIXING VALVES.
- D. UNLESS NOTED OTHERWISE MINIMUM SLOPE OF SAN PIPING SHALL BE 1/8" PER FEET FOR 4" OR LARGER, 1/4" PER FEET FOR 3" OR UNDER, TYPICAL FOR WHOLE BUILDING.
- E. THE VACUUM LINE MINIMUM SLOPE SHALL BE 1/4" PER 10 FEET. USE ONLY 45° ELBOW. NO 90° ELBOW IS ALLOWED.
- F. FLUSH COLD WATER, HOT WATER AND FILTERED WATER SUPPLY SYSTEMS PRIOR TO EQUIPMENT INSTALLATION.
- G. PROVIDE TRAP SEAL PRIMER ON ALL FLOOR DRAINS EXCLUDE FLOOR DRAIN WHICH SERVES AC CONDENSATE.
- H. MECHANICAL CONTRACTOR SHALL REMOVE ALL EXISTING PLUMBING SERVICES(INCLUDE CW, HW) INSIDE BUILDING. CAP OFF SAN BELOW SLAB, CAP OFF VENT BELOW ROOF FOR NEW CONNECTION, CW SUPPLY TO POST OFFICE BUILDING TO REPLACE WITH NEW.

- ① EXISTING 4" RWL VERTICAL PORTION TO REMAIN, REPLACE EXISTING CAST IRON PIPE BELOW SLAB WITH NEW TO WATER TANK
- ② REMOVE EXISTING CAST IRON SAN AND VENT, CAP OFF BELOW GRADE
- ③ REMOVE EXISTING KITCHEN SINK VENT, CAP OFF PIPING BELOW GRADE
- ④ 5/8" SCH 40 PVC VACUUM DN STUB-OUT OF WALL AT 1'-2" FROM FLOOR(SEE H & S DETAIL 3A)
- ⑤ 1 1/2" SCH 40 PVC WITH DWV FITTING VACUUM SUCTION LINE TO AMALGAM SEPARATOR AND VACUUM MACHINE  
1 1/2" VENTED DRAIN FROM VACUUM MACHINE CONNECT TO SAN (SEE H & S DETAIL 27)
- ⑥ 1 1/2" DRAIN, 1/2" V TO STERI-CENTER-UTILITIES  
2" SCH 80 PVC EXHAUST THROUGH EXTERIOR WALL c/w GOOSENECK  
CONTRACTOR SHALL COORDINATE WITH H & S FOR PIPING SIZE, LOCATION AND CONNECTION DETAIL
- ⑦ 2" SCH 80 PVC VACUUM EXHAUST THROUGH EXTERIOR WALL  
EXTEND 2" ABOVE ROOF c/w GOOSENECK
- ⑧ SLOPE FLOOR TO OUTSIDE
- ⑨ 1 1/2" SAN OFFSET UNDER SINK DN TO UNDERGROUND  
DROP SHALL BE OUTSIDE TANK WALL TO MEET BERMUDA BUILDING CODE  
GC TO PROVIDE DRYER WALL ENCLOSURE FOR PIPE

CONTRACTOR TO COORDINATE WITH HENRY SCHINE DRAWING SP.1 PRIOR TO INSTALLATION



**APPROVED**  
 18 Jul 2023  
 BUILDING CONTROL  
 ALL BUILDING WORKS AND MEASUREMENTS SHALL CONFORM TO THE REQUIREMENTS OF THE BUILDING ACT AND THE BERMUDA BUILDING CODE 2014 AND ALL OTHER CODES AND STANDARDS IN FORCE. ALL WORK SHALL BE INSPECTED AND APPROVED PRIOR TO CONCEALMENT.

**GENERAL NOTES**

All dimensions are in imperial unless otherwise stated

All dimensions shall be checked on site prior to commencing works and errors and omission to be reports to the architects.

All materials and workmanship shall conform with the relevant specification and codes of practice.

All drawing, specification and related documents are copyright of the architect and must not be copied. Reproduction of Drawings is forbidden without the architects written permission.

This drawing may incorporate information from other professionals. The architect cannot accept responsibility for the integrity and accuracy of such information. Any clarification and/or additions that are required appertaining to such information should be sought from the relevant profession or their appointment representative as listed below.

**LIST OF INFORMANTS/CONSULTANT S**

- ENTECH LTD
- ISLAND AUTOMATION
- BERMUDA AIR CONDITIONING
- HENRY SHEIN



Issue	Date	Description
0	MAY 02 2023	Issue for Building Permit and Tender

**Issue Status**

Client  
 DEPARTMENT OF HEALTH

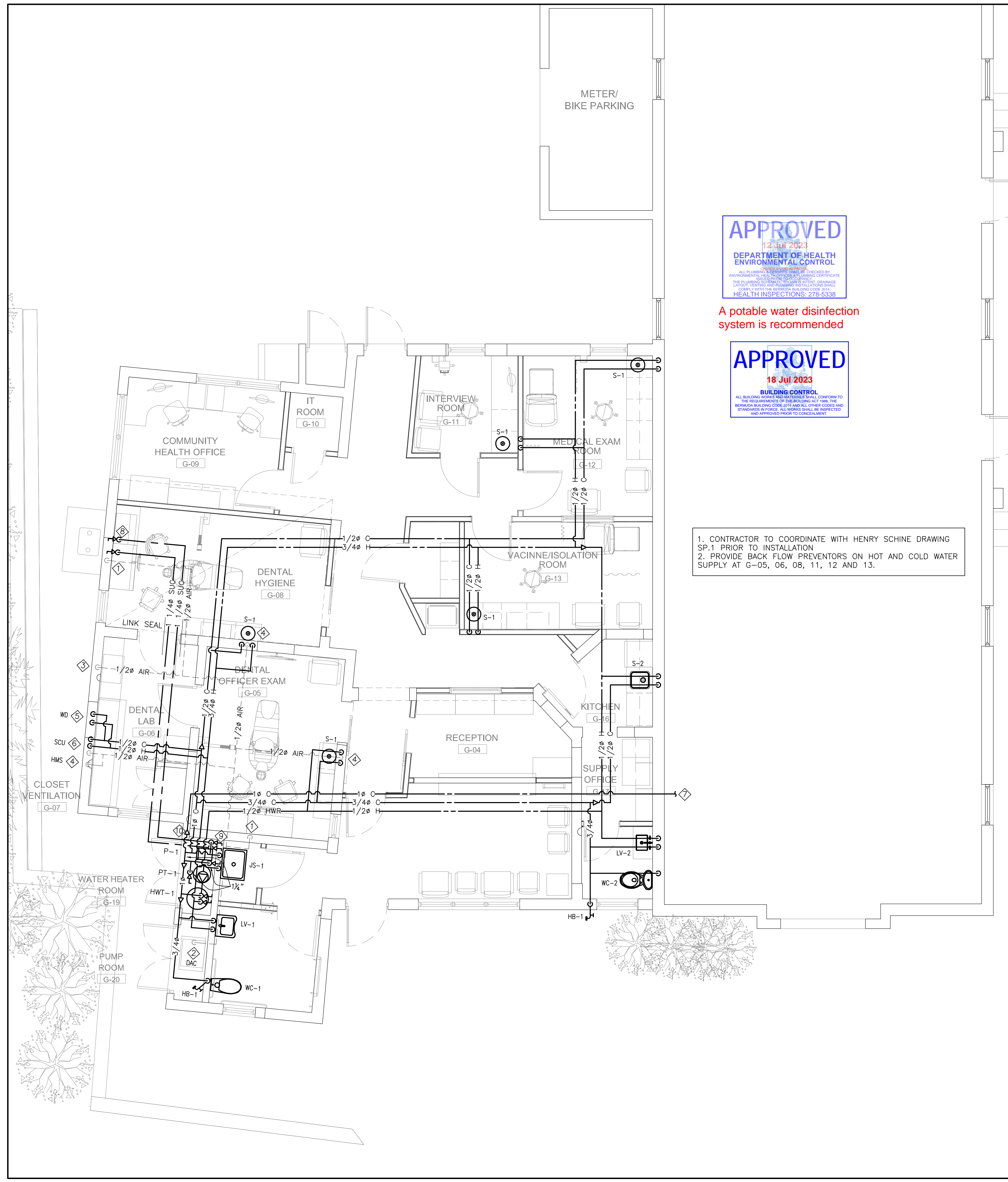
Project  
 MANGROVE BAY CLINIC  
 RENOVATIONS & ADDITIONS

Project Address  
 55 MANGROVE BAY  
 SANDYS

Title Sheet  
 GROUND FLOOR  
 DRAINAGE PLAN

Project No. 5220042  
 Date: 28.01.23 Scale: 1/4"=1'-0"  
 Drawn: VL Chk'd: WL  
 Sheet No.:

**M-100**



**APPROVED**  
12 Jul 2023  
DEPARTMENT OF HEALTH  
ENVIRONMENTAL CONTROL  
ALL BUILDING WORKS MUST BE CHECKED BY  
ENVIRONMENTAL HEALTH OFFICERS HOLDING CERTIFICATE  
THE PLUMBING CODE, THE ELECTRICAL CODE, THE  
LIFT/OUTLET VENTILATION AND PLUMBING REGULATIONS SHALL  
CONFORM WITH THE BERMUDA BUILDING CODE 2014  
HEALTH INSPECTIONS: 278-5338

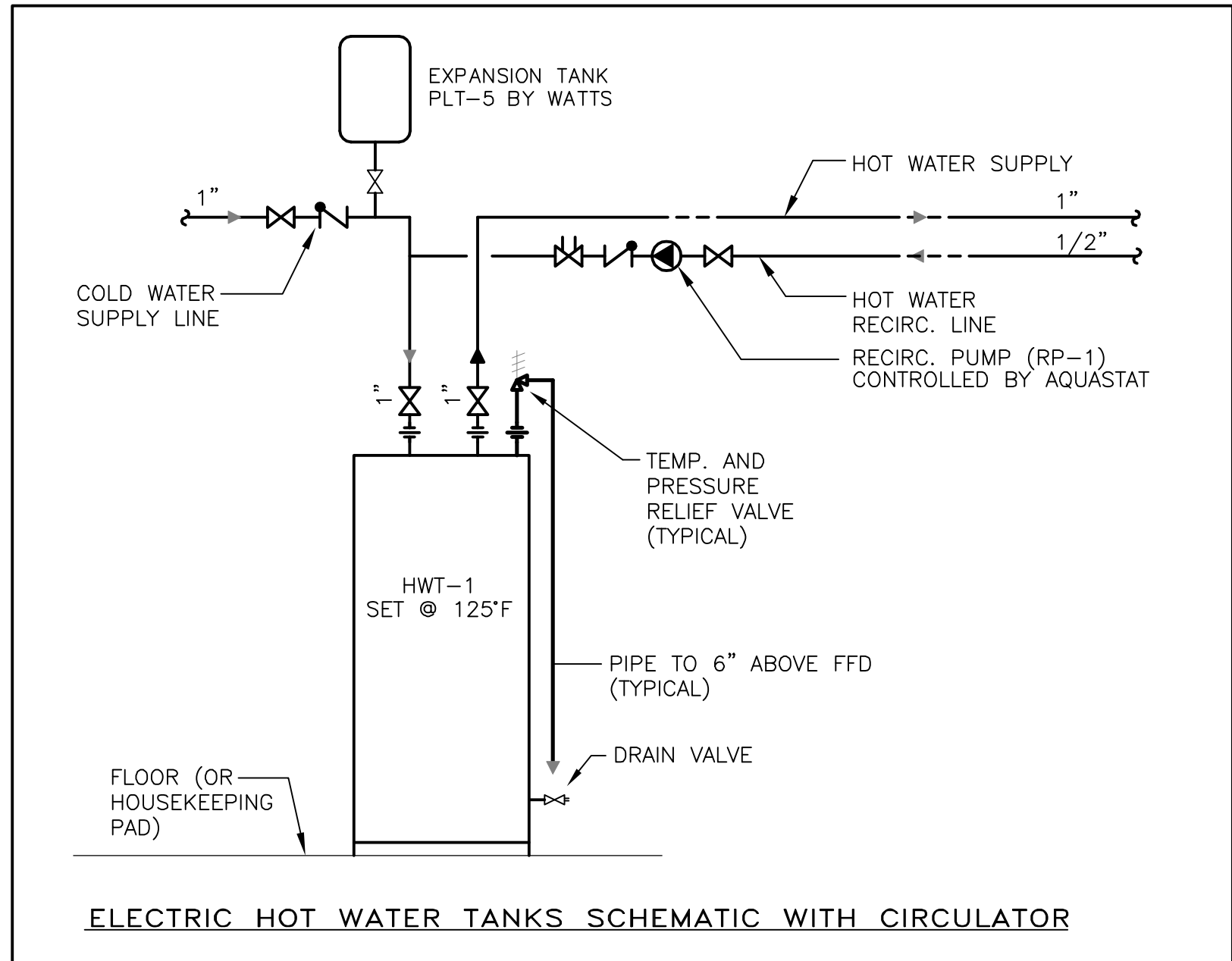
A potable water disinfection  
system is recommended

**APPROVED**  
18 Jul 2023  
BUILDING CONTROL  
ALL BUILDING WORKS MUST BE CHECKED BY  
REGISTERED BUILDING CONTROL OFFICERS TO  
THE REQUIREMENTS OF THE BUILDING ACT 1988, THE  
BERMUDA BUILDING CODE 2014 AND ALL OTHER CODES AND  
STANDARDS IN FORCE. ALL WORKS SHALL BE INSPECTED  
AND APPROVED PRIOR TO OCCUPANCY.

1. CONTRACTOR TO COORDINATE WITH HENRY SCHINE DRAWING  
SP.1 PRIOR TO INSTALLATION  
2. PROVIDE BACK FLOW PREVENTORS ON HOT AND COLD WATER  
SUPPLY AT G-05, 06, 08, 11, 12 AND 13.

PLUMBING EQUIPMENT SCHEDULE								
DESCRIPTION	HOT WATER	COLD WATER	FILTERED COLD WATER	SANITARY	VENT	COMPRESSED AIR	VACUUM	NOTES
S-1	MODULAR SINK	1/2"	1/2"	1 1/2"	1 1/2"			
S-2	KITCHEN SINK	1/2"	1/2"	1 1/2"	1 1/2"			
JS-1	FLOOR MOUNTED JANITOR SINK	1/2"	1/2"	1 1/2"	1 1/2"			
WC-1	BARRIER FREE FLOOR MOUNTED FLUSH TANK WATER CLOSET			4"	2"			
WC-2	FLOOR MOUNTED FLUSH TANK WATER CLOSET			4"	2"			
LV-1	BARRIER FREE WALL HUNG LAVATORY	1/2"	1/2"	1 1/2"	1 1/2"			
LV-2	COUNTER MOUNTED LAVATORY	1/2"	1/2"	1 1/2"	1 1/2"			
FD-1	FINISHED FLOOR FLOOR DRAIN			3"	1 1/2"			
FFD-1	FINISHED FLOOR FUNNEL FLOOR DRAIN			3"	1 1/2"			
HB-1	HOSE BIBB c/w VACUUM BREAKER		3/4"					
WD	WASHER DISINFECTOR (SUPPLIED BY H & S)	1/2"	1/2"	1 1/2"	1 1/2"			
SCU	STERI-CENTER-UTILITY c/w FAUCET (SUPPLIED BY H & S)	1/2"	1/2"	1 1/2"	1 1/2"	1/2"	1/2"	
HMS	HANDPIECE MAINTENANCE SYSTEM (SUPPLIED BY H & S)					1/2"		
DAC	DENTAL AIR COMPRESSOR (SUPPLIED BY H & S)					1/2"		
VCP	VACUUM PUMP (SUPPLIED BY H & S)			1 1/2"	1 1/2"		1 1/2"	
AS	AMALGAM SEPARATOR (SUPPLIED BY H & S)						1 1/2"	

- ◇ 1/2" TYPE "L" COPPER COMPRESSED AIR STUB-OUT OF WALL AT 1'-2" FROM FLOOR WITH A 3/8" ANGLE (SEE H & S DETAIL 3A)
- ◇ 1/2" TYPE "L" COPPER DN TO DENTAL AIR COMPRESSOR (SEE H & S DETAIL 25)
- ◇ 1/2" TYPE "L" COPPER COMPRESSED AIR STUB-OUT OF WALL AT 1'-2" FROM FLOOR WITH A 3/8" ANGLE (SEE H & S DETAIL 13)
- ◇ 1/2" TYPE "L" COPPER COMPRESSED AIR STUB-OUT OF WALL ABOVE COUNTERTOP WITH A 1/4" ANGLE (SEE H & S DETAIL 15B)
- ◇ 1/2" H & CW DN TO WATER DISINFECTOR (SEE H & S DETAIL 15A)
- ◇ 1/2" H & CW, 1/2" COMPRESSED AIR TO STERI-CENTER-UTILITIES CONTRACTOR SHALL COORDINATE WITH H & S FOR PIPING SIZE, LOCATION AND CONNECTION DETAIL
- ◇ 1" CW CONNECT TO EXISTING SERVE POST OFFICE. EXACT LOCATION TO BE CONFIRMED ON SITE
- ◇ TWO 1/4" PUMP SUCTIONS WITH FOOT VALVE AND STRAINER, CONTRACTOR TO CONFIRM ON SITE IF TANK HAS SINGLE COMPARTMENT, THEN ONLY ONE SUCTION IS NECESSARY
- ◇ 1/4" PUMP SUCTION WITH SHUT OFF VALVES TO WALL MOUNTED PUMP P-1. PROVIDE STAND PIPE WITH THREAD CAP OR HOSE BIBB AT TOP FOR PUMP PRIMING.
- ◇ 1" CW WITH SHUT OFF VALVE TO POST OFFICE



ELECTRIC HOT WATER TANKS SCHEMATIC WITH CIRCULATOR

**GENERAL NOTES**  
All dimensions are in imperial unless otherwise stated  
All dimensions shall be checked on site prior to commencing the works and errors and omission to be reports to the architects.  
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- LIST OF INFORMANTS/CONSULTANTS**
- ENTECH LTD
  - ISLAND AUTOMATION
  - BERMUDA AIR CONDITIONING
  - HENRY SHEIN



Issue	Date	Description
0	MAY 02 2023	Issue for Building Permit and Tender

**Issue Status**

**Client**  
DEPARTMENT OF HEALTH

**Project**  
MANGROVE BAY CLINIC  
RENOVATIONS & ADDITIONS

**Project Address**  
55 MANGROVE BAY  
SANDYS

**Title Sheet**  
GROUND FLOOR  
PLUMBING PLAN

**Project No.** 5220042  
**Date:** 28.01.23 **Scale:** 1/4"=1'-0"  
**Drawn:** WL **Chk'd:** WL  
**Sheet No.:**

**M-101**

REV: -





PREPARED FOR:

# MANGROVE BAY CLINIC MINISTRY OF HEALTH, GOV. OF BERMUDA



**MANGROVE BAY CLINIC**  
**MINISTRY OF HEALTH, GOV. OF BERMUDA**

67 VICTORIA ST. HAMILTON HM12  
BERMUDA

PROJECT:

HENRY SCHEIN REP:  
WILLARD WALLACE

REGION:  
INTERNATIONAL

PHONE #:  
305-418-4101

**-IMPORTANT NOTE-**  
THIS DOCUMENT HAS BEEN PREPARED AS AN INSTRUMENT OF PROFESSIONAL SERVICE AND IS NOT AN ARCHITECTURAL PLAN. THE IDEAS/DESIGN INCLUDED HEREIN ARE THE SOLE PROPERTY OF HENRY SCHEIN, INC. AND ARE PROTECTED UNDER COPYRIGHT. THESE PLANS MAY NOT BE USED OR REPRODUCED WITHOUT EXPRESSED WRITTEN CONSENT OF HENRY SCHEIN, INC. AND FULL PAYMENT OF ANY ASSOCIATED DESIGN FEES. ALL DIMENSIONS ARE SUBJECT TO JOB-SITE VERIFICATION.

PROJECT NUMBER:  
22-1175

PROJECT START DATE:  
05/06/2022

FINALS START DATE:  
07/25/2022

DRAWN BY: ARCH  
FINALS BY: GC  
CHECKED BY: LBS

REVISIONS:  
02/14/2023 GC  
02/20/2023 GC  
03/14/2023 GC  
03/30/2023 GC  
04/12/2023 GC  
05/04/2023 C

INT.SQ.FT.= PER ARCH

SCALE: N/A SHT. SIZE: 24 x 36

COVER SHEET

# SCV

## GENERAL NOTES & CONDITIONS (ALL TRADES)

## SHEET INDEX

GENERAL NOTES & CONDITIONS (ALL TRADES)		SHEET INDEX	
SHEET	TITLE	SHEET	TITLE
SCV	COVER SHEET	SA.0	DENTAL EQUIPMENT FLOOR PLAN
SA.1	DENTAL DIMENSION & REINFORCEMENT PLAN	SP.1	DENTAL PLUMBING SPECIFICATIONS
SP.2	DENTAL VACUUM LINE DIAGRAM	SE.1	DENTAL ELECTRICAL SPECIFICATIONS
SED.1	DENTAL EQUIPMENT DETAILS	SED.2	DENTAL EQUIPMENT DETAILS
SDC.1	MANUFACTURER'S DENTAL CABINET DRAWINGS	SDC.2	MANUFACTURER'S DENTAL CABINET DRAWINGS

**1. DEFINITIONS**

**HENRY SCHEIN.** HENRY SCHEIN INC., HENRY SCHEIN DENTAL, OR HSD INC. REFERS TO THE EQUIPMENT SUPPLIER FOR THIS PROJECT ENGAGED BY THE OWNER UNDER A SEPARATE CONTRACT.

**E.S. - "EQUIPMENT & TECHNOLOGY SPECIALIST"** IS A HENRY SCHEIN EMPLOYEE THAT SPECIALIZES IN THE MANAGEMENT OF EQUIPMENT AND/OR TECHNOLOGY SALES AND INSTALLATIONS AND HAS ASSISTED THE OWNER IN THE PREPARATION OF DRAWINGS AND SPECIFICATIONS FOR THE CONSTRUCTION OF THE PROPOSED FACILITIES.

THE **"GENERAL CONTRACTOR"**, ALSO KNOWN AS THE **"G.C."** IS REFERRED TO AS THE PERSON(S) OR ENTITY WHO HAS ENTERED INTO A CONTRACTUAL AGREEMENT WITH THE OWNER FOR THE WORK DEFINED IN SUCH AGREEMENT. THE G.C. IS RESPONSIBLE FOR ALL WORK CARRIED OUT BY THEIR SUBCONTRACTORS OR SUBTRADES. IF THE CONSTRUCTION OF THE PROJECT IS LET UNDER SEPARATE CONTRACTS BY THE OWNER, THE RESPONSIBILITIES STIPULATED BELOW SHALL APPLY TO EACH CONTRACTOR.

THE **"OWNER"** IS REFERRED TO AS THE PERSON(S) OR ENTITY WHO OWNS OR LEASES THE PREMISES FOR WHICH A CONSTRUCTION AGREEMENT HAS BEEN ENTERED UPON WITH THE GENERAL CONTRACTOR. WHERE THE OWNER, AS REFERRED TO ABOVE, LEASES THE PREMISES THE ENTITY WHO HAS OWNERSHIP OF THE PROPERTY WILL BE REFERRED TO AS THE LANDLORD.

THE **"OWNER'S AGENT"** IS A REPRESENTATIVE OF THE AGENT ACTING ON THEIR BEHALF AND MAY HAVE THE AUTHORITY TO MAKE DECISIONS IN THEIR ABSENCE. THIS MAY BE AN OFFICE MANAGER, AN ARCHITECT, AN ENGINEER, OR A PROJECT MANAGER HIRED BY THE OWNER.

**2. DRAWINGS**

THESE DRAWINGS ARE PREPARED BY HENRY SCHEIN AS DENTAL CONSULTANTS FOR ASSISTING AN ARCHITECT/CONTRACTOR TO PRODUCE CONSTRUCTION DOCUMENTS & BUILD A DENTAL OFFICE. THEY DO NOT CONSTITUTE A COMPLETE SET OF CONSTRUCTION DOCUMENTS. ITEMS REQUIRED FOR BUILDING PERMITS OR CONSTRUCTION MAY NOT APPEAR ON THESE DRAWINGS. IF THESE DRAWINGS ARE BEING SUBMITTED FOR BUILDING PERMIT, IT REMAINS THE OWNER AND/OR GENERAL CONTRACTOR'S RESPONSIBILITY TO RETAIN THE PROPER CONSULTANTS TO PREPARE COMPLETE ARCHITECTURAL, STRUCTURAL, MECHANICAL AND ELECTRICAL DRAWINGS.

DOOR SPECIFICATIONS, LIGHTING DESIGN, FINAL REFLECTED CEILING PLANS, AND OTHER SPECIFICATIONS NOT COVERED IN THESE DRAWINGS ARE BY OTHERS.

RETENTION OF OTHER CONSULTANTS SUCH AS AN ARCHITECT, M.E.P. ENGINEERS, OR SECURITY CONSULTANT, ARE THE RESPONSIBILITY OF THE OWNER AND/OR GENERAL CONTRACTOR.

**3. HENRY SCHEIN, INC. RESPONSIBILITIES**

HENRY SCHEIN, INC. WILL ISSUE DETAILED DRAWINGS SHOWING CRITICAL LOCATIONS & REQUIREMENTS OF ALL DENTAL-SPECIFIC EQUIPMENT. THE E.S. WILL BE AVAILABLE FOR PERIODIC FIELD VISITS. VISITS WILL BE LIMITED TO A PRE-CONSTRUCTION ON-SITE MEETING, LAYOUT CHECKS AND INSTRUCTIONS TO THE VARIOUS TRADES IN THE CRITICAL ASPECTS OF THE WORK PERTAINING TO DENTAL AND ALLIED EQUIPMENT. ALL REQUESTS FOR FIELD VISITS SHALL ALLOW REASONABLE ADVANCED NOTICE. HENRY SCHEIN, INC. AND ITS REPRESENTATIVES WILL NOT ASSUME ANY RESPONSIBILITIES FOR DEVIATIONS FROM THESE DRAWINGS WITHOUT PRIOR WRITTEN CONSENT.

PRIOR TO CONSTRUCTION, THE E.S. WILL VERIFY THE SITE DIMENSIONS OF THE SPACE PRIOR TO ENSURE THEY COINCIDE WITH THE DETAILED DRAWINGS. DURING CONSTRUCTION, THE E.S. WILL CHECK THE JOBSITE PERIODICALLY AS REQUIRED. THE E.S. WILL BE AVAILABLE TO ASSIST THE CONTRACTOR(S) AND THE OWNER IN THE INTERPRETATION OF THESE DRAWINGS AND SPECIFICATIONS. PRIOR TO ENCLOSING WALLS, THE GENERAL CONTRACTOR AND/OR THE FRAMING SUBCONTRACTOR IS REQUIRED TO COORDINATE WITH THE E.S. AND THE HENRY SCHEIN INSTALLATION TECHNICIAN. THIS INSPECTION IS CRITICAL TO ENSURE THAT THE WALL AND/OR CEILING SUPPORTS FOR DENTAL EQUIPMENT WILL MATCH WITH ANY CHANGES THAT MAY HAVE OCCURRED WITH THE OWNER'S EQUIPMENT ORDER. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO HAVE PLUMBING, ELECTRICAL SUPPORT BACKINGS, AND LEAD INSTALLATION APPROVED BY MUNICIPAL INSPECTORS BEFORE POURING SLABS, ENCLOSING PARTITIONS AND CEILING.

HENRY SCHEIN WILL NOT BE RESPONSIBLE FOR ANY UNFORESEEN CONDITIONS ARISING OUT OF, OR DURING THE COURSE OF, CONSTRUCTION NOR FOR ANY DEVIATIONS FROM DRAWINGS AND/OR SPECIFICATIONS WITHOUT PRIOR WRITTEN CONSENT.

**EQUIPMENT INSTALLATION**

A PRE-CONSTRUCTION MEETING IS REQUIRED WITH THE GENERAL CONTRACTOR, PLUMBER, ELECTRICIAN, CABINET MAKER, AND THE E.S. ALL TEMPLATES CRITICAL TO EQUIPMENT INSTALLATION WILL BE DISTRIBUTED AT THIS MEETING.

THE E.S. WILL INSPECT PREMISES PRIOR TO THE INSTALLATION OF ITS EQUIPMENT AT WHICH TIME ALL FINISHES (CEILING, FLOORING, AND PAINTING) AND MECHANICAL WORK MUST BE COMPLETED. RESPONSIBILITIES FOR THE INSTALLATION AND/OR HOOKUP OF DENTAL EQUIPMENT WILL BE DEFINED IN THE SPECIFICATIONS FOR EACH TRADE. HENRY SCHEIN DENTAL REQUIRES THAT ALL APPLICABLE TRADES BE REPRESENTED AT THE TIME OF INSTALLATION.

**4. GENERAL CONTRACTOR (G.C.) - RESPONSIBILITIES**

ALL ITEMS LISTED OR NOTED HEREIN ARE FOR GUIDANCE ONLY AND DO NOT NECESSARILY CONSTITUTE THE ENTIRE EXTENT OF THE WORK TO BE CARRIED OUT UNDER THE CONTRACT. THE GENERAL CONTRACTOR IS RESPONSIBLE TO DEFINE AND PROVIDE ALL THE WORK REQUIRED TO COMPLETE THIS PROJECT TO THE TRUE INTENT OF THE CONTRACT WHETHER OR NOT IT IS SPECIFICALLY SHOWN OR SPECIFIED. WHERE THESE DOCUMENTS DO NOT PROVIDE ALL THE INFORMATION NECESSARY FOR THE COMPLETE INSTALLATION OF ANY ITEM, THEN THE MANUFACTURER'S INSTRUCTIONS FOR THE ITEM SHALL BE STRICTLY FOLLOWED.

THE GENERAL CONTRACTOR SHALL, SUPPLY AND INSTALL ALL ITEMS, ARTICLES, MATERIALS, INCLUDE ALL LABOR, EQUIPMENT AND TOOLS NECESSARY TO COMPLETE THIS PROJECT AND ALL SYSTEMS SHOWN. TEST AND VERIFY ALL EQUIPMENT INSTALLED UNDER THIS CONTRACT AND INSTRUCT THE OWNER OR OWNER'S AGENT IN THE OPERATION OF THE EQUIPMENT.

THE G.C. SHALL THOROUGHLY FAMILIARIZE HIM/HERSELF WITH THE DRAWINGS, SPECIFICATIONS, AND CONDITIONS COVERING THIS JOB. THE G.C. SHALL ADVISE THE OWNER AND THE E.S. OF ANY CONFLICT BETWEEN THESE DRAWINGS AND THE FIELD CONDITIONS BEFORE PROCEEDING WITH THE WORK.

THE G.C. SHALL COMPLY WITH ALL STATE AND MUNICIPAL LAWS, ORDINANCES, RULES, AND REGULATIONS OF AUTHORITIES HAVING JURISDICTION. ALL WORK MUST MEET OR EXCEED THE CURRENT BUILDING CODE UNDER THE JURISDICTION FOR WHICH THIS PROJECT IS LOCATED. THE G.C. SHALL FILE ALL NECESSARY APPLICATIONS AND OBTAIN AND PAY FOR ALL PERMITS, AND CERTIFICATES OF APPROVAL PERTAINING TO THE CONSTRUCTION OF THE PREMISES, INCLUDING THE FINAL INSPECTION FOR OCCUPANCY PERMIT, UNLESS OTHERWISE STATED. PERMITS OBTAINED SHALL INCLUDE THE CONNECTIONS TO ALL DENTAL EQUIPMENT AND FIXTURES WHICH ARE TO BE COMPLETED BY THE GENERAL CONTRACTOR: HVAC, SPRINKLER DRAWINGS, CORRESPONDING SPECIFICATIONS OR ANY OTHER DRAWINGS AND SPECIFICATIONS THAT MAY BE REQUIRED FOR LICENSES AND PERMITS ARE TO BE PROVIDED BY OTHERS. HENRY SCHEIN INC. WILL NOT PROVIDE OR PAY FOR THESE SERVICES OR ANY OTHER DRAWINGS AND SPECIFICATIONS THAT MAY BE REQUIRED FOR LICENSES AND PERMITS.

ALL MEASUREMENTS SHALL BE CHECKED AT THE JOB SITE. THE GENERAL CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR THE ACCURACY OF FIELD MEASUREMENTS AND CONDITIONS. THEY ARE ALSO RESPONSIBLE FOR THE PROPER MODIFICATIONS TO ANY EXISTING, OR PREVIOUSLY INSTALLED WORK. WRITTEN APPROVAL MUST BE OBTAINED FROM THE E.S. BEFORE ANY CHANGES AND/OR DEVIATIONS FROM DRAWINGS AND SPECIFICATIONS ARE MADE.

THE G.C. SHALL ASSUME FULL RESPONSIBILITY FOR THE EXECUTION OF HIS/HER WORK AND FOR ANY CHANGES AND/OR DEVIATIONS FROM DRAWINGS OR SPECIFICATIONS MADE WITHOUT PRIOR WRITTEN APPROVAL FROM THE OWNER AND/OR THE E.S.. THE COST OF CORRECTIONS RESULTING FROM CHANGES AND/OR DEVIATIONS SHALL BE BORNE BY THE GENERAL CONTRACTOR.

A COMPLETE SET OF UP-TO-DATE DRAWINGS MUST BE KEPT AT THE JOB SITE AT ALL TIMES AND ANY CHANGES MUST BE NOTED THEREON AND INITIALED.

THE CONTRACTOR SHALL INDEMNIFY AND HOLD HARMLESS THE OWNER AND THE OWNER'S AGENT FROM AND AGAINST ALL CLAIMS FOR DAMAGE TO PERSON AND/OR PROPERTY SUFFERED AS A RESULT OF THE PERFORMANCE OF WORK, WHETHER OR NOT, CAUSED BY NEGLIGENCE, AND PAY ANY EXPENSES (INCLUDING, WITHOUT LIMITATIONS, ATTORNEY'S FEES, AND DISBURSEMENTS) INCURRED IN THE CONNECTION THEREWITH.

**OTHER REQUIREMENTS**

THE G.C. SHALL PARTICIPATE AT JOB COORDINATION MEETINGS WITH THE HENRY SCHEIN REPRESENTATIVE AND ENSURE ATTENDANCE OF THE APPROPRIATE TRADES.

ALL TRADES SHALL DO THEIR OWN CUTTING. THE GENERAL CONTRACTOR SHALL DO ALL PATCHING TO CONFORM TO MATERIAL, TEXTURE, AND SURFACE ALIGNMENT WITH THE ADJOINING SURFACE AND FINAL TOUCH UP OF ALL FINISHED SURFACES.

THE GENERAL CONTRACTOR SHALL ENSURE THE PROTECTION OF ALL EQUIPMENT FURNISHED UNDER HIS/HER CONTRACT AND BY OTHERS.

THE G.C. SHALL REVIEW ALL CUSTOM CABINETS, SUCH AS THE RECEPTION DESK, LABORATORY, AND STERILIZATION, WITH THE E.S. FOR ANY DENTAL EQUIPMENT INCORPORATION.

THE G.C. SHALL REMOVE ANY RUBBISH FROM THE CONSTRUCTION SITE AND ENSURE THAT ALL PUBLIC SPACES ARE FREE OF CONSTRUCTION MATERIALS AND DEBRIS THROUGHOUT THE DURATION OF THE CONTRACT. THE G.C. IS RESPONSIBLE FOR THE TOTAL CLEAN UP OF THE JOB SITE UPON COMPLETION OF THEIR WORK.

THE GENERAL CONTRACTOR SHALL ISSUE A WRITTEN ONE-YEAR WARRANTY CERTIFICATE ON ALL WORKMANSHIP AND MATERIALS FROM THE DATE OF OCCUPANCY, UNLESS NOTED OTHERWISE IN THE CONSTRUCTION AGREEMENT BETWEEN THE OWNER AND THE G.C.. THIS CERTIFICATE SHALL BIND THE GENERAL CONTRACTOR TO PROMPTLY CORRECT, REPAIR, OR REPLACE ANY DEFECTIVE EQUIPMENT OR WORKMANSHIP THAT WAS THE RESPONSIBILITY OF THE G.C., WITHOUT COST TO THE OWNER.

**5. SEPARATE CONTRACTS BY OWNER**

THE OWNER RESERVES THE RIGHT TO PERFORM WORK RELATED TO THE PROJECT WITH HIS/HER OWN FORCES, AND TO AWARD SEPARATE CONTRACTS IN CONNECTION WITH OTHER PORTIONS OF THE PROJECT OR ON OTHER WORK ON THE SITE UNDER THESE OR SIMILAR CONDITIONS OF CONTRACT. IF THE GENERAL CONTRACTOR CLAIMS THAT DELAY OR ADDITIONAL COST IS INVOLVED BECAUSE OF SUCH ACTION BY THE OWNER, THE G.C. MUST ENSURE THAT THEIR CLAIM WAS ORIGINALLY PART OF THEIR CONTRACT AGREEMENT.

THE G.C. SHALL AFFORD THE OWNER AND SEPARATE CONTRACTORS REASONABLE OPPORTUNITY FOR THE INTRODUCTION AND STORAGE OF THEIR MATERIALS AND EQUIPMENT AND THE EXECUTION OF THEIR WORK. THE G.C. SHALL CONNECT AND COORDINATE THEIR WORK WITH OTHERS AS REQUIRED BY THE CONTRACT DOCUMENTS. ANY COSTS CAUSED BY DEFECTIVE AND/OR ILL-TIME WORK SHALL BE BORNE BY THE PARTY RESPONSIBLE.

SEE OWNER OR OWNER'S AGENT FOR NON-DENTAL ITEMS AND AREAS NOT DETAILED IN THESE DRAWINGS (SUCH AS RECEPTION, BUSINESS AREA, OFFICES, STAFF LOUNGE, STORAGE ROOMS, OFFICE-WIDE SOUND SYSTEMS, CONTROLS, ETC.).

**GENERAL NOTES**

- THESE DRAWINGS AND SPECIFICATIONS HAVE BEEN PRODUCED FOR THIS SPECIFIC PROJECT ONLY, AND SHALL REMAIN THE EXCLUSIVE PROPERTY OF HENRY SCHEIN INC. THESE DRAWINGS AND SPECIFICATIONS MAY NOT BE REPRODUCED OR USED FOR ANY OTHER PURPOSE WITHOUT EXPRESSED WRITTEN CONSENT AND FULL PAYMENT OF ANY ASSOCIATED FEES TO HENRY SCHEIN, INC.
- ALL COMMUNICATIONS AND COORDINATION WITH TRADES SHALL BE THE RESPONSIBILITY OF THE G.C. UNLESS STATED OTHERWISE IN THE CONTRACT AGREEMENT.
- THE G.C. MUST SIGN THIS SHEET STIPULATING THAT HE/SHE UNDERSTANDS AND WILL COMPLY WITH ALL SPECIFICATIONS BEFORE THE WORK WILL START. A SIGNED COPY OF THE PLANS ARE TO BE RETURNED TO THE OWNER AND HENRY SCHEIN DENTAL.
- IT IS THE RESPONSIBILITY OF A SUBCONTRACTOR TO READ AND UNDERSTAND ALL NOTES AND ILLUSTRATIONS PERTAINING TO THEIR TRADE AND HOW THEIR WORK AFFECTS OTHER TRADES.
- THE SUPPLY AND INSTALL OF THE CABINETS AND COUNTERTOPS, OTHER THAN THOSE SPECIFIED AND/OR CONTRACTED BY HENRY SCHEIN, INC., IS THE RESPONSIBILITY OF THE G.C..
- THE OWNER SHALL MAKE ARRANGEMENTS FOR INSTALLATION OF NON-DENTAL SYSTEMS UNDER A SEPARATE CONTRACT BEFORE WALLS ARE ENCLOSED.
- ROUGH-IN AND FINISH WORK FOR DENTAL EQUIPMENT IS TO BE ACCORDING TO TEMPLATES FURNISHED BY THE MANUFACTURERS OF EQUIPMENT BEING INSTALLED. THE E.S. WILL POSITION THE TEMPLATES IN THEIR PROPER LOCATIONS, AT WHICH TIME ALL SPECIFICATIONS ON THE PLANS WILL BE EXPLAINED TO THE GENERAL CONTRACTOR OR SUBCONTRACTOR(S), ALL SPECIFIED SIZES OF PIPES, TUBING, FITTINGS, ETC., AS WELL AS PROPER HEIGHTS MARKED, MUST BE STRICTLY FOLLOWED. ANY DEVIATIONS ON SIZES OR HEIGHTS OF PIPES, TUBING, AND/OR FITTINGS MUST BE CORRECTED BEFORE THE EQUIPMENT CAN BE INSTALLED, AND ANY SUCH EXTRA EXPENSE WILL BE THE RESPONSIBILITY OF G.C. AND/OR THE SUBTRADE.
- THE G.C. SHALL SEAL ANY/FLOOR AND FIRE PENETRATIONS MADE BY HENRY SCHEIN INSTALLERS AT THE FINISHING STAGES WITH THE APPROPRIATE MATERIAL.
- THE G.C. SHALL PROVIDE DOOR THRESHOLDS & DOOR SEALS NECESSARY FOR DENTAL EQUIPMENT SOUND ATTENUATION.
- THE GENERAL CONTRACTOR SHALL SUPPLY FASTENERS, ANCHORS, ACCESSORIES AND ADHESIVES REQUIRED FOR FABRICATION AND ERECTION OF THE WORK. KEEP EXPOSED FASTENERS TO A MINIMUM, NEATLY LAID OUT AND EVENLY SPACED. FLOOR FINISHES ARE TO BE CONTINUOUS UNDERNEATH MILLWORK AND EQUIPMENT. TRANSITIONS AND VARIATIONS BETWEEN FLOOR FINISHES TO BE SMOOTH AND LEVEL TO REDUCE INJURY WITH USE. PROVIDE 3/4" (19MM) PLYWOOD SUPPORT BETWEEN STUDS FOR ALL WALLS TO SUPPORT UPPER CABINETS AND SHELVING, INCLUDING RECEPTION AND ALL TREATMENT ROOMS. WOOD SUPPORTS ABOVE THE CEILING MAY NEED TO BE FIRE RATED, FOLLOW LOCAL CODES.
- PRIOR TO POURING THE CONCRETE FLOOR AND ENCLOSING ALL WALLS, THE GENERAL CONTRACTOR SHALL CONTACT THE E.S. AND INSTALLATION TECHNICIAN FOR FINAL INSPECTION OF PLUMBING, ELECTRICAL AND WOOD SUPPORTS.
- ALL LABOR AND MATERIAL NECESSARY FOR CHANGES IN EXISTING PLUMBING, CARPENTRY, AND ELECTRICAL WORK MUST BE DONE AND SUPPLIED BY THE GENERAL CONTRACTOR AND IS NOT INCLUDED IN THE COST OF EQUIPMENT.
- ALL PLUMBING AND ELECTRICAL LINES ARE TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.

14. THE ELECTRICAL PANEL SHALL BE CONVENIENT AND ACCESSIBLE. MEET ELECTRICAL CODE REQUIREMENTS, AND BE LOCATED IN THE SUITE. LOCATION TO BE APPROVED BY THE OWNER AND LANDLORD. THE G.C. SHALL REVIEW THE LOCATION WITH THE E.S., AS WELL AS THE LOCATIONS OF THE TELEPHONE SYSTEM AND SERVER.

15. HENRY SCHEIN, INC. SHALL NOT BE HELD RESPONSIBLE FOR SUPPLYING UL/ULC OR CSA APPROVAL CERTIFICATES. THE G.C. MAY CONTACT THE MANUFACTURER IF REQUIRED.

16. THE ELECTRICAL SUBCONTRACTOR SHALL PROVIDE SPECIFIED TERMINATION BOXES, RECEPTACLES AND ANY HARDWIRE CIRCUITS LOCATED IN CUSTOM DENTAL CABINETS. THEY ARE ALSO RESPONSIBLE FOR SUPPLYING GFCI RECEPTACLES WHERE REQUIRED BY CODE.

17. THE G.C. IS TO MAKE ARRANGEMENTS FOR TEMPORARY POWER AND/OR DISCONNECTION OF ELECTRICAL AND MECHANICAL SYSTEMS IF AND WHEN REQUIRED.

18. IF MULTIMEDIA SYSTEMS, SUCH AS ENTERTAINMENT TVS, MONITORS, OR NETWORK COMPUTER SYSTEMS, OR SECURITY SYSTEMS ARE SUPPLIED AND INSTALLED BY HENRY SCHEIN, INC., THEN THESE SYSTEMS WILL BE THEIR RESPONSIBILITY. WHEN THESE SYSTEMS, OR OTHER SYSTEMS, ARE NOT PROVIDED BY HENRY SCHEIN, INC., HENRY SCHEIN, INC. SHALL NOT BE HELD RESPONSIBLE FOR THEIR INSTALLATION OR COMMISSIONING.

19. HENRY SCHEIN, INC. WILL ASSEMBLE EQUIPMENT AND, WHERE SPECIFIED WITHIN THESE DRAWINGS, CONNECT TO UTILITIES PROVIDED. SUCH CONNECTIONS BY OTHER TRADES ARE SUPPLIED CORRECTLY AND COMPLETELY (WITH PROPER SHUT-OFF VALVES/FITTINGS/ OUTLETS/TERMINATIONS). VERIFY ALL CONTRACTOR RESPONSIBILITIES FOR FINAL CONNECTIONS WITH THESE DRAWINGS AND HENRY SCHEIN DENTAL E.S.. DIRECT ANY QUESTIONS REGARDING CONTRACTOR RESPONSIBILITIES TO HENRY SCHEIN DENTAL E.S. PRIOR TO CONSTRUCTION.

20. WHEN APPLICABLE, THE G.C. SHALL BE RESPONSIBLE FOR PROCURING A PLUMBING SUB-CONTRACTOR THAT IS CERTIFIED TO INSTALL NITROUS OXIDE-OXYGEN CONSCIOUS SEDATION SYSTEMS AS DETAILED IN THESE PLANS. HENRY SCHEIN DENTAL IS A NITROUS OXIDE SYSTEM END USER COMPONENT SUPPLIER AND DOES NOT MANUFACTURE OR DESIGN ANY OF THESE SYSTEMS. ANY SYSTEM DESIGN SHOWN ON THESE PLANS BY HENRY SCHEIN DENTAL IS TO BE USED AS AN ILLUSTRATION ONLY FOR THE PURPOSE OF LOCATING END USER OUTLET STATIONS, CYLINDER ROOM MANIFOLD, AND ALARM PANEL. THE FINAL TRUNK SYSTEM INSTALLATION SHALL ADHERE TO THE MECHANICAL ENGINEERING DRAWINGS PREPARED BY A THIRD PARTY.

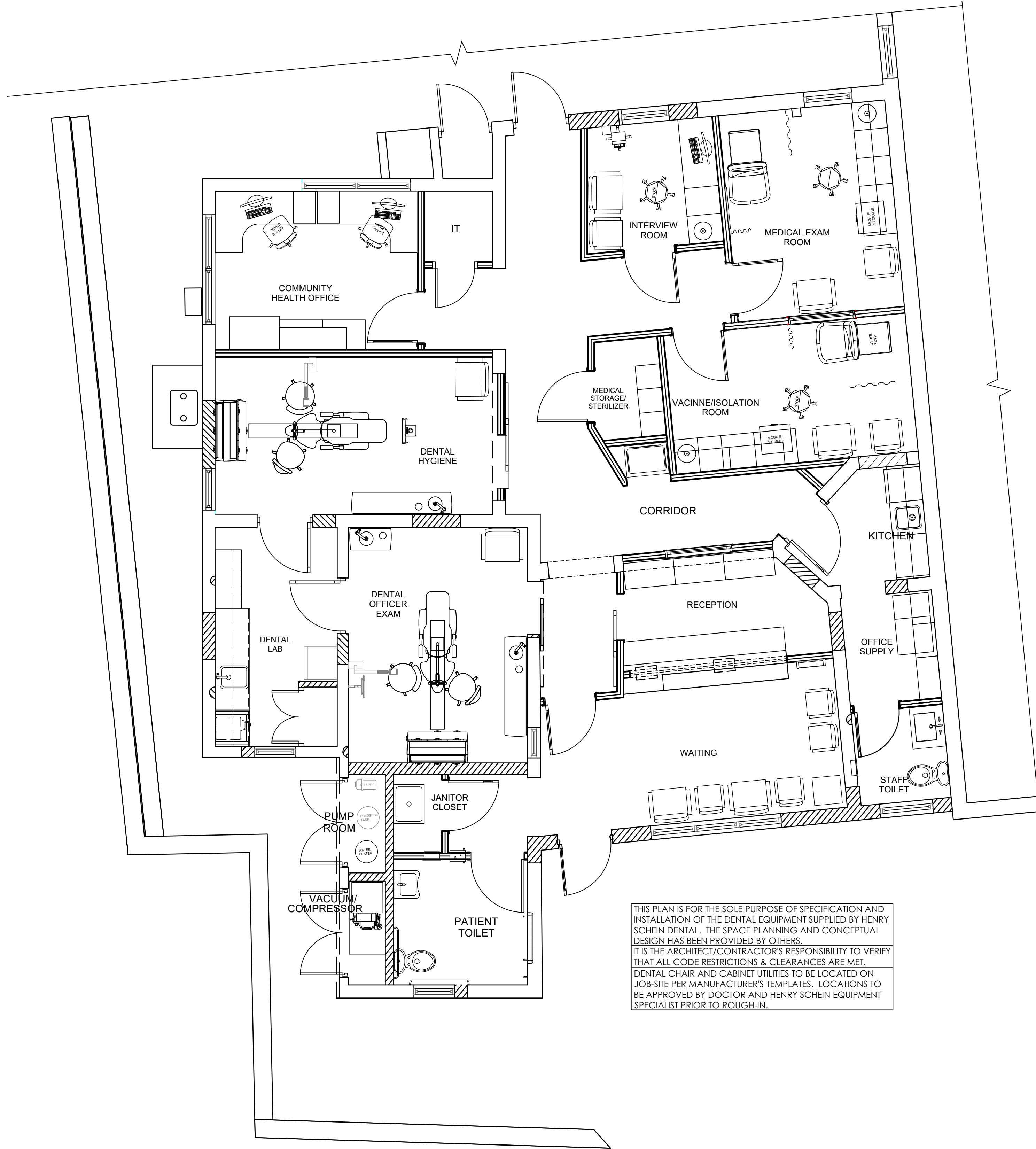
21. PLUMBING SUBCONTRACTOR SHALL PROVIDE GAS CERTIFICATION CREDENTIALS IN ACCORDANCE WITH ANY REQUESTS BY THE OWNER, GENERAL CONTRACTOR, BUILDING DEPARTMENT, OR HENRY SCHEIN DENTAL PRIOR TO COMMENCING WORK IF ANY TYPE OF NITROUS-OXIDE SYSTEM IS BEING INCORPORATED INTO THE PROJECT.

**PRIOR TO POURING THE CONCRETE FLOOR AND ENCLOSING ALL WALLS AND CEILINGS, THE GENERAL CONTRACTOR SHALL CONTACT THE E.S. AND INSTALLATION TECHNICIAN FOR FINAL INSPECTION OF PLUMBING, ELECTRICAL AND WOOD SUPPORTS.**

**EQUIPMENT SPECIALIST (E.S.):**      **TELEPHONE:**  
 \_\_\_\_\_      \_\_\_\_\_  
 WILLARD WALLACE      305-418-4101

**INSTALLATION TECHNICIAN:**      **TELEPHONE:**  
 \_\_\_\_\_      \_\_\_\_\_



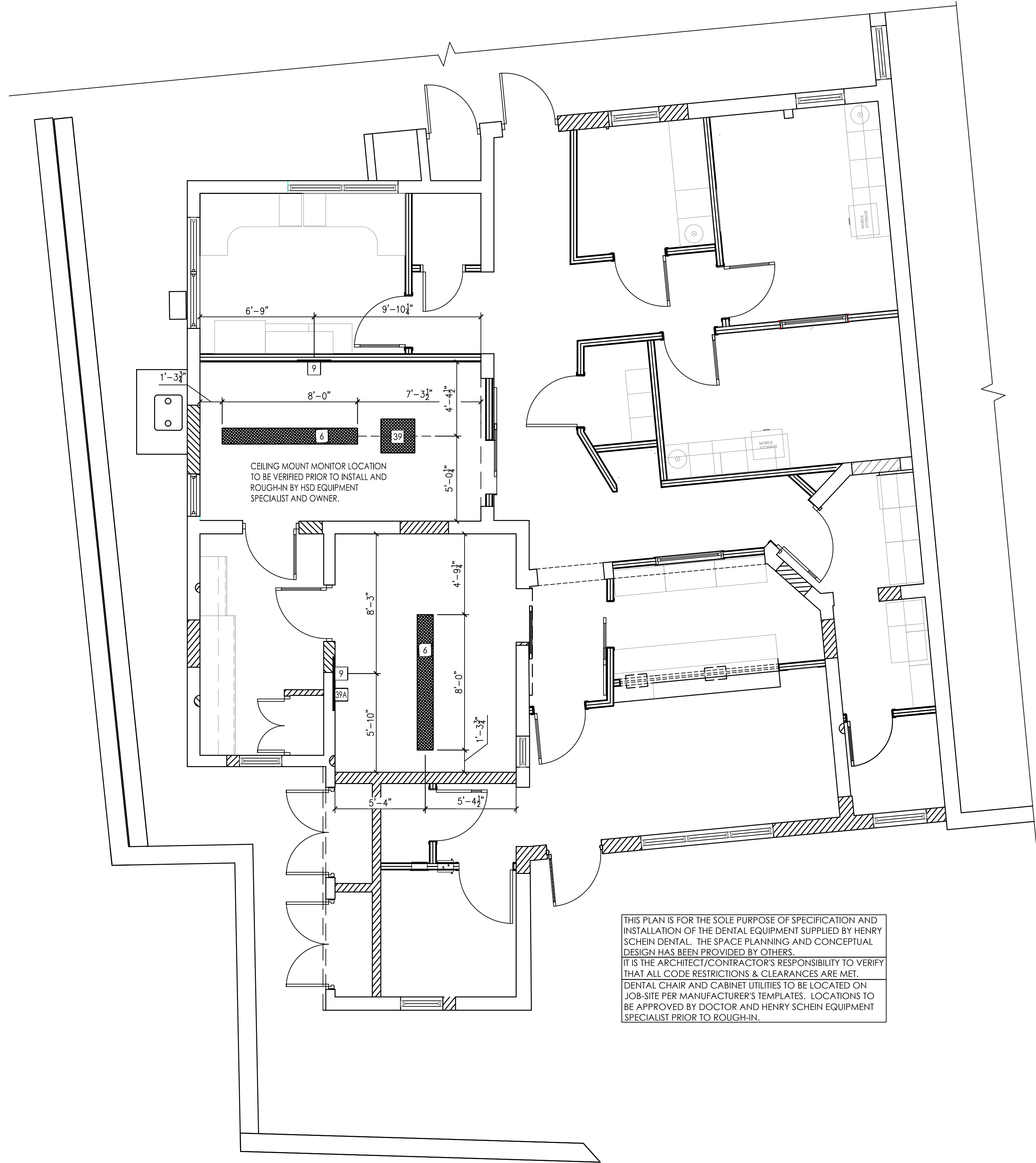


THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. THE SPACE PLANNING AND CONCEPTUAL DESIGN HAS BEEN PROVIDED BY OTHERS. IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS & CLEARANCES ARE MET. DENTAL CHAIR AND CABINET UTILITIES TO BE LOCATED ON JOB-SITE PER MANUFACTURER'S TEMPLATES. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN EQUIPMENT SPECIALIST PRIOR TO ROUGH-IN.

**PROPOSED FLOOR PLAN**  
1/4"=1'-0"



 HENRY SCHEIN® INTEGRATED DESIGN STUDIO 10920 W LINCOLN AVE. WEST ALLIS, WI 53227 henryscheinintegrateddesign.com																			
PROJECT:	<b>MANGROVE BAY CLINIC</b> <b>MINISTRY OF HEALTH, GOV. OF BERMUDA</b>																		
LOCATION:	67 VICTORIA ST. HAMILTON HM12 BERMUDA																		
HENRY SCHEIN REP:	WILLARD WALLACE																		
REGION:	INTERNATIONAL																		
PHONE #:	305-418-4101																		
-IMPORTANT NOTE-	THIS DOCUMENT HAS BEEN PREPARED AS AN INSTRUMENT OF PROFESSIONAL SERVICE AND IS NOT AN ARCHITECTURAL PLAN. THE IDEAS/DESIGN INCLUDED HEREIN ARE THE SOLE PROPERTY OF HENRY SCHEIN, INC. AND ARE PROTECTED UNDER COPYRIGHT. THESE PLANS MAY NOT BE USED OR REPRODUCED WITHOUT EXPRESSED WRITTEN CONSENT OF HENRY SCHEIN, INC. AND FULL PAYMENT OF ANY ASSOCIATED DESIGN FEES. <b>ALL DIMENSIONS ARE SUBJECT TO JOB-SITE VERIFICATION.</b>																		
PROJECT NUMBER:	22-1175																		
PROJECT START DATE:	05/06/2022																		
FINALS START DATE:	07/25/2022																		
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FINALS BY:	GC																		
CHECKED BY:	LBS																		
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SCALE:	SHT. SIZE:																		
1/4"=1'-0"	24 x 36																		
FLOOR PLAN																			
SA.O																			
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THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. THE SPACE PLANNING AND CONCEPTUAL DESIGN HAS BEEN PROVIDED BY OTHERS.  
IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS & CLEARANCES ARE MET.  
DENTAL CHAIR AND CABINET UTILITIES TO BE LOCATED ON JOB-SITE PER MANUFACTURER'S TEMPLATES. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN EQUIPMENT SPECIALIST PRIOR TO ROUGH-IN.

### REINFORCEMENT SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	DETAIL
2	6	DENTAL TRACK LIGHT - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). LIGHT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	6
2	9	WALL MOUNTED INTRAORAL X-RAY HEAD, ARM, AND WALL BRACKET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. BLOCKING & ELECTRICAL BY CONTRACTOR(S).	9
1	39	CEILING MOUNTED MONITOR - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN EQUIPMENT SPECIALIST.	39
1	39A	WALL MOUNTED MONITOR - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN EQUIPMENT SPECIALIST.	39A

### CONSTRUCTION NOTES

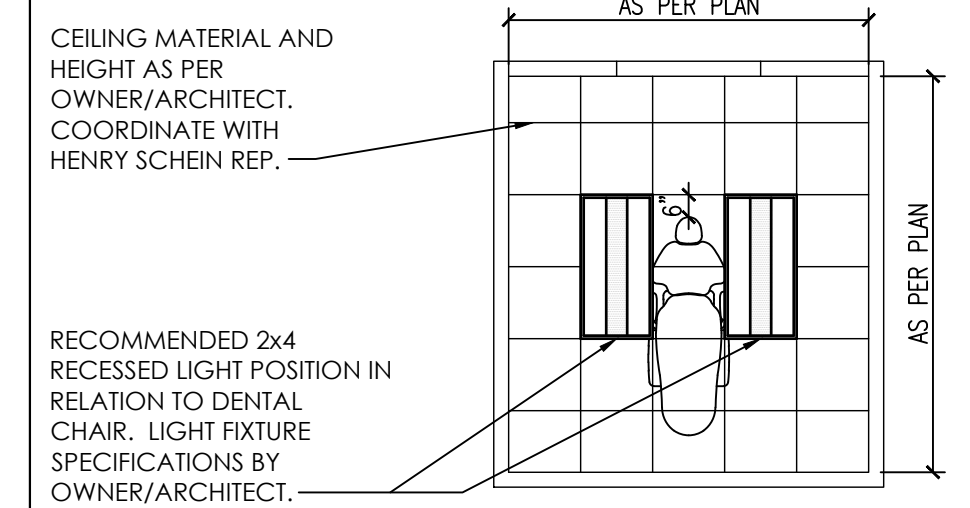
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- VERIFY ALL DIMENSIONS WITH HENRY SCHEIN DENTAL REP. ON JOBSITE. ON SITE MODIFICATIONS MAY NEED TO BE DONE BY CONTRACTOR, BUT SHOULD BE VERIFIED BY ALL PARTIES INVOLVED.
- 5/8" GYPSUM WALLBOARD IS RECOMMENDED THROUGHOUT THE OFFICE TO PROVIDE SOUND ATTENUATION & ADDITIONAL PROTECTION AGAINST X-RAY SCATTER RADIATION.

### WALL LEGEND

- NEW REINFORCEMENT PLACED FOR WALL-MOUNTED EQUIPMENT. SEE "REINFORCEMENT SPECIFICATION SCHEDULE" FOR MORE INFORMATION.
- NEW REINFORCEMENT PLACED FOR CEILING-MOUNTED EQUIPMENT. SEE "REINFORCEMENT SPECIFICATION SCHEDULE" FOR MORE INFORMATION.

SEE SHEETS SED.1 & SED.2 FOR DENTAL EQUIPMENT DETAILS

FOLLOW LOCAL CODES FOR ALL WORK. DETAIL PROVIDED FOR REFERENCE ONLY.



### TYPICAL CEILING LAYOUT (TREATMENT ROOMS)

NOT TO SCALE

## DIMENSIONS & REINFORCEMENT SPECIFICATIONS

1/4"=1'-0"

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PROJECT NUMBER: 22-1175

PROJECT START DATE: 05/06/2022

FINALS START DATE: 07/25/2022

DRAWN BY: ARCH  
FINALS BY: GC  
CHECKED BY: LBS

REVISIONS:

DATE	BY	DESCRIPTION
02/14/2023	GC	
03/14/2023	GC	
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04/12/2023	GC	
05/04/2023	GC	
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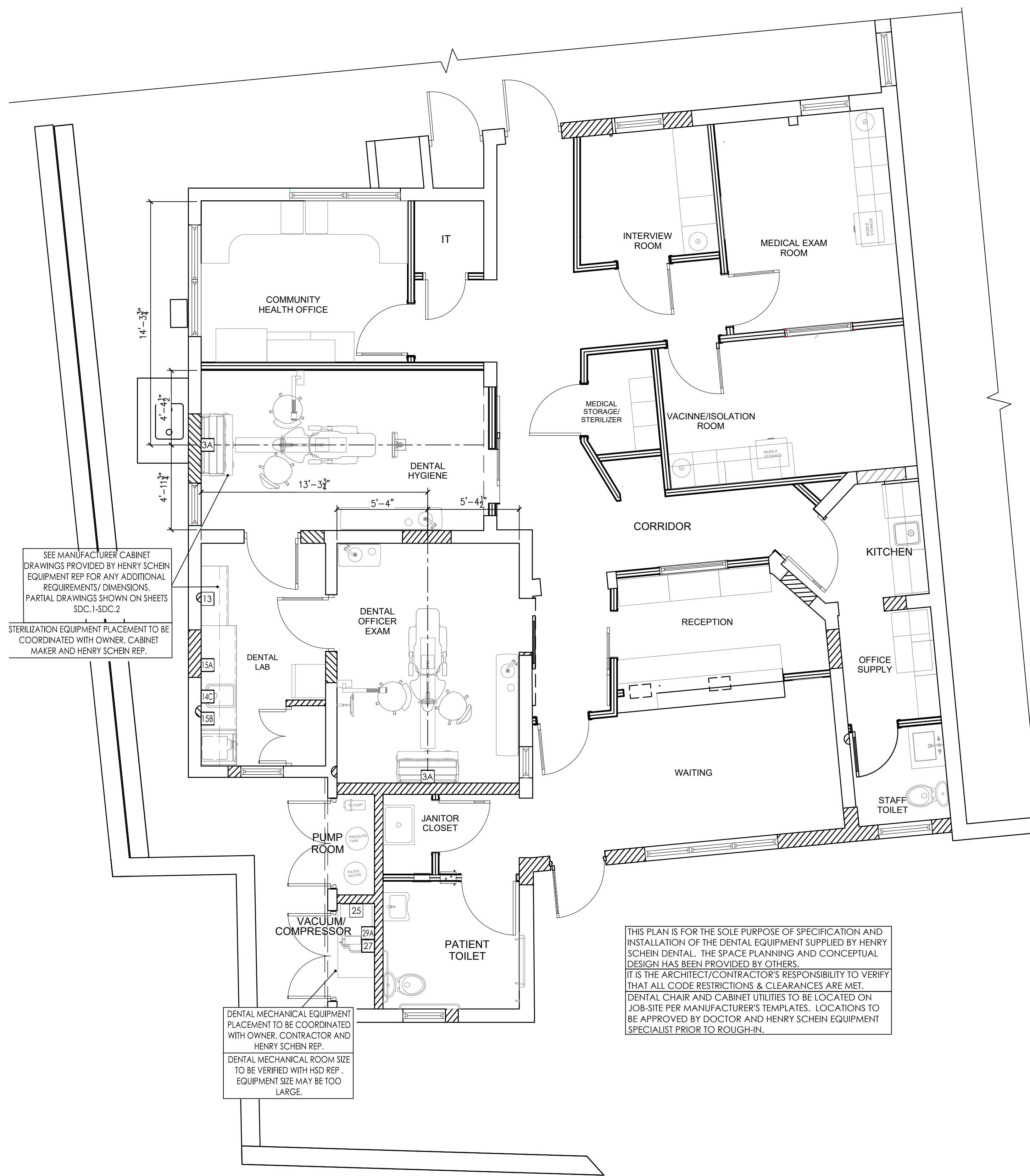
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### REINFORCEMENT PLAN

SA.1







SEE MANUFACTURER CABINET DRAWINGS PROVIDED BY HENRY SCHEIN EQUIPMENT REP FOR ANY ADDITIONAL REQUIREMENTS/ DIMENSIONS. PARTIAL DRAWINGS SHOWN ON SHEETS SDC.1-SDC.2

STERILIZATION EQUIPMENT PLACEMENT TO BE COORDINATED WITH OWNER, CABINET MAKER AND HENRY SCHEIN REP.

DENTAL MECHANICAL EQUIPMENT PLACEMENT TO BE COORDINATED WITH OWNER, CONTRACTOR AND HENRY SCHEIN REP.  
DENTAL MECHANICAL ROOM SIZE TO BE VERIFIED WITH HSD REP. EQUIPMENT SIZE MAY BE TOO LARGE.

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IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS & CLEARANCES ARE MET.  
DENTAL CHAIR AND CABINET UTILITIES TO BE LOCATED ON JOB-SITE PER MANUFACTURER'S TEMPLATES. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN EQUIPMENT SPECIALIST PRIOR TO ROUGH-IN.

### PLUMBING NOTES

1. THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.
  2. EXACT EQUIPMENT LOCATIONS MUST BE JOB SITE VERIFIED BY THE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.
  3. FOLLOW MANUFACTURER'S TEMPLATES FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.
  4. ANY REFERENCE TO "AIR", "COMPRESSED AIR" OR "AIR COMPRESSOR" REFER TO THE UNIT AND ALL COMPONENTS WHICH ARE CONSIDERED A CATEGORY 3 DENTAL AIR SUPPLY SYSTEM. REFER THE LOCALLY ACCEPTED VERSION OF NFPA 99 FOR CODE REQUIREMENTS. THIS SHOULD NOT BE CONFUSED WITH "AIR" AS IT IS DEFINED IN CATEGORY 1 OR 2 MEDICAL FACILITIES.
  5. WATER PRESSURE MUST NOT EXCEED 50 PSI AT ALL DENTAL UNITS.
  6. BACK-FLOW PREVENTION IS REQUIRED ON ALL LINES AS PER LOCAL CODE.
  7. REFER TO ARCHITECT'S DRAWINGS FOR PLUMBING REQUIREMENTS IN ALL AREAS NOT INDICATED ON THIS PLAN.
- ALL DIMENSIONS NOTED ON PLAN ARE TO THE CENTERLINE OF PLUMBING OR UTILITY CENTER (UNLESS SHOWN OTHERWISE)
- SEE SHEETS SED.1 & SED.2 FOR DENTAL EQUIPMENT DETAILS

### PLUMBING SPECIFICATIONS

QTY	SPEC. NUMBER	DESCRIPTION	UTILITIES							DETAIL
			COLD WATER	HOT WATER	DRAIN	COMPRESSED AIR	NATURAL GAS	VACUUM	OXYGEN	
1	3A	UTILITY CENTER - SELF-CONTAINED WATER.								3A
1	13	COMPRESSED AIR LINE AND VALVE - 1/2" AIR LINE FROM COMPRESSOR (25) BY PLUMBER. TERMINATE WITH A 3/8" ANGLE VALVE.								13
1	14C	STERI-CENTER UTILITIES - CONTRACTOR(S) TO PROVIDE REQ'D UTILITIES PER MFR'S SPECS. STERI-CENTER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. EXACT LOCATIONS TO BE CONFIRMED ON-SITE BY HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTIONS OF CABINET UTILITIES BY CONTRACTOR.	•	•	•	•	•	•	•	
1	15A	WASHER DISINFECTOR - UTILITIES BY CONTRACTOR(S). SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	•	•	•					15A
1	15B	HANDPIECE MAINTENANCE SYSTEM - CONTRACTOR(S) TO PROVIDE REQ'D UTILITIES. 1/2" AIR LINE WITH 1/4" ANGLE VALVE (ABOVE COUNTERTOP). SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.				•				15B
1	25	DENTAL AIR COMPRESSOR - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). VERIFY TRUNK & BRANCH LINE SIZES WITH MFR RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. PLUMBER TO EXHAUST PUMP TO OUTSIDE. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY ELECTRICIAN (IF REQ'D). DRAIN BY PLUMBER. FINAL CONNECTIONS BY CONTRACTOR(S).				•				25
1	27	VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). VERIFY TRUNK & BRANCH LINE SIZES WITH MFR RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. PLUMBER TO EXHAUST PUMP TO OUTSIDE. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY ELECTRICIAN (IF REQ'D). DRAIN BY PLUMBER. FINAL CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT. SEE DETAIL.	•	•		•			•	27
1	29A	AMALGAM SEPARATOR - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER. VERIFY LOCATION WITH HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST. CONNECT TO VACUUM LINE COMING IN FROM TREATMENT ROOMS.								29A



PROPOSED PLUMBING PLAN  
1/4"=1'-0"

REVISIONS:

02/14/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	GC
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# PROPOSED VACUUM LINE PLAN

NTS

## VACUUM NOTES

THE VACUUM PIPING LAYOUT HAS A LARGE EFFECT ON THE EFFICIENCY AND RELIABILITY OF THE DENTAL VACUUM SYSTEM. REFER TO MANUFACTURER'S PRE-INSTALLATION GUIDE PROVIDED BY HENRY SCHEIN EQUIPMENT SPECIALIST (FOR SPECIFIC SIZING OF STUB-UP, TRUNK, AND BRANCH LINES.

IT IS HIGHLY RECOMMENDED THAT VACUUM LINES RUN UNDERNEATH DENTAL EQUIPMENT BY MEANS OF TRENCHING/ CORING (CONCRETE SLAB) OR IN SUB FLOOR (BASEMENT/ CRAWL SPACE). ALL LINES ARE TO BE DESIGNED WITH PVC PIPING UNLESS DICTATED BY LOCAL CODES TO USE COPPER OR CAST IRON.

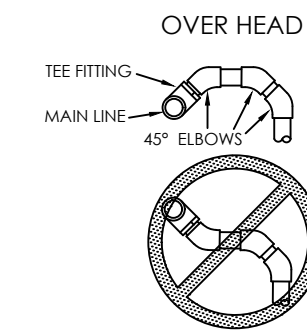
TO ENSURE OPTIMUM VACUUM PERFORMANCE, INSTALL MAIN LINE DIRECTLY BELOW THE DENTAL CHAIR, CABINET OR WALL JUNCTION BOX TO REDUCE OR ELIMINATE BRANCH LINE RUNS WHEREVER POSSIBLE.

**1. STUB-UP**  
TERMINATE VACUUM TRUNK LINE IN MECHANICAL ROOM. PLUMBING CONTRACTOR TO PROVIDE FPT ADAPTOR ON END OF STUB-OUT FROM FLOOR OR WALL. SIZE OF ADAPTOR TO BE DETERMINED BY TRUNK AND PUMP INTAKE PIPE SIZES. SEE DETAILS THIS SET & MANUFACTURER TEMPLATES PROVIDED BY HENRY SCHEIN EQUIPMENT REP. IN THE CASE OF DUAL TRUNK LINE SYSTEM, PROVIDE ENOUGH SPACE BETWEEN STUB-UPS TO INSTALL TEES ON BOTH LINES.

**2. TRUNK LINE(S)**  
VACUUM TRUNK LINE(S) TO BE SUPPORTED EVERY 4'-0" TO PREVENT SAG AND SLOPED A MINIMUM OF 1/4" PER 10'-0" TOWARD THE VACUUM PUMP.

**3. BRANCH LINE(S)**  
BRANCH LINES ARE TO HAVE "SWEEPING" 90 DEGREE TURNS TO AVOID VACUUM LOSS. A "WYE" FITTING SHOULD BE USED TO JOIN BRANCH LINES TO THE TRUNK LINE.

### BRANCH LINE CONFIGURATION



DO NOT PIPE TRUNK LINE IN A SERIES MANNER LOOPING FROM J-BOX TO J-BOX. A CONTINUOUS TRUNK LINE MUST BE MAINTAINED FROM THE PUMP TO THE FURTHEST J-BOX USING BRANCH LINES OFF OF THE TRUNK LINE TO PICK UP EACH VACUUM OUTLET. TRUNK LINE MAY FOLLOW DRAIN LINE TRENCHES WITHIN REASON. USE ONLY 45 DEGREE ELS. DO NOT USE ANY 90 DEGREE ELS. ALL SUB FLOOR SCH 40 PVC CONNECTIONS ARE TO BE PLUMBED WITH 45 DEGREE ELS USING DETAIL A FOR TEEING BRANCH LINE CONNECTIONS INTO TRUNK LINE.

**SPECIAL NOTE:**  
IF VACUUM LINES ENCRROACH ON EITHER A WALL OR COLUMN FOOTING, USE 45 DEGREE ELBOWS TO PIPE AROUND FOOTING SO PIPE REACHES PROPER LOCATION.

## PLUMBING NOTES

1. THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.
2. EXACT EQUIPMENT LOCATIONS MUST BE JOB SITE VERIFIED BY THE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.
3. FOLLOW MANUFACTURER'S TEMPLATES FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.
4. BACK-FLOW PREVENTION IS REQUIRED ON ALL LINES AS PER LOCAL CODE.

SEE SHEETS SED.1 & SED.2 FOR DENTAL EQUIPMENT DETAILS

## VACUUM PLAN DISCLAIMER

THIS VACUUM DIAGRAM HAS BEEN PROVIDED BY THE VACUUM MANUFACTURER AND REPRESENTS THEIR RECOMMENDATIONS. ALL QUESTIONS REGARDING THIS DIAGRAM SHOULD BE DIRECTED TO THE MANUFACTURER AND HENRY SCHEIN EQUIPMENT SPECIALIST. HENRY SCHEIN ASSUMES NO RESPONSIBILITY FOR THE INFORMATION PROVIDED.

PROJECT:

HENRY SCHEIN REP:  
WILLARD WALLACE

REGION:  
INTERNATIONAL

PHONE #:  
305-418-4101

**-IMPORTANT NOTE-**  
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PROJECT NUMBER:  
22-1175

PROJECT START DATE:  
05/06/2022

FINALS START DATE:  
07/25/2022

DRAWN BY: ARCH  
FINALS BY: GC  
CHECKED BY: LBS

REVISIONS:

02/14/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	GC
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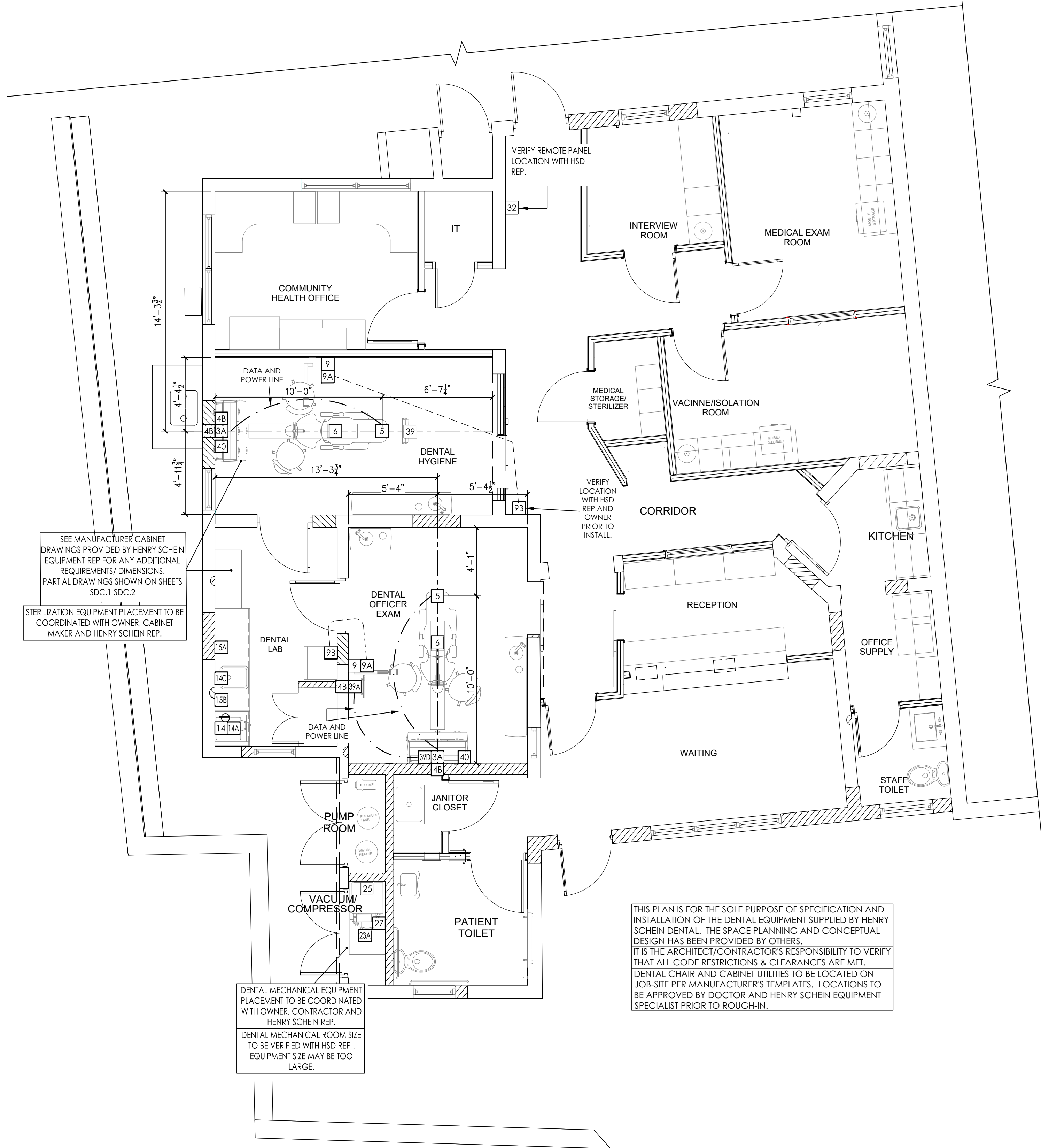
INT.SQ.FT.= PER ARCH

SCALE: NTS SHT. SIZE: 24 x 36

DENTAL VACUUM PLAN

SP.2





SEE MANUFACTURER CABINET DRAWINGS PROVIDED BY HENRY SCHEIN EQUIPMENT REP FOR ANY ADDITIONAL REQUIREMENTS/ DIMENSIONS. PARTIAL DRAWINGS SHOWN ON SHEETS SDC.1-SDC.2

STERILIZATION EQUIPMENT PLACEMENT TO BE COORDINATED WITH OWNER, CABINET MAKER AND HENRY SCHEIN REP.

DENTAL MECHANICAL EQUIPMENT PLACEMENT TO BE COORDINATED WITH OWNER, CONTRACTOR AND HENRY SCHEIN REP.  
DENTAL MECHANICAL ROOM SIZE TO BE VERIFIED WITH HSD REP. EQUIPMENT SIZE MAY BE TOO LARGE.

THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. THE SPACE PLANNING AND CONCEPTUAL DESIGN HAS BEEN PROVIDED BY OTHERS.  
IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS & CLEARANCES ARE MET.  
DENTAL CHAIR AND CABINET UTILITIES TO BE LOCATED ON JOB-SITE PER MANUFACTURER'S TEMPLATES. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN EQUIPMENT SPECIALIST PRIOR TO ROUGH-IN.

### ELECTRICAL SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	UTILITIES			
			POWER	DEDICATED CIRCUIT	LOW VOLTAGE CONTROL	DATA DROP
2	3A	UTILITY CENTER - SELF-CONTAINED WATER.	115V			3A
4	4B	2" CONDUIT - VERTICAL PIPE CHASE WITH PULL-STRING SUPPLIED AND INSTALLED BY ELECTRICIAN. RUN FROM ABOVE CEILING DOWN TO TWO-GANG MUD RING OR BOX AT SILL PLATE.				4B
2	5	DENTAL CHAIR RECEPTACLE - SUPPLIED & INSTALLED BY ELECTRICIAN.	115V			5
2	6	DENTAL TRACK LIGHT - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). LIGHT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V			6
2	9	WALL MOUNTED INTRAORAL X-RAY HEAD, ARM, AND WALL BRACKET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. BLOCKING & ELECTRICAL BY CONTRACTOR(S).	115V	20A		9
2	9A	X-RAY MASTER CONTROL - ELECTRICIAN TO SUPPLY AND INSTALL PIPE CHASE WITH PULL-STRING TO (9) LOCATION WHEN (9A) IS REMOTE. VERIFY SUPPLIER OF WIRING WITH HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTION BY HENRY SCHEIN DENTAL.				
2	9B	X-RAY REMOTE EXPOSURE BUTTON - ELECTRICIAN TO SUPPLY AND INSTALL PIPE CHASE WITH PULL-STRING TO (9A) OR (9C) LOCATION. VERIFY SUPPLIER OF EXPOSURE BUTTON AND WIRING WITH HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTION BY HENRY SCHEIN DENTAL.				9B
1	14	STERILIZER (SINGLE CASSETTE) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V	20A		14A
1	14A	STERILIZER (AUTOCLAVE) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V	20A		14A
1	14C	STERI-CENTER UTILITIES - CONTRACTOR(S) TO PROVIDE REQ'D UTILITIES PER MFR'S SPECS. STERI-CENTER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. EXACT LOCATIONS TO BE CONFIRMED ON-SITE BY HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTIONS OF CABINET UTILITIES BY CONTRACTOR.	SEE MFR. SPECS.			
1	15A	WASHER DISINFECTOR - UTILITIES BY CONTRACTOR(S). SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	230V	20A		15A
1	15B	HANDPIECE MAINTENANCE SYSTEM - CONTRACTOR(S) TO PROVIDE REQ'D UTILITIES. 1/2" AIR LINE WITH 1/4" ANGLE VALVE (ABOVE COUNTERTOP). SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V			15B
1	23A	EXHAUST FAN FOR DENTAL MECHANICAL CLOSET - SUPPLIED AND INSTALLED BY CONTRACTOR. A THERMOSTAT CONTROLLED FAN IS REQUIRED TO KEEP ROOM TEMPERATURE WITHIN THE EQUIPMENT MANUFACTURER'S RECOMMENDED OPERATING TEMPERATURE RANGE. FAN OUTPUT (CFM) TO BE DETERMINED BY ARCHITECT/ENGINEER. VENT TO OUTSIDE.	115V			
1	25	DENTAL AIR COMPRESSOR - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). FOR DENTAL AIR DRIVEN DEVICES. PLUMBER TO PROVIDE 1/2" I.D. COPPER TYPE K OR L SUPPLY LINES TO LOCATIONS THAT REQUIRE AIR. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY ELECTRICIAN (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR(S).	230V	20A		25
1	27	VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). VERIFY TRUNK & BRANCH LINE SIZES WITH MFR RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. PLUMBER TO EXHAUST PUMP TO OUTSIDE. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY ELECTRICIAN (IF REQ'D). DRAIN BY PLUMBER. FINAL CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT. SEE DETAIL.	230V	VARY		27
1	32	REMOTE CONTROL PANEL - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY ELECTRICIAN 60" A.F.F. ELECTRICIAN TO SUPPLY AND INSTALL 24V CONTROL WIRING FROM PANEL TO EACH COMPRESSOR, VACUUM AND/OR SOLENOID PER MFR SPECS.				32
1	39	CEILING MOUNTED MONITOR - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN EQUIPMENT SPECIALIST.	SEE MFG. SPECS			39
1	39A	WALL MOUNTED MONITOR - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN EQUIPMENT SPECIALIST.	SEE MFG. SPECS			39A
1	39D	CABINET MOUNTED MONITOR - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V			
2	40	COMPUTER CIRCUIT - DUPLEX OUTLET & DATA DROP PROVIDED BY ELECTRICIAN. 1-4 OUTLETS PER DEDICATED CIRCUIT. HEIGHT SPECIFIED BY HENRY SCHEIN EQUIPMENT REP OR AS NOTED.	115V	20A		

### ELECTRICAL NOTES

- THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.
- EXACT EQUIPMENT LOCATIONS MUST BE JOB SITE VERIFIED BY THE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.
- FOLLOW MANUFACTURER'S TEMPLATES FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.
- GFCI PROTECTION OR REDUNDANT GROUND IN DENTAL CHAIR RECEPTACLES, DENTAL UTILITY CABINETS AND ANY OTHER AREAS REQUIRED BY LOCAL CODE IS THE RESPONSIBILITY OF THE ELECTRICAL CONTRACTOR.
- ADDITIONAL CONVENIENCE OUTLETS REQUIRED ON JOBSITE ARE THE RESPONSIBILITY OF ELECTRICAL CONTRACTORS. FOLLOW LOCAL CODE RESTRICTIONS.
- CONDUIT LOCATIONS (4, 4A, 4B, 4C) SHOULD BE VERIFIED WITH OWNER AND HENRY SCHEIN REP PRIOR TO ROUGH-IN.
- ALL COMPUTER NETWORKING AND WORKSTATIONS MUST BE SPECIFIED BY CUSTOMER'S COMPUTER SUPPLIER. IF HENRY SCHEIN WILL BE SUPPLYING THE COMPUTERS & NETWORKING COMPONENTS, SEE SHEET SE.2 FOR THE OFFICE TECHNOLOGY PLAN.
- CONTRACTOR TO PROVIDE AND INSTALL ALL EXIT SIGNS, EMERGENCY LIGHTING AND FIRE SUPPRESSION & DETECTION SYSTEMS AS PER ARCHITECT'S DRAWINGS AND LOCAL CODE.
- REFER TO ARCHITECT'S DRAWINGS FOR ELECTRICAL REQUIREMENTS IN ALL AREAS NOT INDICATED ON THIS PLAN.

ALL DIMENSIONS NOTED ON PLAN ARE TO THE CENTERLINE OF RECEPTACLE OR UTILITY CENTER (UNLESS SHOWN OTHERWISE)

### ELECTRICAL LEGEND

- ALL HEIGHTS TO BE SPECIFIED ON-SITE UNLESS NOTED OTHERWISE
- 220V DUPLEX RECEPTACLE
- \*SPECIFICATIONS MAY INCLUDE DATA, SEE ELECTRICAL SCHEDULE THIS SHEET
- SEE SHEETS SED.1 & SED.2 FOR DENTAL EQUIPMENT DETAILS

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PROJECT NUMBER:	22-1175
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DRAWN BY:	ARCH
FINALS BY:	GC
CHECKED BY:	LBS
REVISIONS:	
02/14/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	GC
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-/-/-	---
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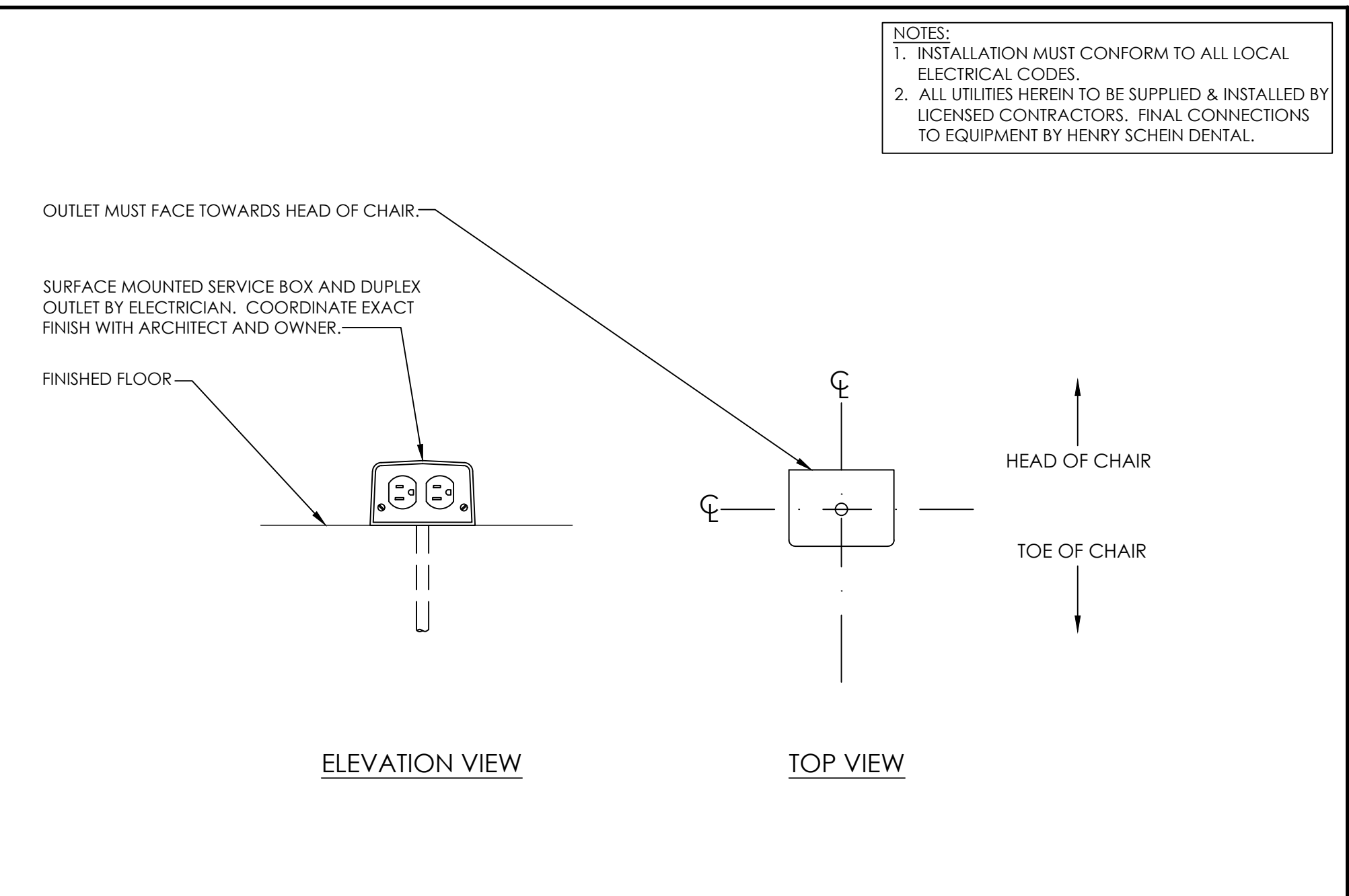
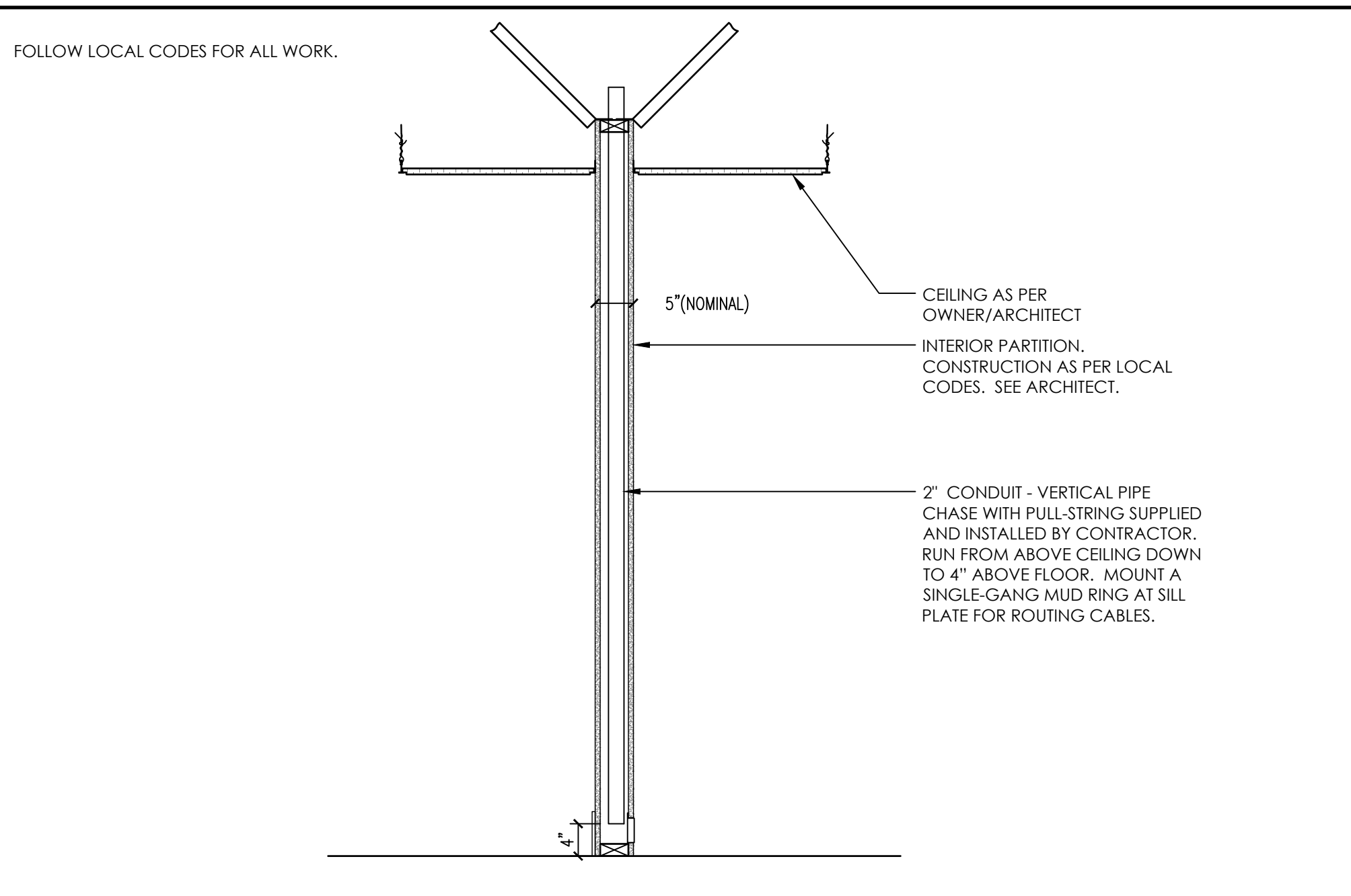
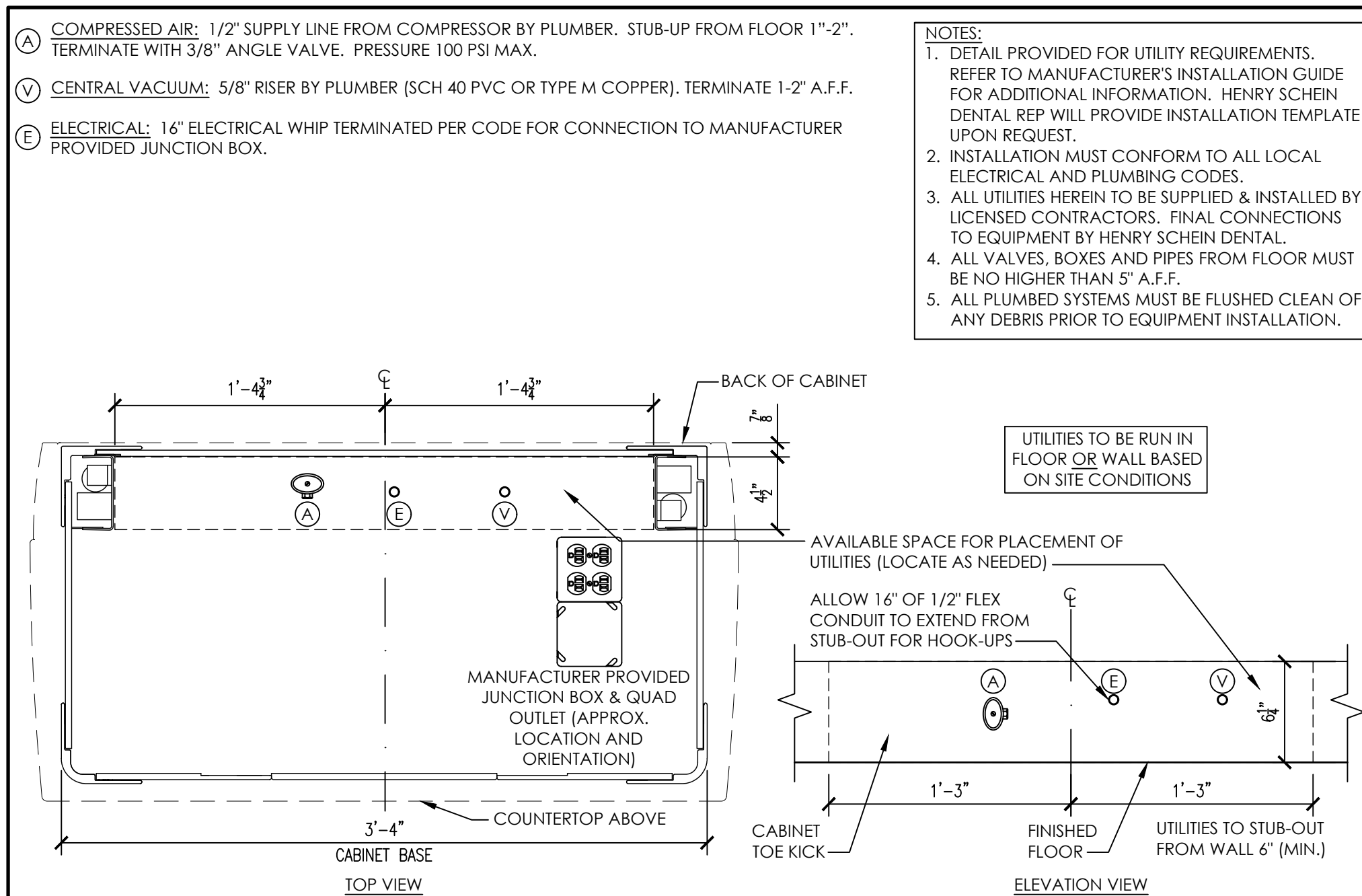
INT.SQ.FT.= PER ARCH  
SCALE: 1/4"=1'-0" SHT. SIZE: 24 x 36

DENTAL ELECTRICAL PLAN

SE.1



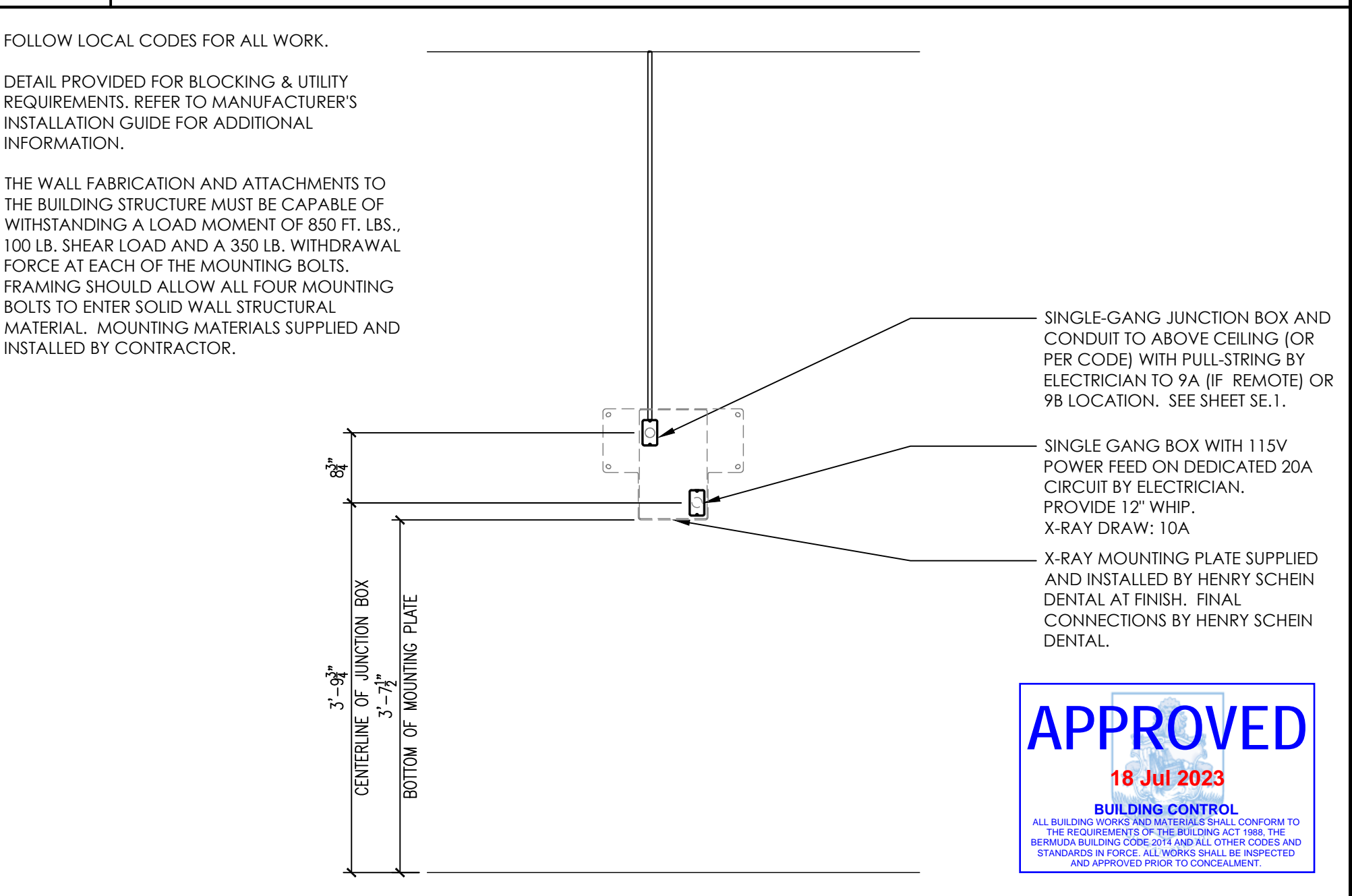
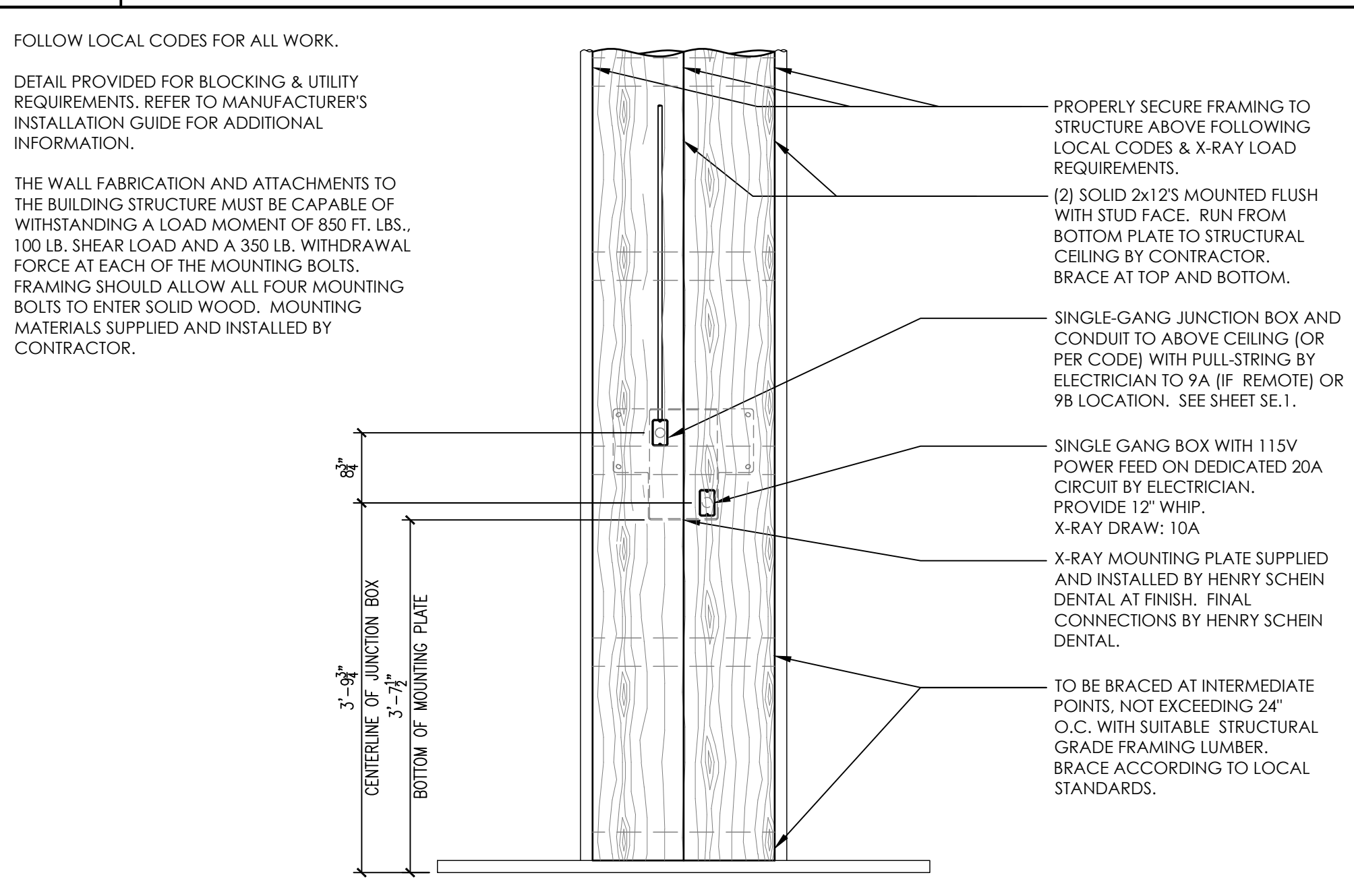
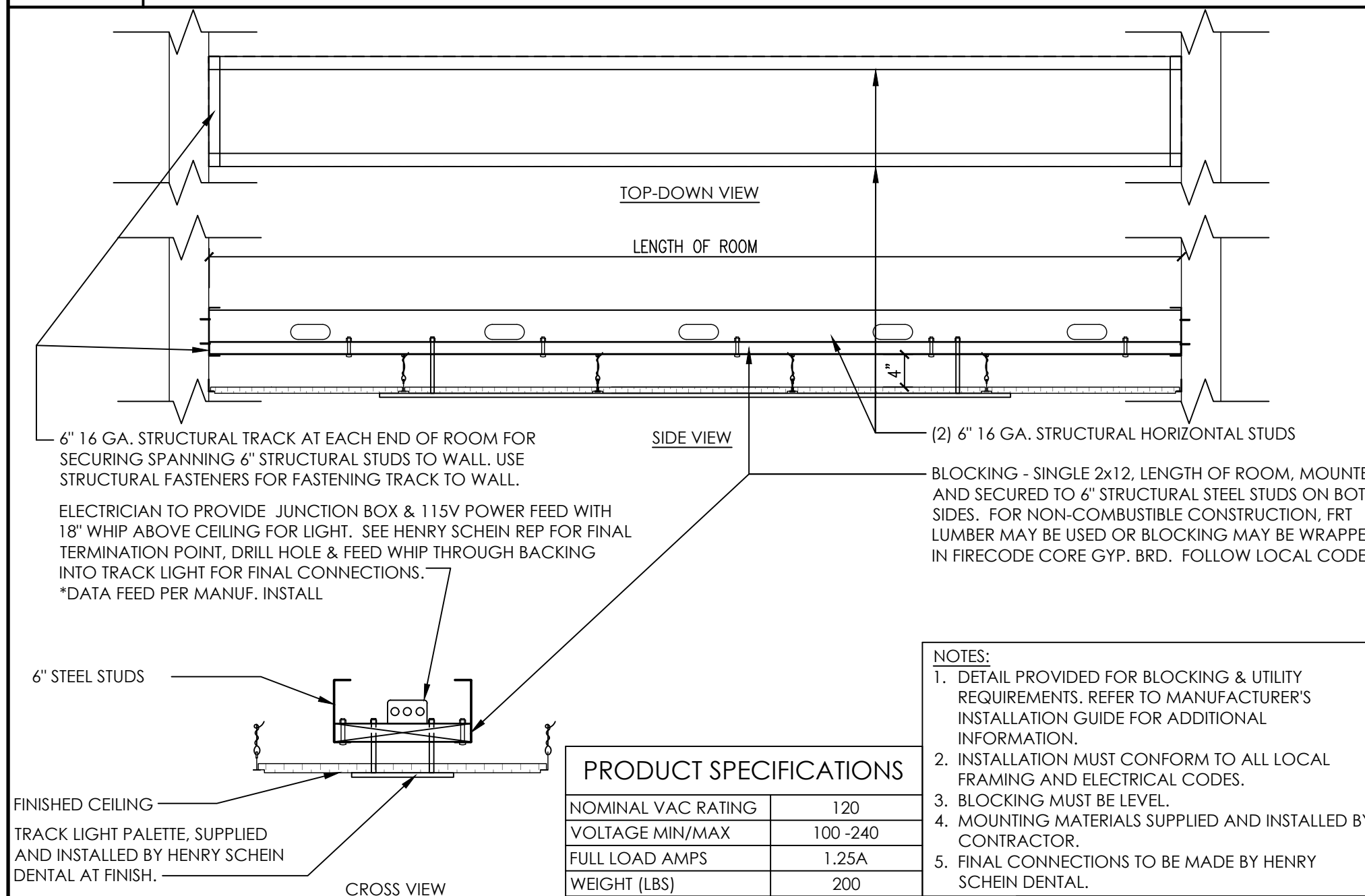
PROPOSED ELECTRICAL PLAN  
1/4"=1'-0"



**3A ADEC INSPIRE 591 CABINET UTILITIES**  
NOT TO SCALE

**4B VERTICAL CHASE**  
NOT TO SCALE

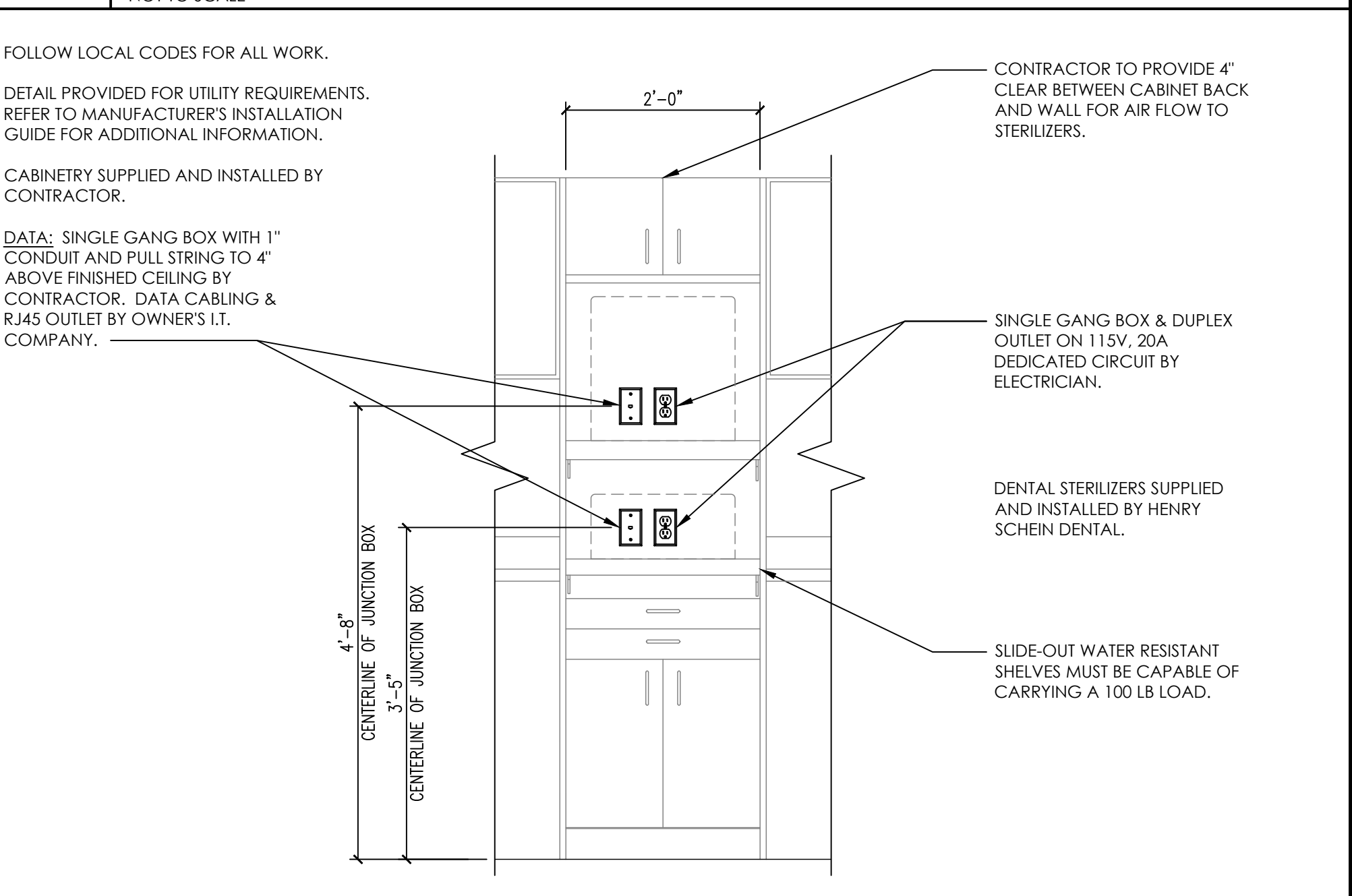
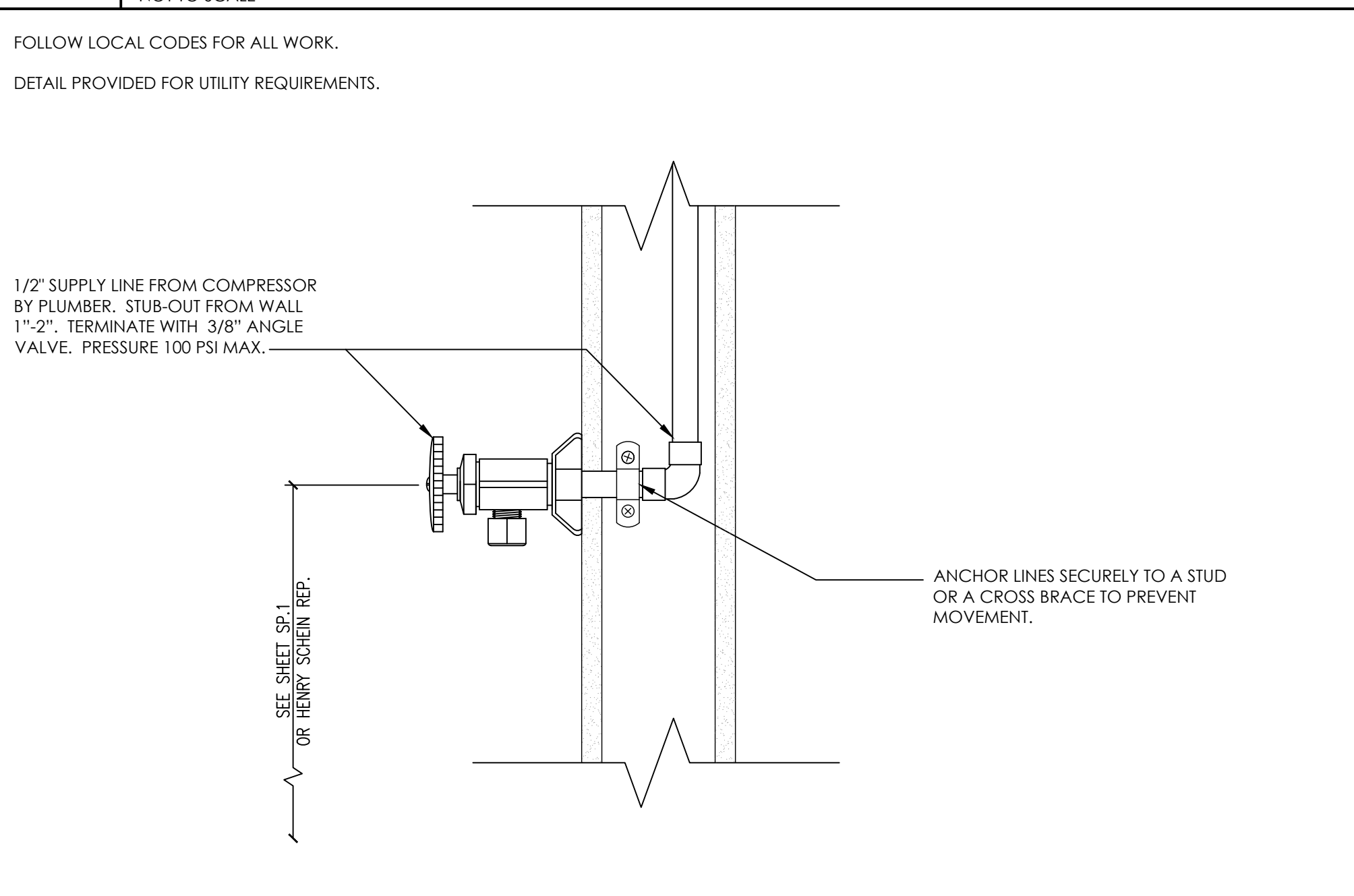
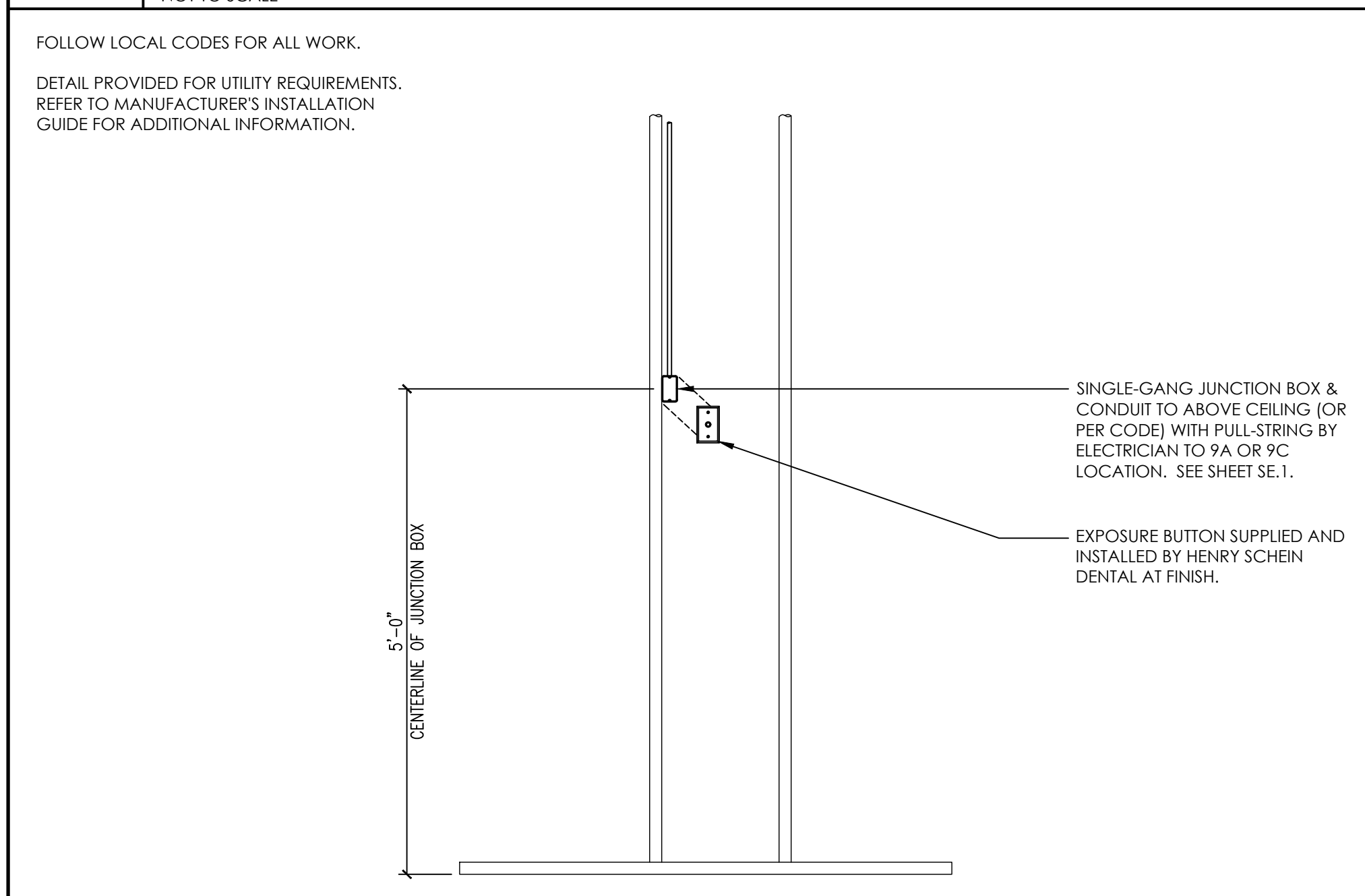
**5 SURFACE MOUNTED CHAIR OUTLET**  
NOT TO SCALE



**6 TRACK DENTAL LIGHT: METAL BRACING**  
NOT TO SCALE

**9 SIRONA HELIODENT PLUS X-RAY**  
NOT TO SCALE

**9 SIRONA HELIODENT PLUS X-RAY**  
NOT TO SCALE



**9B X-RAY EXPOSURE BUTTON**  
NOT TO SCALE

**13 DENTAL AIR LINE**  
NOT TO SCALE

**14A STERILIZER TOWER**  
NOT TO SCALE

**HENRY SCHEIN**  
INTEGRATED DESIGN STUDIO  
10920 W LINCOLN AVE. WEST ALLIS, WI 53227  
henryscheinintegrateddesign.com

**MANGROVE BAY CLINIC**  
MINISTRY OF HEALTH, GOV. OF BERMUDA  
67 VICTORIA ST. HAMILTON HM12  
BERMUDA

PROJECT: HENRY SCHEIN REP: WILLARD WALLACE

REGION: INTERNATIONAL

PHONE #: 305-418-4101

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PROJECT NUMBER: 22-1175  
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 FINALS START DATE: 07/25/2022

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 FINALS BY: GC  
 CHECKED BY: LBS

REVISIONS:

02/14/2023	GC
02/20/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	C
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INT.SQ.FT.= PER ARCH

SCALE: SEE DETAIL

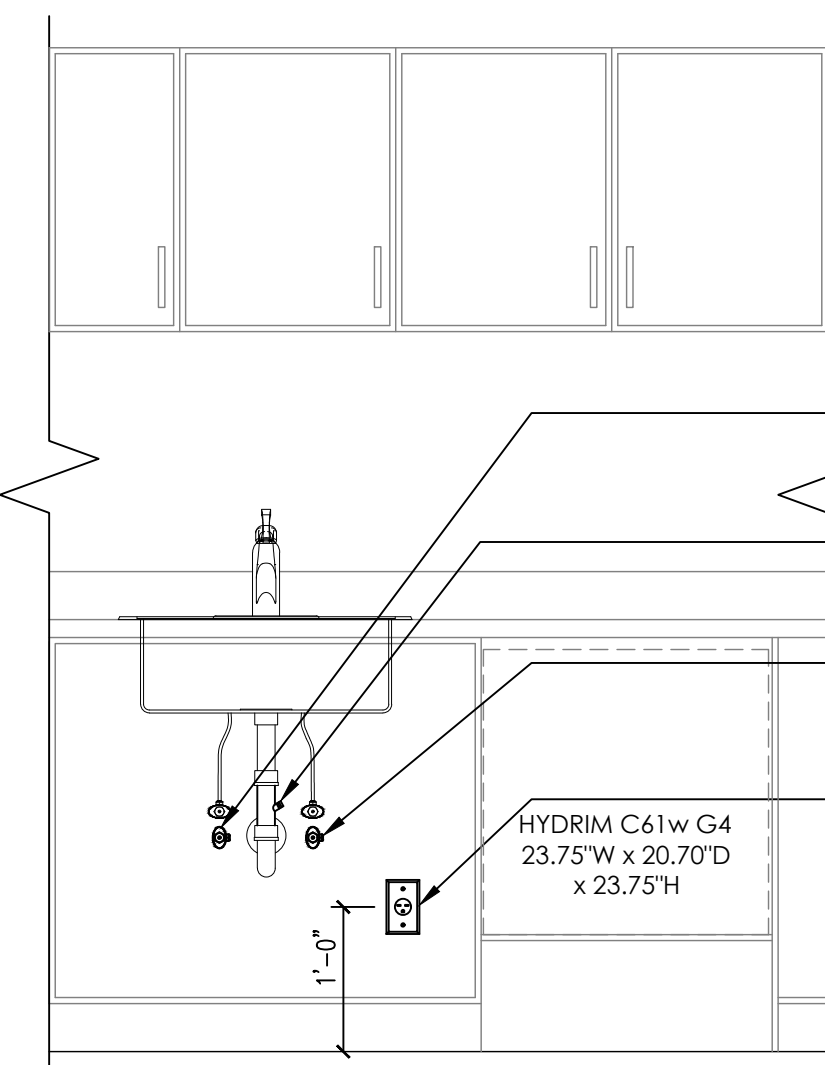
SHT. SIZE: 24 x 36

DENTAL EQUIP. DETAILS

SED.1

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.



SINK LOCATION/SIZE WILL VARY BASED ON STERILIZATION CONFIGURATION

1/2" COLD WATER SUPPLY LINE BY PLUMBER. STUB-OUT FROM WALL 1"-2". TERMINATE WITH 3/4" ANGLE VALVE. PRESSURE 145 PSI MAX.

PLUMBER TO SUPPLY & INSTALL A 3/4" DISHWASHER TEE ON DRAIN STAND PIPE FOR HYDRIM DRAIN HOSE.

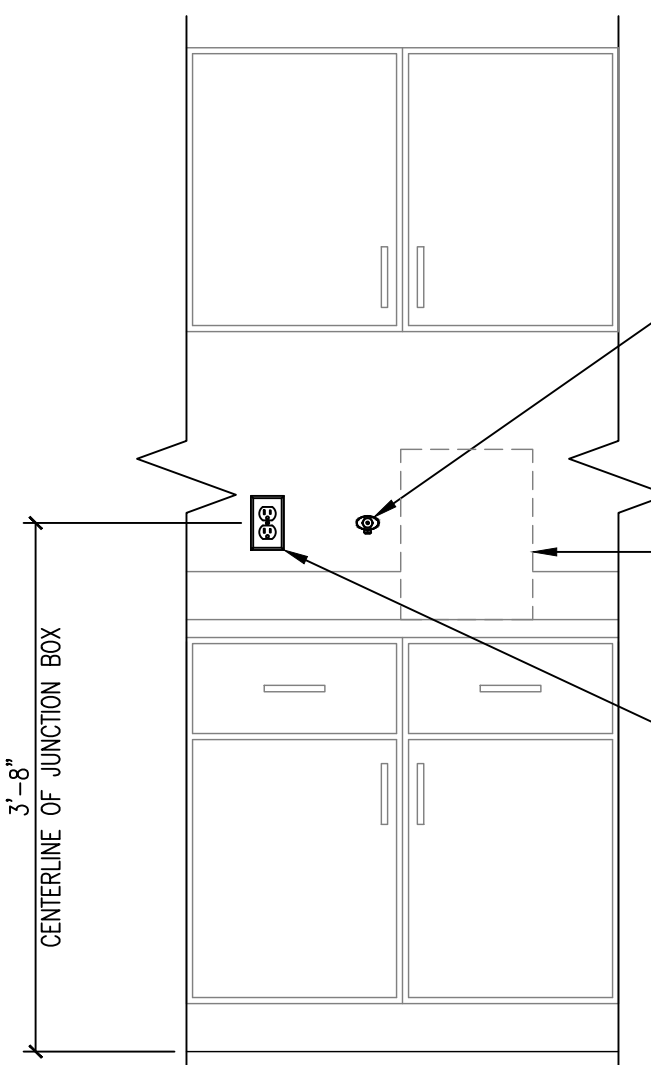
1/2" HOT WATER SUPPLY LINE BY PLUMBER. STUB-OUT FROM WALL 1"-2". TERMINATE WITH 3/4" ANGLE VALVE. PRESSURE 145 PSI MAX.

SINGLE GANG BOX & 230V OUTLET ON DEDICATED 20A CIRCUIT BY ELECTRICIAN.

HYDRIM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.



1/2" AIR SUPPLY LINE FROM COMPRESSOR BY CONTRACTOR. STUB-OUT FROM WALL 1"-2". TERMINATE WITH 1/4" ANGLE VALVE. PRESSURE 100 PSI MAX.

CARE 3 PLUS UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

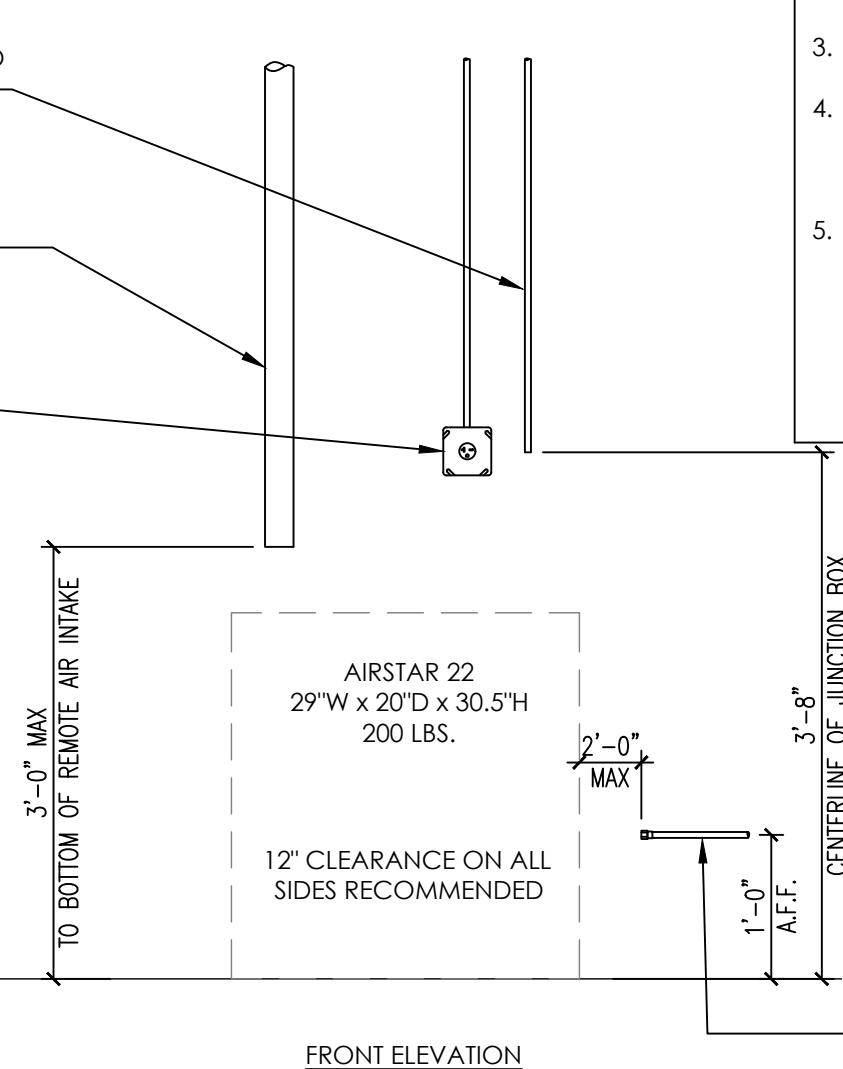
SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN.

THIS COMPRESSOR MEETS THE REQUIREMENTS FOR FACILITIES UTILIZING NO SEDATION TO MODERATE SEDATION AS DEFINED BY NFPA 99.

RIGID CONDUIT TO 6" ABOVE CEILING (OR PER CODE) & 18/4 LOW VOLTAGE WIRE TO REMOVE SHUT-OFF BY ELECTRICIAN.

2" REMOTE AIR INTAKE BY PLUMBER. RUN TO EXTERIOR. PROTECT EXTERIOR PIPING FROM OUTDOOR ELEMENTS AS NEEDED.

230V, 20A DEDICATED CIRCUIT & NEMA 6-20R OUTLET BY ELECTRICIAN.



NOTES:  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. FINAL CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.  
4. MECHANICAL ROOM MUST BE KEPT BETWEEN 41°-105° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.  
5. PROVIDE A BUCK-BOOST TRANSFORMER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE FLUCTUATION OF ± 10% OF NOMINAL VOLTAGE RATINGS LISTED. VERIFY SUPPLIER OF BUCK-BOOST TRANSFORMER WITH HENRY SCHEIN EQUIPMENT SPECIALIST.

PRODUCT SPECIFICATIONS

NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	8
MIN. CIRCUIT BREAKER RATING (AMPS)	20
WATTS PER HOUR	640
BTU PER HOUR	2184
MIN WIRE SIZE (AWG)	12

1/2" TYPE "K" OR "L" COPPER AIR LINE TO TREATMENT ROOMS AND 3/8" FNPT END FITTING BY PLUMBER.

15A SCICAN HYDRIM C61w G4 WASHER DISINFECTOR

NOT TO SCALE

RIGID CONDUIT TO 6" ABOVE CEILING (OR PER CODE) & 18/4 LOW VOLTAGE WIRE TO REMOVE SHUT-OFF BY ELECTRICIAN.

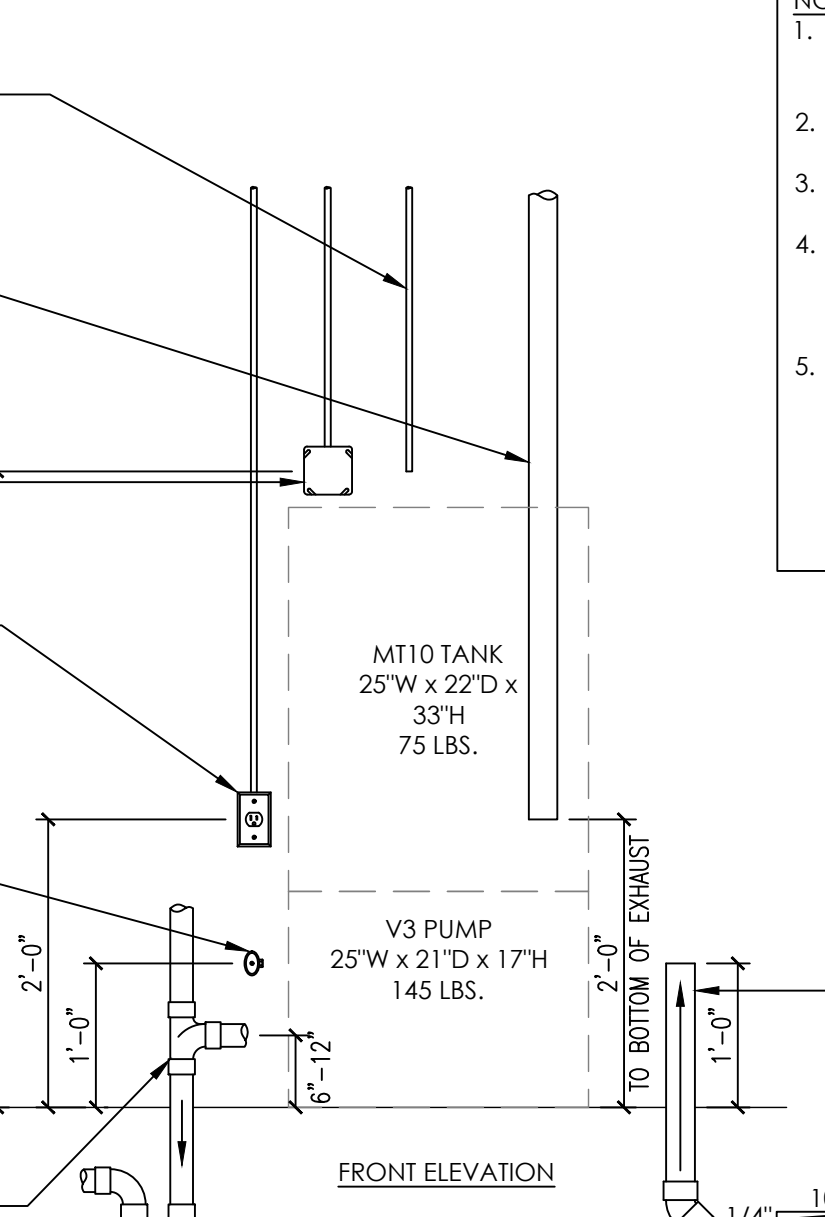
2" INSULATED METAL EXHAUST VENT BY PLUMBER. SCH. 40 PVC MAY BE USED WHEN CONNECTED TO HEAT EXCHANGER. SEE HENRY SCHEIN REP. RUN TO EXTERIOR. PROTECT EXTERIOR PIPING FROM OUTDOOR ELEMENTS AS NEEDED.

TWO GANG BOX & 230V, 20A DEDICATED CIRCUIT BY ELECTRICIAN. POWER IS HARDWIRED. ELECTRICIAN TO SUPPLY DISCONNECT BOX IF ELECTRICAL PANEL IS NOT IN MECHANICAL ROOM.

SINGLE GANG BOX & 115V NEMA 5-15R SIMPLEX OUTLET BY ELECTRICIAN FOR MASTER CONTROLLER. DRAW: SA

1/2" WATER SUPPLY LINE WITH 3/4" HOSE BIB WITHIN 10' OF TANK BY PLUMBER.

1/2" CLOSED VENTED DRAIN LINE FROM WALL OR FLOOR BY PLUMBER. NO TRAP BEFORE VENT.  
OR DRAIN LINE WITH P-TRAP AND AIR GAP. OR FLOOR SINK. FOLLOW LOCAL CODES.



NOTES:  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. FINAL CONNECTIONS TO BE MADE BY LICENSED CONTRACTOR(S).  
4. MECHANICAL ROOM MUST BE KEPT BETWEEN 40°-104° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.  
5. PROVIDE A BUCK-BOOST TRANSFORMER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE FLUCTUATION OF ± 10% OF NOMINAL VOLTAGE RATINGS LISTED. VERIFY SUPPLIER OF BUCK-BOOST TRANSFORMER WITH HENRY SCHEIN EQUIPMENT SPECIALIST.

PRODUCT SPECIFICATIONS

# OF MOTORS	1
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	12
MIN. CIRCUIT BREAKER RATING (AMPS)	20
MAX WATTS PER HOUR	1601
IDLE/MAX BTU PER HOUR	3021/5462

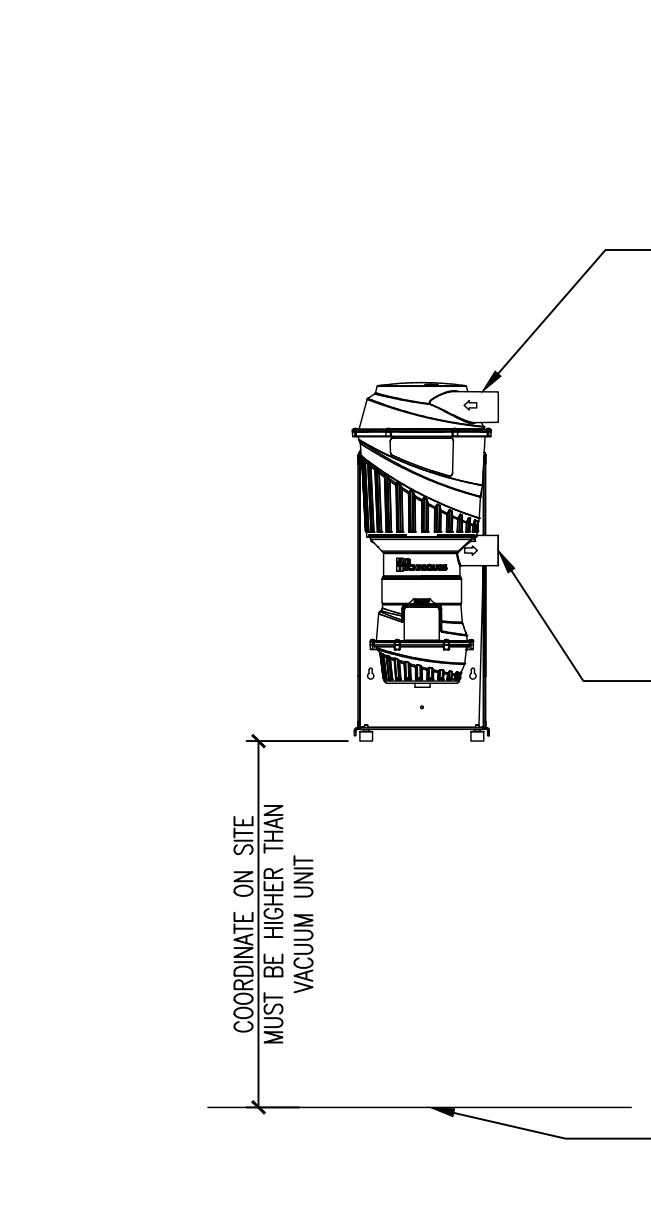
1-1/2" MAIN VACUUM LINE FROM TREATMENT ROOMS BY PLUMBER. TERMINATE WITH A 1/2" FNPT FITTING OR CONNECT DIRECTLY TO AMALGAM SEPARATOR (29A) WHEN CALLED FOR. SEE SHEET SP.1.  
MINIMUM SLOPE ON VACUUM LINE OF 1/4" PER 10' TOWARDS THE MECHANICAL ROOM

15B NSK CARE 3 PLUS MAINTENANCE SYSTEM

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.



INLET FOR CONNECTION TO MAIN VACUUM LINE. USE PROVIDED INLET AND OUTLET COUPLINGS WITH FLEX PIPING. DO NOT GLUE PLUMBING TO THE ACADIA INLET OR OUTLET.

AMALGAM SEPARATOR SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLATION AND FINAL CONNECTIONS BY PLUMBER. COORDINATE LOCATION WITH HENRY SCHEIN TECHNICIAN.

OUTLET FOR CONNECTION TO WET RING VACUUM INLET OR DRY VACUUM COLLECTION TANK. MOUNT SEPARATOR SO THAT THIS OUTLET IS HIGHER THAN THE VACUUM TANK OR PUMP INLET. USE PROVIDED INLET AND OUTLET COUPLINGS WITH FLEX PIPING. DO NOT GLUE PLUMBING TO THE ACADIA INLET OR OUTLET.

SEE VACUUM PUMP DETAIL FOR VACUUM LINE TERMINATION FROM TREATMENT ROOMS.

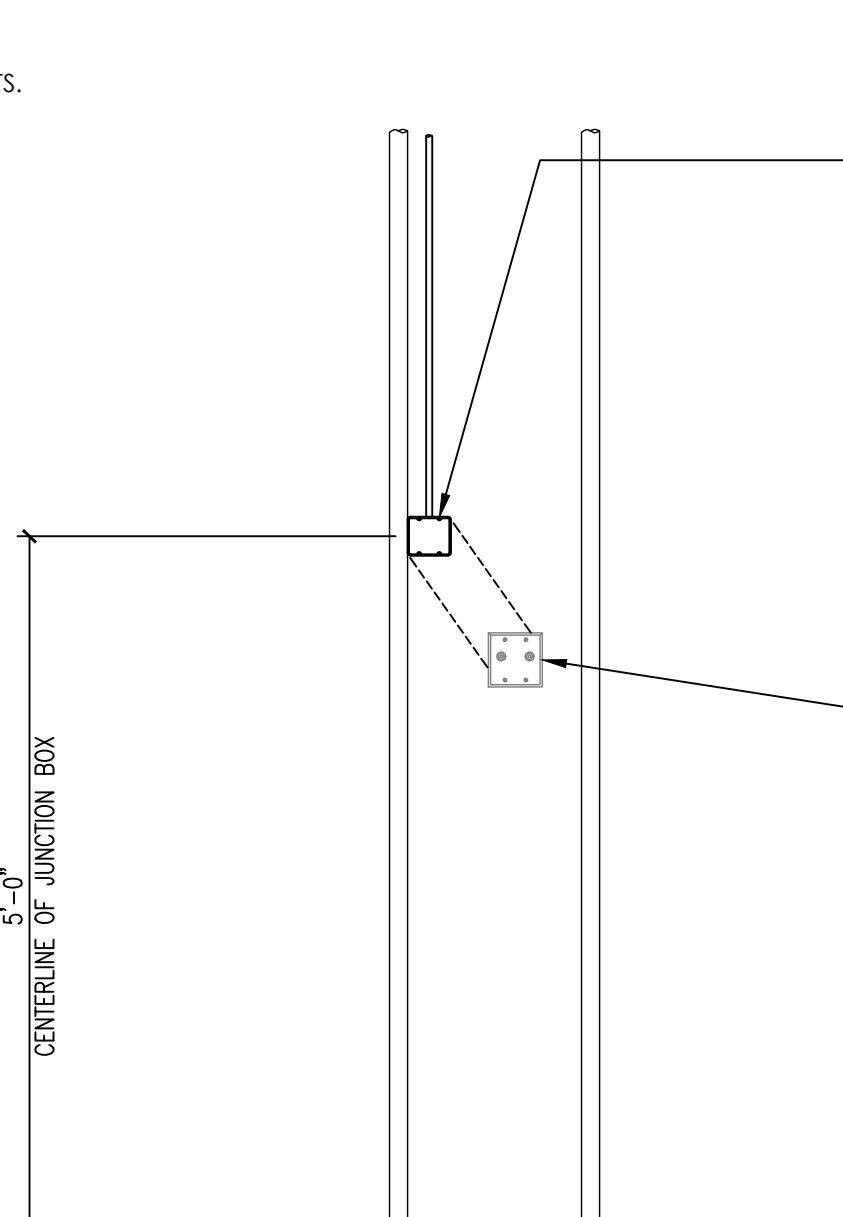
MECHANICAL ROOM FLOOR

25 AIRTECHNIQUES AIRSTAR 22 COMPRESSOR

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.



TWO GANG BOX & CONDUIT TO ABOVE CEILING (OR PER CODE) BY ELECTRICIAN. 18/4 LOW VOLTAGE WIRE TO MECHANICAL CLOSET BY ELECTRICIAN FOR EACH VACUUM MOTOR, COMPRESSOR OR WATER VALVE TO BE CONTROLLED.

PROVIDE 18" WHIPS IN BOX FOR FINAL CONNECTIONS.

AIR AND VACUUM REMOTE SHUT-OFF KIT SUPPLIED BY HENRY SCHEIN DENTAL. FINAL CONNECTIONS BY HENRY SCHEIN DENTAL (OR PER LOCAL CODE). REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR WIRING DIAGRAM.

NOTE: WHEN USING WET-RING VACUUM PUMPS, THE VACUUM SWITCH MUST BE LOCKED OUT BY THE WATER SWITCH TO INSURE THAT WATER IS AVAILABLE BEFORE THE VACUUM STARTS.

27 AIRTECHNIQUES MOJAVE V3 VACUUM

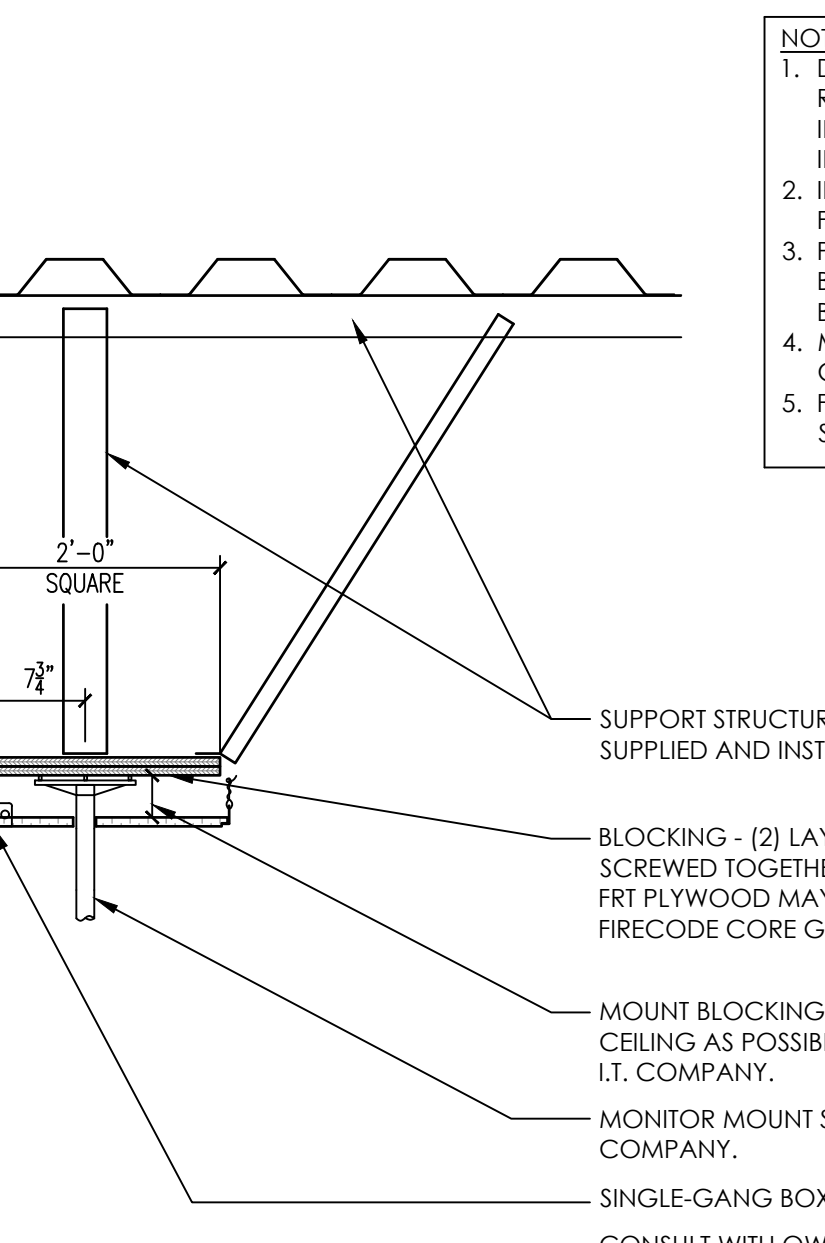
NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR BLOCKING & UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.

PROVIDE ADEQUATE FRAMING & BLOCKING TO SUPPORT APPROXIMATELY 55 POUNDS STATIC LOAD AND A MINIMUM MOMENT OF 203 FT LBS. FRAMING SHOULD ALLOW ALL FOUR MOUNTING BOLTS TO ENTER SOLID WOOD. MOUNTING MATERIALS SUPPLIED AND INSTALLED BY CONTRACTOR.

FINAL CONNECTIONS TO BE MADE BY HENRY SCHEIN DENTAL OR OWNER'S I.T. COMPANY.



NOTES:  
1. DETAIL PROVIDED FOR BLOCKING & UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL FRAMING AND ELECTRICAL CODES.  
3. PROVIDE ADEQUATE BLOCKING AND STRUCTURAL BRACING TO SUPPORT A LIVE LOAD OF 100 LBS. BLOCKING MUST BE LEVEL.  
4. MOUNTING MATERIALS SUPPLIED AND INSTALLED BY CONTRACTOR.  
5. FINAL CONNECTIONS TO BE MADE BY HENRY SCHEIN DENTAL OR OWNER'S I.T. COMPANY.

SUPPORT STRUCTURE AND BRACING SPECIFIED BY ENGINEER. SUPPLIED AND INSTALLED BY CONTRACTOR.

BLOCKING - (2) LAYERS OF 3/4" CDX PLYWOOD, GLUED & SCREWED TOGETHER. FOR NON-COMBUSTIBLE CONSTRUCTION, FRT PLYWOOD MAY BE USED OR BLOCKING MAY BE WRAPPED IN FIRECODE CORE GYP. BRD. FOLLOW LOCAL CODES.

MOUNT BLOCKING AS CLOSE TO UNDERSIDE OF FINISHED CEILING AS POSSIBLE. COORDINATE HEIGHT WITH OWNER'S I.T. COMPANY.

MONITOR MOUNT SUPPLIED AND INSTALLED BY OWNER'S I.T. COMPANY.

SINGLE-GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN. CONSULT WITH OWNER AND OWNER'S I.T. COMPANY REGARDING ANY LOW-VOLTAGE CABLING NEEDS.

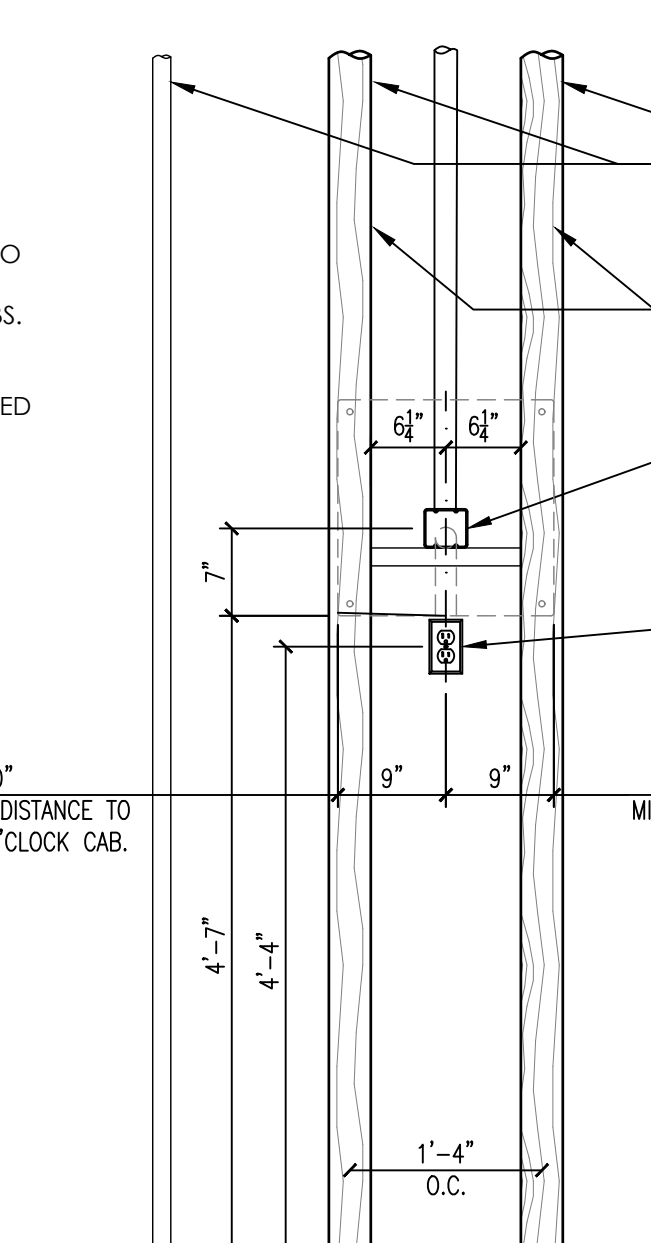
29A AIRTECHNIQUES ACADIA AMALGAM SEPARATOR

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR BLOCKING & UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.

PROVIDE ADEQUATE FRAMING & BLOCKING TO SUPPORT APPROXIMATELY 55 POUNDS STATIC LOAD AND A MINIMUM MOMENT OF 203 FT LBS. FRAMING SHOULD ALLOW ALL FOUR MOUNTING BOLTS TO ENTER SOLID WOOD. MOUNTING MATERIALS SUPPLIED AND INSTALLED BY CONTRACTOR.



PROPERLY SECURE FRAMING TO STRUCTURE ABOVE FOLLOWING LOCAL CODES

4 x 4 POSTS BY CONTRACTOR

TWO GANG BOX & 2" CONDUIT WITH PULL-STRING TO 4" ABOVE CEILING BY ELECTRICIAN. SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN. MOUNT DIRECTLY BELOW MONITOR MOUNTING PLATE. OPTIONAL: SINGLE GANG BOX & 115V POWER WHIP MOUNTED BEHIND PLATE BY ELECTRICIAN. SEE HENRY SCHEIN REP. MONITOR SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

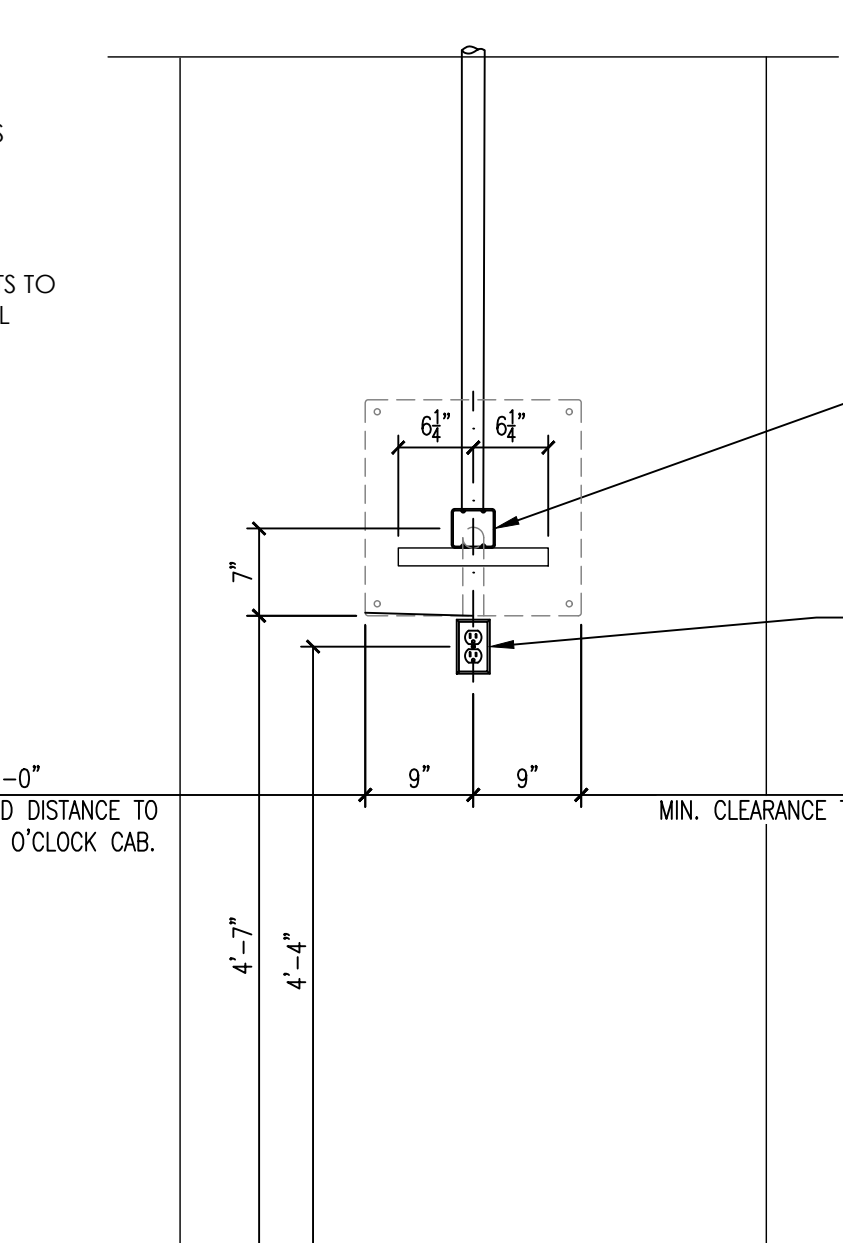
32 MECHANICAL REMOTE SHUT-OFF (2 SWITCH)

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DETAIL PROVIDED FOR BLOCKING & UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.

PROVIDE ADEQUATE STRUCTURAL SUPPORT; SHOULD ALLOW ALL FOUR MOUNTING BOLTS TO ENTER AND HOLD WITHIN SOLID STRUCTURAL MATERIAL. MOUNTING MATERIALS SUPPLIED AND INSTALLED BY CONTRACTOR.



APPROVED  
18 Jul 2023  
BUILDING CONTROL  
ALL BUILDING WORK AND MATERIALS SHALL CONFORM TO THE REQUIREMENTS OF THE BUILDING ACT 1983 AND STANDARDS IN FORCE. ALL WORKS SHALL BE INSPECTED AND APPROVED PRIOR TO COMMENCEMENT.

TWO GANG BOX & 2" CONDUIT WITH PULL-STRING TO 4" ABOVE CEILING BY ELECTRICIAN. SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN. MOUNT DIRECTLY BELOW MONITOR MOUNTING PLATE. OPTIONAL: SINGLE GANG BOX & 115V POWER WHIP MOUNTED BEHIND PLATE BY ELECTRICIAN. SEE HENRY SCHEIN REP. MONITOR SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

PRODUCT SPECIFICATIONS

NOMINAL VAC RATING	100
VOLTAGE MIN/MAX	110/120
FULL LOAD AMPS	VARIES
WEIGHT (LBS)	55
MOMENT (FT-LBS)	203

39 TYPICAL CEILING MOUNTED MONITOR

NOT TO SCALE

39A A-DEC 585 WALL MOUNTED MONITOR-EXAM ROOM

NOT TO SCALE

39A A-DEC 585 WALL MOUNTED MONITOR-EXAM ROOM

NOT TO SCALE

HENRY SCHEIN  
INTEGRATED DESIGN STUDIO  
10920 W LINCOLN AVE. WEST ALLIS, WI 53227  
henryscheinintegrateddesign.com

MANGROVE BAY CLINIC  
MINISTRY OF HEALTH, GOV. OF BERMUDA  
67 VICTORIA ST. HAMILTON HM12  
BERMUDA

PROJECT:  
HENRY SCHEIN REP:  
WILLARD WALLACE

REGION:  
INTERNATIONAL

PHONE #:  
305-418-4101

-IMPORTANT NOTE-  
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PROJECT NUMBER:  
22-1175

PROJECT START DATE:  
05/06/2022

FINALS START DATE:  
07/25/2022

DRAWN BY: ARCH  
FINALS BY: GC  
CHECKED BY: LBS

REVISIONS:  
02/14/2023 GC  
02/20/2023 GC  
03/14/2023 GC  
03/30/2023 GC  
04/12/2023 GC  
05/04/2023 C

INT.SQ.FT.= PER ARCH

SCALE: SEE DETAIL  
SHT. SIZE: 24 x 36

SED.2  
DENTAL EQUIP. DETAILS

Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1

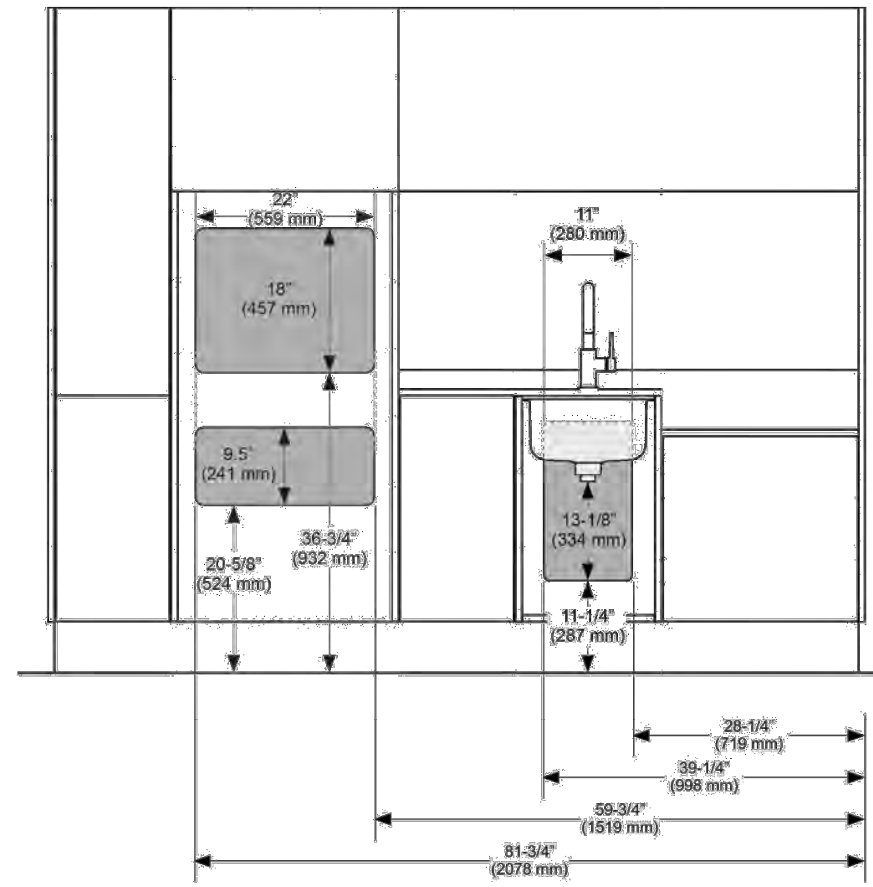


REVISIONS:

02/14/2023	GC
02/20/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	C
--/--	--
--/--	--
--/--	--

Visual Document

Line	Item	Label
7	594	

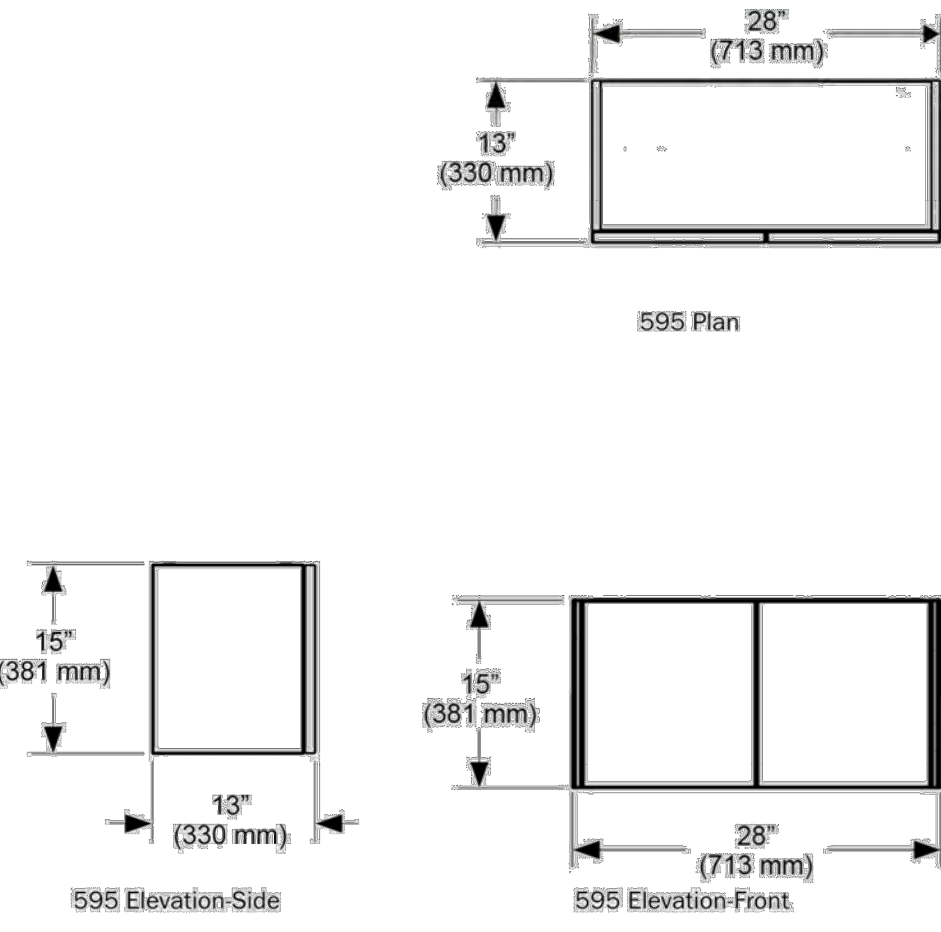


Utility Cutout Locations - As Viewed From Front (May Not Include Cutouts)

I hereby certify that the information on the proforma invoice is true and correct and that the contents and value of this invoice are as stated. Any changes to product configuration or quantity may result in a change of the project discount. Delivery term is Ex-Works unless specified otherwise. Payment term will be determined when the final order is confirmed. Please carefully check the details of your quotation. If you find any errors or have any questions, please contact us immediately. Phone: 1.503.538.9471, Email: [A-decGlobal@A-dec.com](mailto:A-decGlobal@A-dec.com), SUBJECT TO INCO TERMS 2010, UCP 600 AND APPLICABLE US LAWS.

Technical Document

Line	Item	Label
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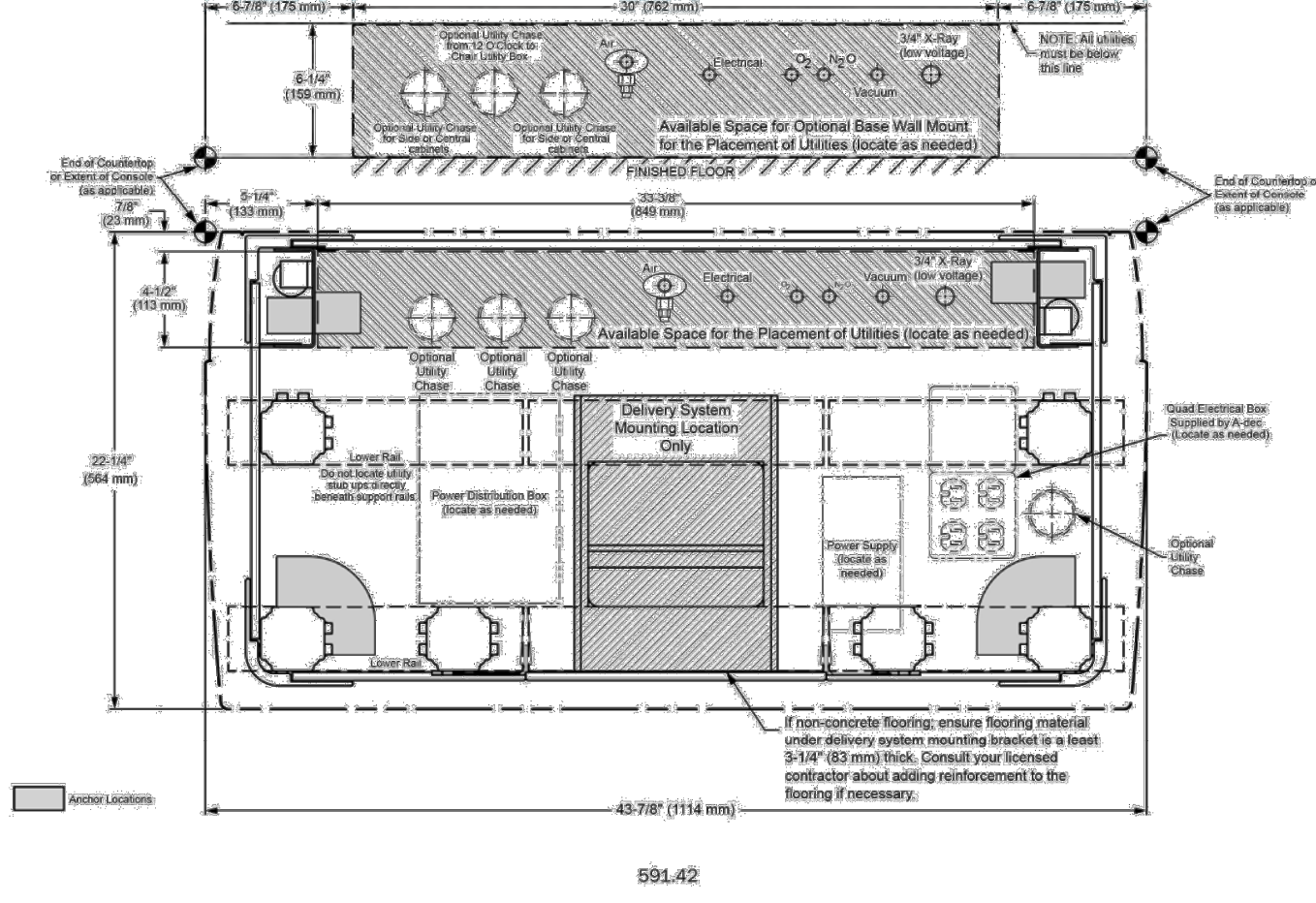


595 Plan, 595 Elevation-Side, 595 Elevation-Front

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Technical Document

Line	Item	Label
3	591	
4	591	
13	591	



591.42

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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1

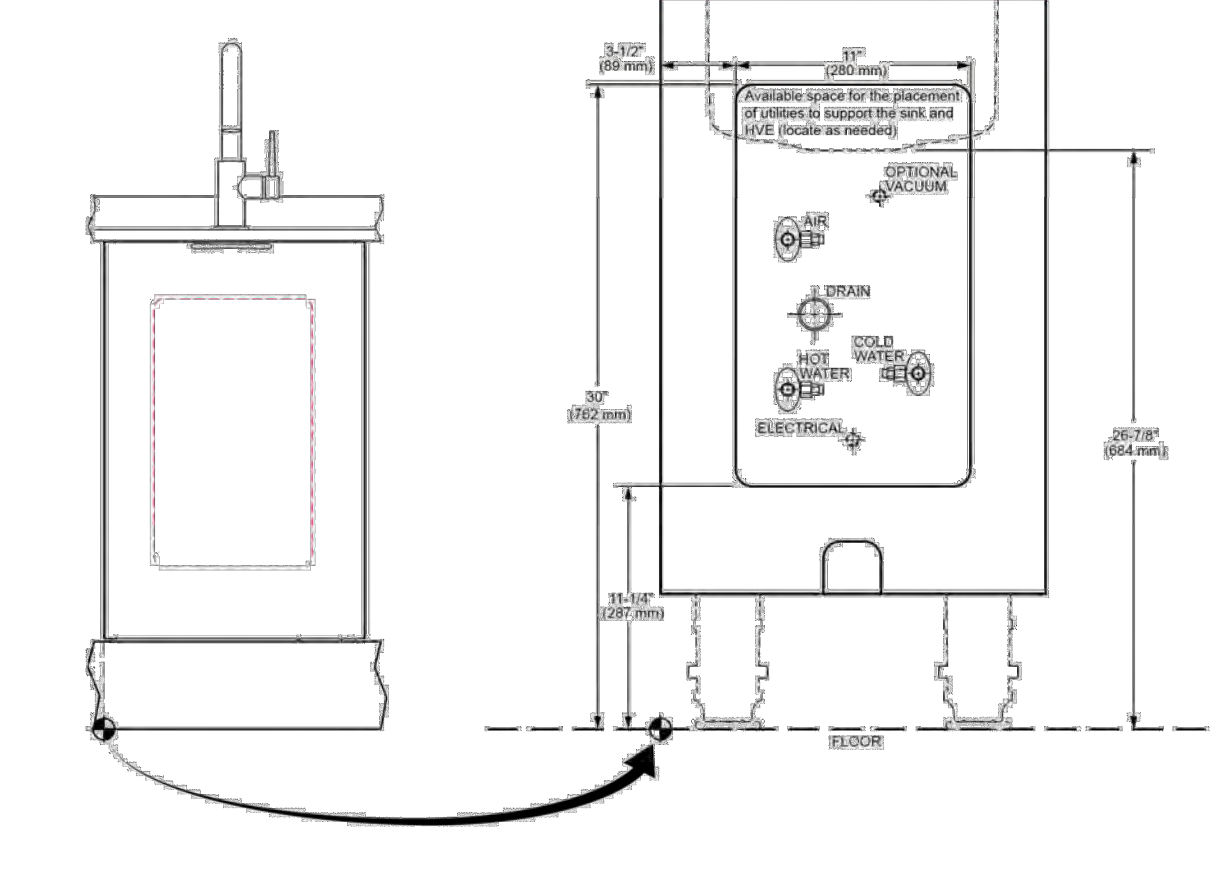


Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
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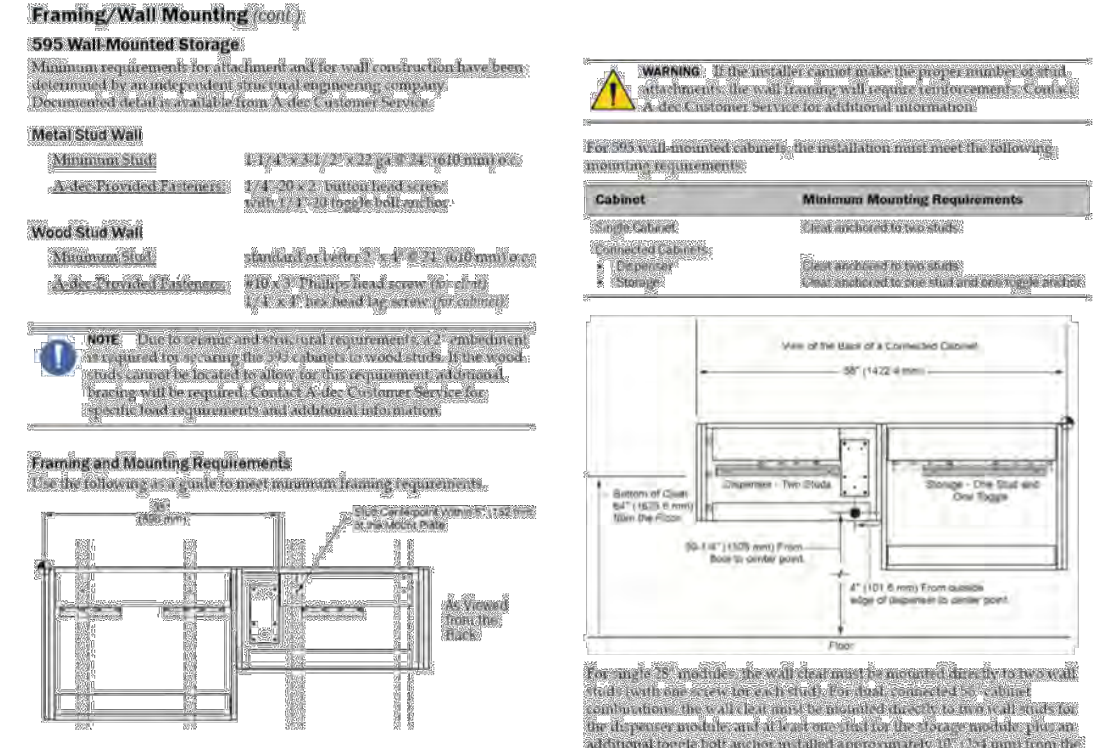


Utility Layout Detail - Sink Module

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Technical Document

Line	Item	Label
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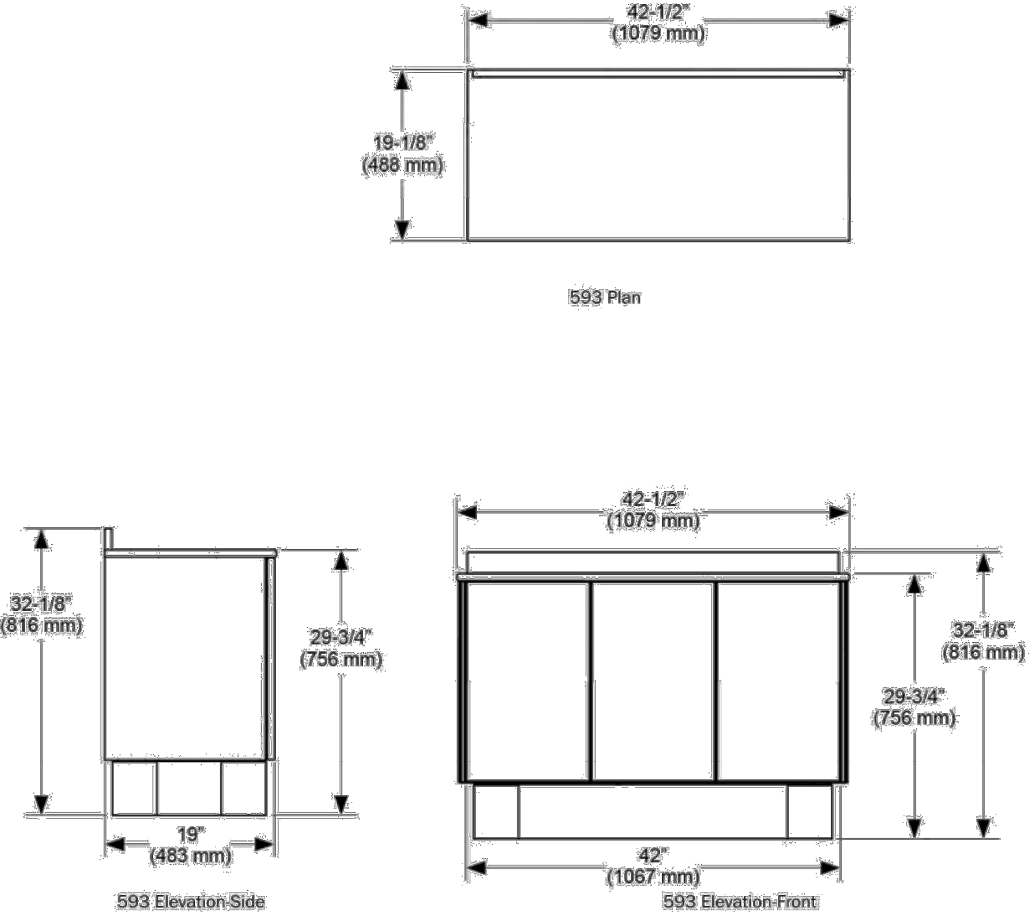


Framing/Wall Mounting (cont.) and 595 Wall Mounted Storage

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Technical Document

Line	Item	Label
14	593	



593 Plan, 593 Elevation-Side, 593 Elevation-Front

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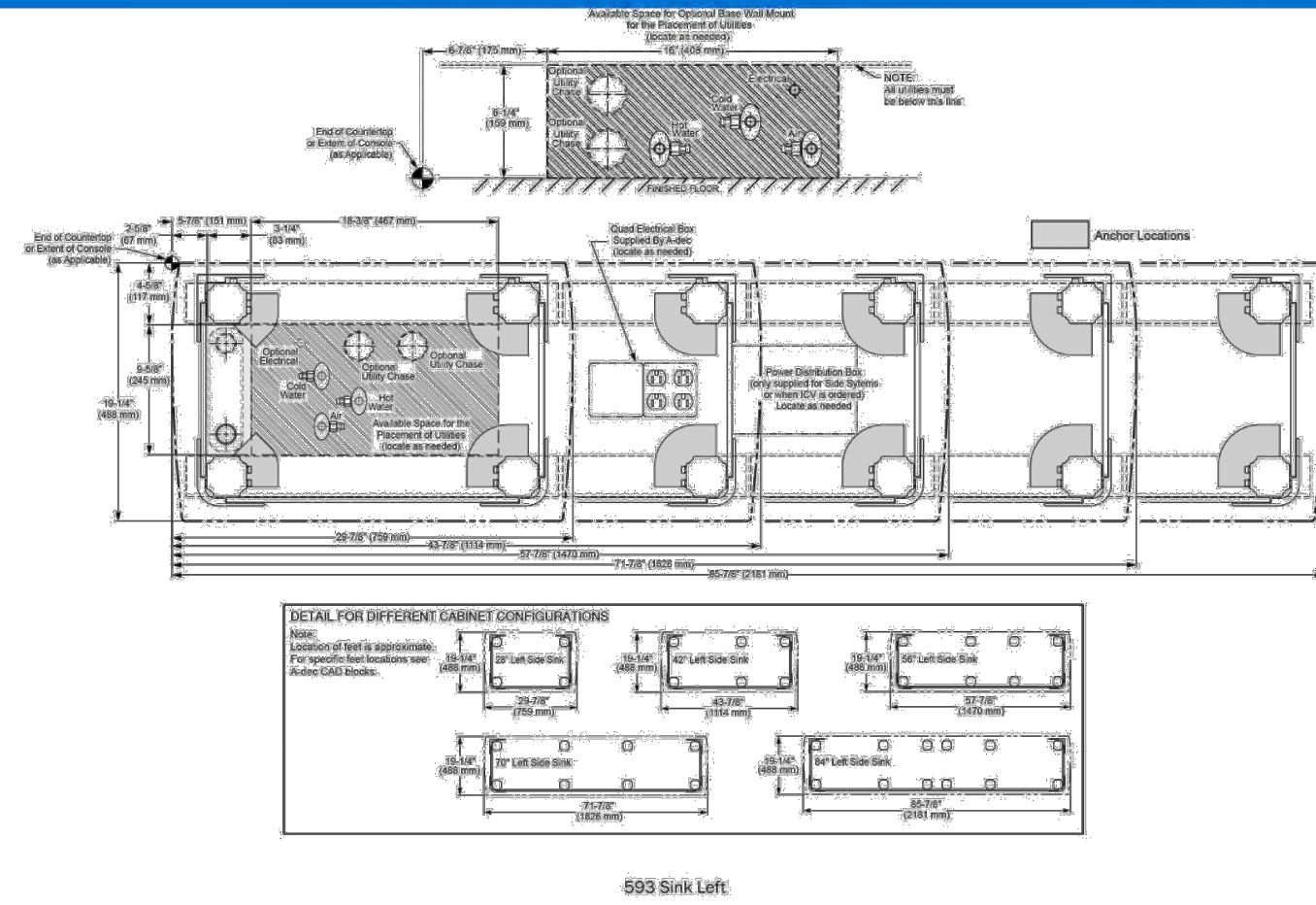


Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 12 593



593 Sink Left

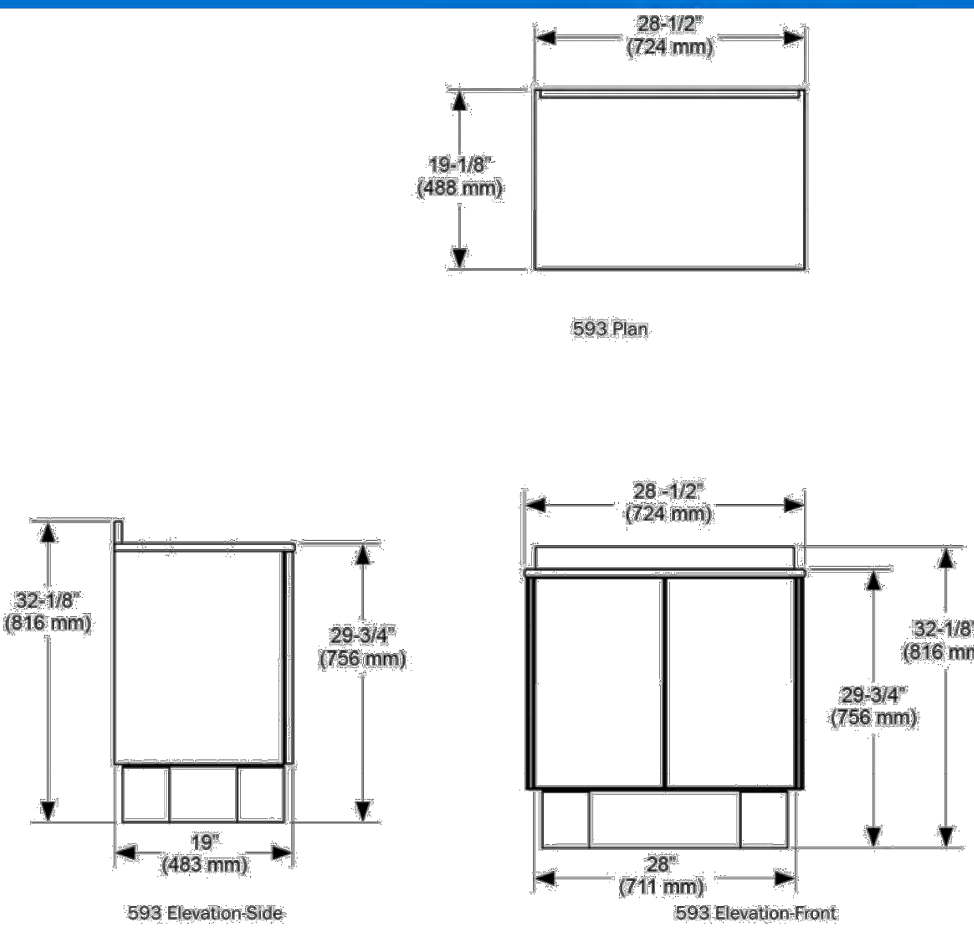
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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 15 593



593 Plan

593 Elevation Side

593 Elevation Front

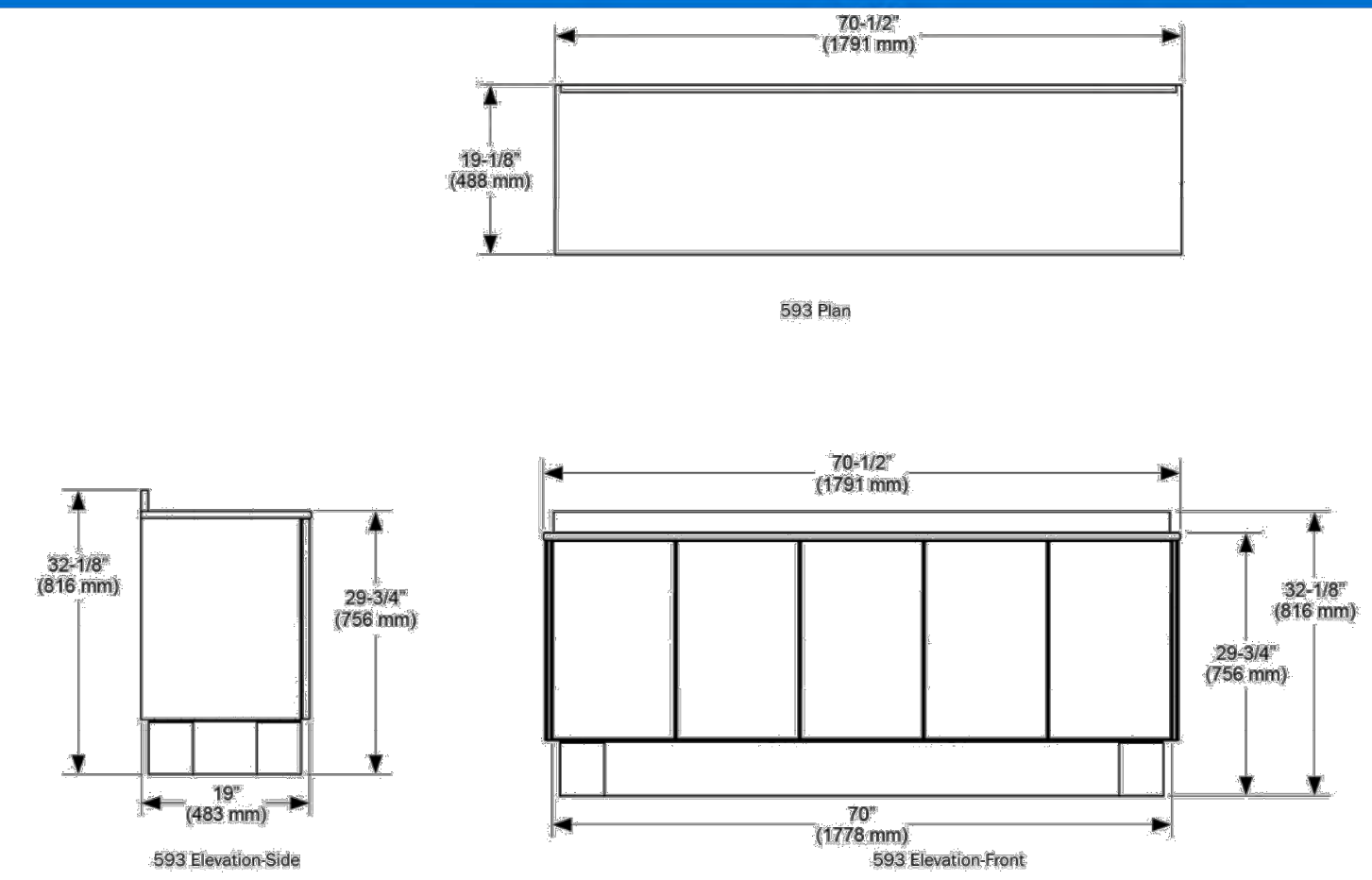
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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 12 593



593 Plan

593 Elevation Side

593 Elevation Front

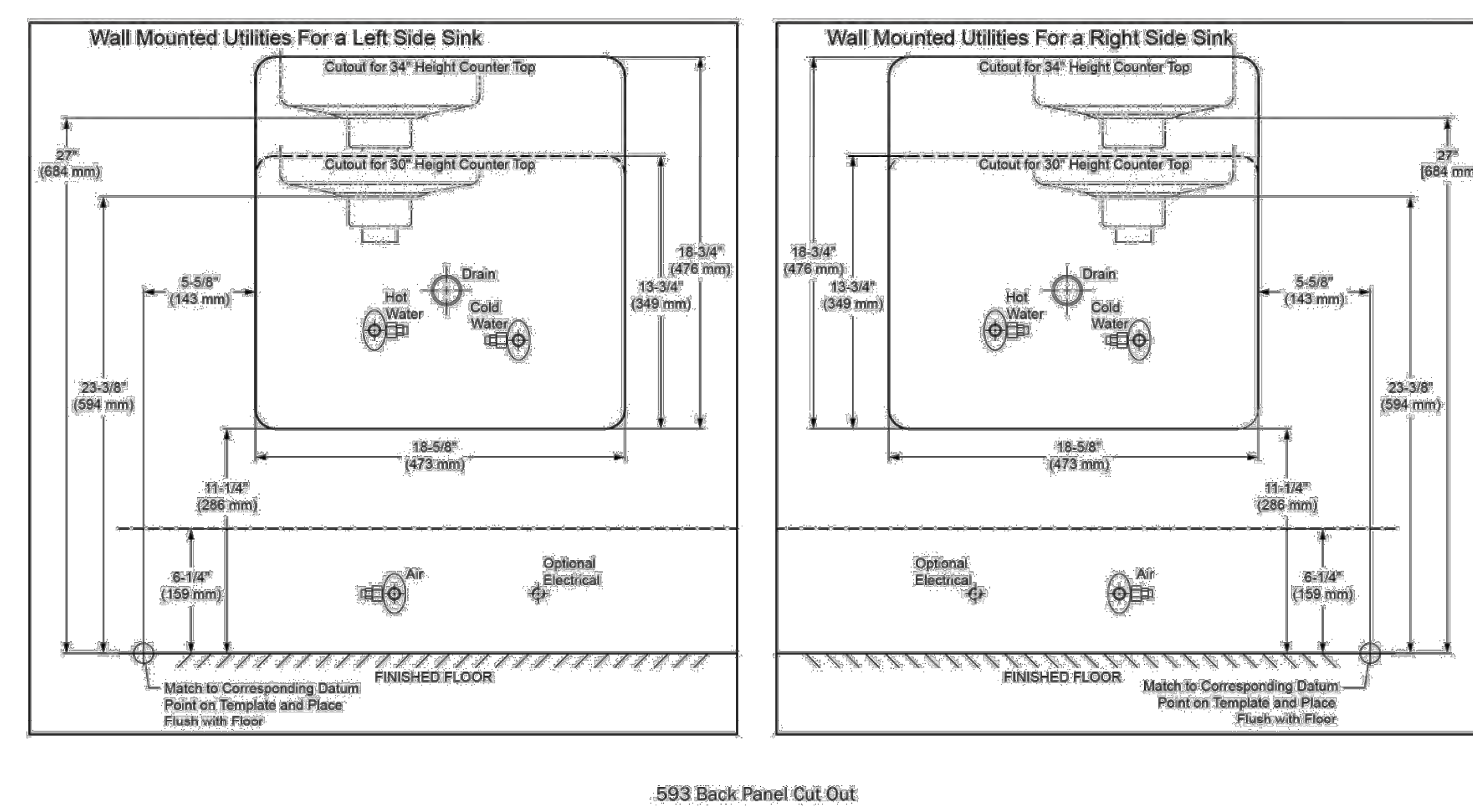
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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 12 593



593 Back Panel Cut Out

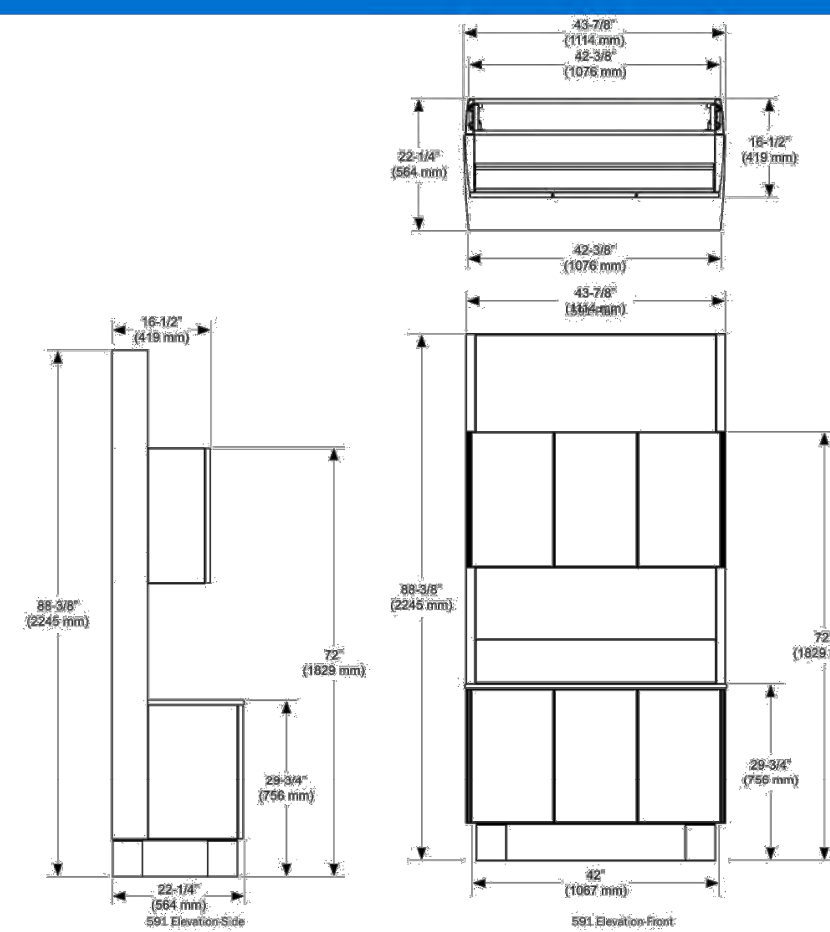
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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 3 591  
 4 591  
 13 591



591 Rear Panel Cut Out

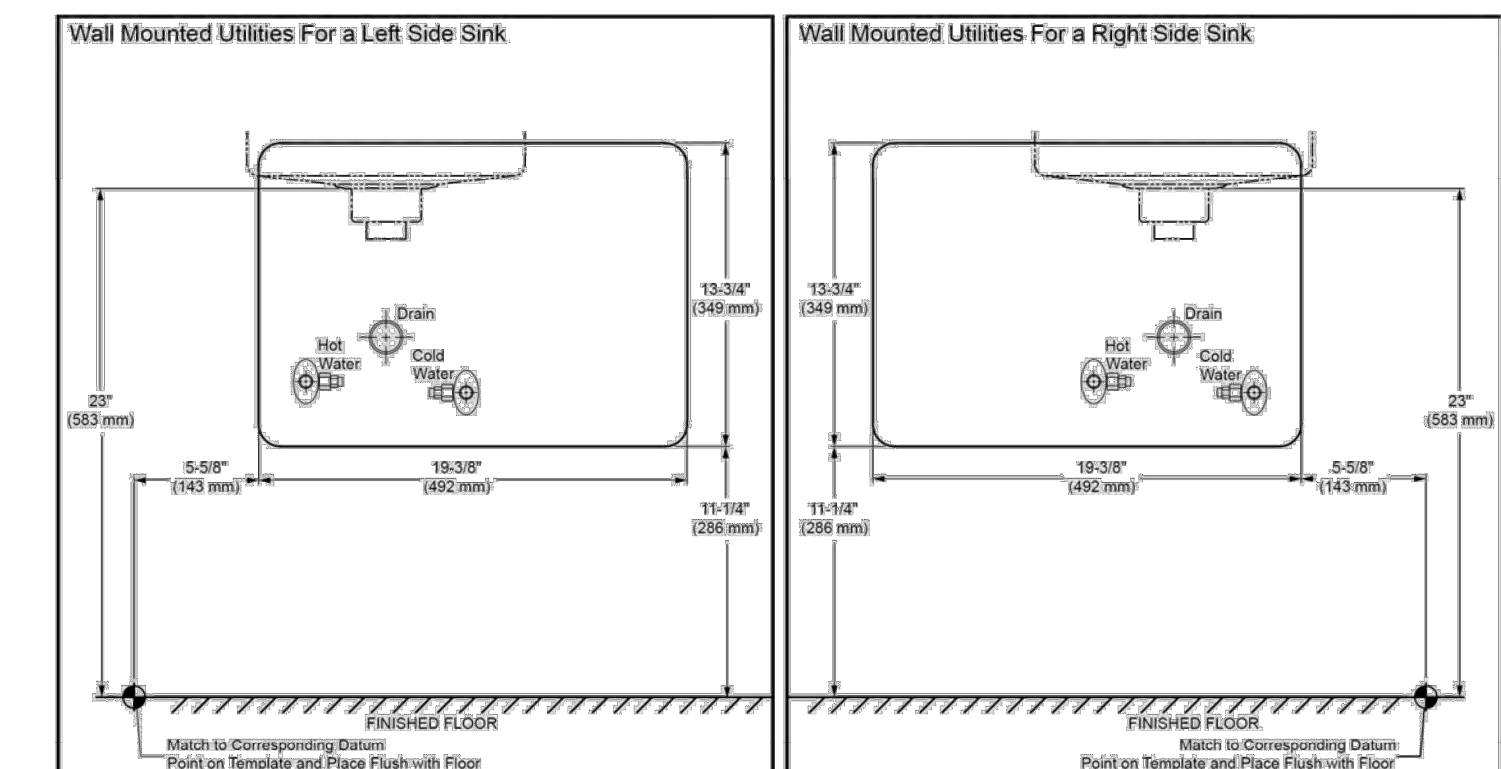
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Customer Name: Direct Henry Schein Caribbean  
 Reference: Somerset Clinic  
 Quote #: WQBSP000248-1



Technical Document

Affected Line Items  
 Line Item Label  
 3 591  
 4 591  
 13 591



591 Rear Panel Cut Out

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PROJECT NUMBER: 22-1175

PROJECT START DATE: 05/06/2022

FINALS START DATE: 07/25/2022

DRAWN BY: ARCH  
 FINALS BY: GC  
 CHECKED BY: LBS

REVISIONS:	
02/14/2023	GC
02/20/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	C
--/--	--
--/--	--
--/--	--

INT.SQ.FT.= PER ARCH

SCALE: N/A SHT. SIZE: 24 x 36

DENTAL CABINET DRAWINGS

SDC.2

