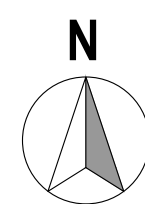




LOCATION PLAN



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 CX

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

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

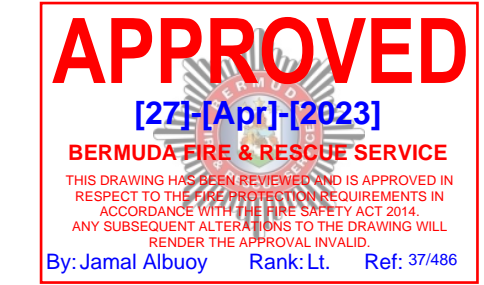
TEL: 441-505-1888
E: oconnor@logic.bm

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

S-101	STRUCTURAL PLANS
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

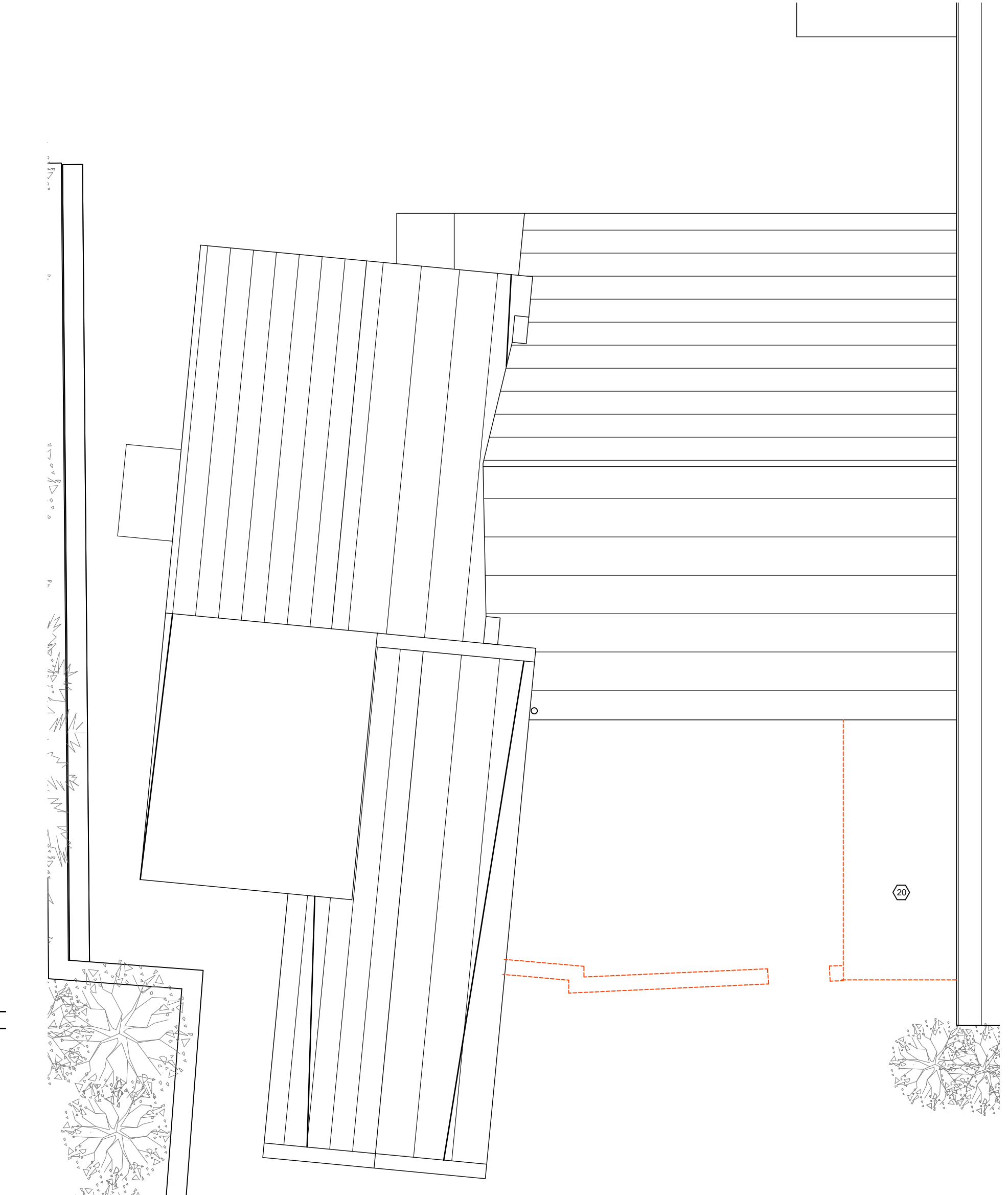
SCV	COVER SHEET
SA.0	FLOOR PLAN
SA.1	REINFORCEMENT PLAN
SP.1	DENTAL PLUMBING PLAN
SP.2	DENTAL VACUUM PLAN



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



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



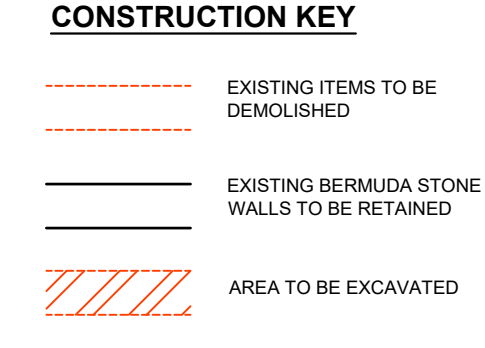
3 ROOF PLAN
SCALE: 3/16"=1'-0"

GENERAL DEMOLITION NOTES
THIS DRAWING INDICATES THE EXTENT OF DEMOLITION ONLY AND DOES NOT INDICATE SEQUENCING PROPPING REQUIREMENTS OR TEMPORARY WORKS.
REMOVE ALL MATERIAL AS INDICATED AS REQUIRED TO ALLOW FOR CONSTRUCTION.
CONTRACTOR TO REVIEW WITH OWNER WHETHER ANY ITEMS ARE TO BE SELECTIVELY DEMOLISHED FOR REUSE OTHER THAN THOSE NOTED ON DRAWINGS.
THE CONTRACTOR SHALL FIELD VERIFY BURIED SERVICES WITH THE RELEVANT AUTHORITIES BEFORE UNDERTAKING ANY SITE WORK.
PREPARE EXISTING SURFACES FOR NEW APPLIED SURFACES ONCE EXISTING FINISHES HAVE BEEN REMOVED
IF HAZARDOUS MATERIALS ARE ENCOUNTERED DURING DEMOLITION OPERATIONS, COMPLY WITH THE APPLICABLE REGULATIONS, LAWS AND ORDINANCES CONCERNING REMOVAL, HANDLING AND PROTECTION AGAINST EXPOSURE OR ENVIRONMENTAL POLLUTION
THE CONTRACTOR SHALL REMOVE ANY INSPECTION CHAMBERS IF AFTER SITE INSPECTION THEY ARE DETERMINED NOT TO BE REQUIRED.
ONCE INTERIOR CEILINGS ARE REMOVED, CONTRACTOR TO ALLOW FOR THE BUILDING TO BE FUMIGATED AND CHECK IF ANY RAFTERS ARE COMPROMISED

GENERAL PLUMBING DEMOLITION NOTES
THE PLUMBING CONTRACTOR SHALL REMOVE ALL PLUMBING FIXTURES, EQUIPMENT, FLOOR DRAINS AND PIPING AS SHOWN OR INDICATED ON THE DRAWINGS.
ALL PIPING TO BE REMOVED SHALL BE REMOVED COMPLETELY OR AS OTHERWISE SHOWN OR INDICATED ON DRAWINGS. ALL PIPE HANGERS, SHALL BE REMOVED COMPLETELY WITH PIPING. NO EXISTING HANGER SYSTEMS SHALL BE REUSED FOR NEW PIPING.
ALL PIPING TO BE REMOVED SHALL BE REMOVED TO BELOW FLOOR, ABOVE CEILING OR IN WALLS BACK TO MAINS OR SHUT OFF VALVES AND PROPERLY CAPPED PER CODE WITHOUT LEAVING DEAD END PIPING. NO EQUIPMENT OR DEVICES THAT HAVE BEEN DISCONNECTED AND OR ABANDONED SHALL REMAIN.
ALL EXISTING PIPING AND EQUIPMENT SHOWN HAS BEEN TAKEN FROM THE BEST AVAILABLE EXISTING INFORMATION. THE DRAWINGS ARE DIAGRAMATIC. ALL FIXTURES, PIPING AND DEVICES MAY NOT BE SHOWN. THE INTENT OF THESE DRAWINGS IS THAT IN ALL AREAS OD THE RENOVATION THAT THEY ARE REMOVED, WHETHER OR NOT SHOWN.
THE PLUMBING CONTRACTOR SHALL VISIT THE SITE AND BECOME FAMILIAR WITH THE EXISTING SYSTEMS AND CONDITIONS IN AREAS OF RENOVATION.
ANY SYSTEMS OR EQUIPMENT TO REMAIN ACTIVE DURING RENOVATION SHALL BE KEPT IN OPERATION BY PROVIDING TEMPORARY PIPING CONNECTION AS REQUIRED UNTIL NEW SYSTEMS ARE INSTALLED AND OPERATIONAL.

ELECTRICAL DEMOLITION NOTES
DISCONNECT AND REMOVE ELECTRICAL WHICH WILL INTERFERE WITH THE DEMOLITION AND REMOVAL OF WALLS, FLOORING AND OR CEILING AS DESCRIBED. REMOVE EXISTING WIRING AND CONDUIT BACK TO PANEL AND DISCARD.
DISCONNECT AND REMOVE ALL EXISTING LIGHTS AND LIGHTING CONTROLS IN THIS AREAS AS SHOWN. REMOVE EXISTING WIRING AND CONDUIT BACK TO PANEL AND DISCARD UNLESS IT CAN BE REUSED. INSTALL NEW LIGHTS AND LIGHTING CONTROLS AS SHOWN ON PROPOSED ELECTRICAL PLANS. PROVIDE BLANK COVER PLATES FOR EMPTY GANG BOXES.
COORDINATE DISCONNECTION WITH PLUMBING CONTRACTOR. REMOVE WIRING AND CONDUIT BACK TO PANEL IN ITS LOCATION.
DISCONNECT AND REMOVE EXISTING ELECTRICAL CONNECTIONS TO EXISTING ELECTRICAL PANEL THAT IS TO BE RELOCATED. COORDINATE DISCONNECTION WITH EXISTING LOADS. REMOVE EXISTING FEEDER AND BRANCH WIRING AND CONDUIT TO PANEL IN NEW LOCATION AS SHOWN ON NEW ELECTRICAL PLAN.
STRUCTURAL DEMOLITION NOTES
SEE DRAWING A-001 FOR DEMOLITION, EXCAVATION AND EARTHWORK

DEMOLITION NOTES
1. DEMOLISH EXISTING WOOD FLOOR AND SUBFLOOR
2. CAREFULLY REMOVE EXISTING TILE FLOOR MAKE GOOD OF SUBFLOOR TO RECEIVE NEW FINISH
3. CAREFULLY REMOVE BASEBOARD
4. REMOVE TANK ACCESS, SEE DRWG A-301 FOR NEW LOCATION
5. REMOVE ALL WALL TILE
6. ALL WALL PAINTING SHALL BE PAINTED OVER
7. REMOVE EXPOSED PLUMBING PIPES, CAPP OFF
8. REMOVE EXISTING SURFACE MOUNTED ELECTRICAL UNITS, CAPP OFF
9. WHERE WALLS ARE BEING DEMOLISHED, CAPP OFF ANY PLUMBING PIPES OR ELECTRICAL LINES RUNNING THROUGH THEM
10. REMOVE ELECTRICAL PANEL BOX, CAPP OFF LINES TO BE REWIRED TO NEW LOCATION
11. REMOVE PRIVACY BLINDS AND GUARD RAILING WHEN REMOVING ALL WINDOWS
12. DEMOLISH DOORS AND ASSOCIATED FRAMES
13. DEMOLISH ALL WASHROOM ACCESSORIES
14. REMOVE ALL WALL MOUNTED AIR CONDITIONING UNITS
15. DEMOLISH WALL OR PORTION OF WALL
16. REMOVE BASE & WALL CABINETS & ASSOCIATED FIXTURES
17. DEMOLISH T-GRID CEILING AND ASSOCIATED LIGHT FIXTURES AND CEILING UNITS
18. CAREFULLY REMOVE DRYWALL CEILING AND ASSOCIATED LIGHT FIXTURES AND CEILING UNITS
19. ALL ASSOCIATED FIRE SYSTEMS TO BE REMOVED
20. DEMOLISH ROOF AND ASSOCIATED RAFTERS
21. CAREFULLY REMOVE EXTERIOR BRICK PAVERS, TO BE REUSED IN NEW LOCATION
22. EXCAVATE PORTION OF GROUND TO RECEIVE NEW TANK ACCESS
23. REMOVE EXISTING SOFT LANDSCAPING



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LIST OF INFORMANTS/CONSULTANTS
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

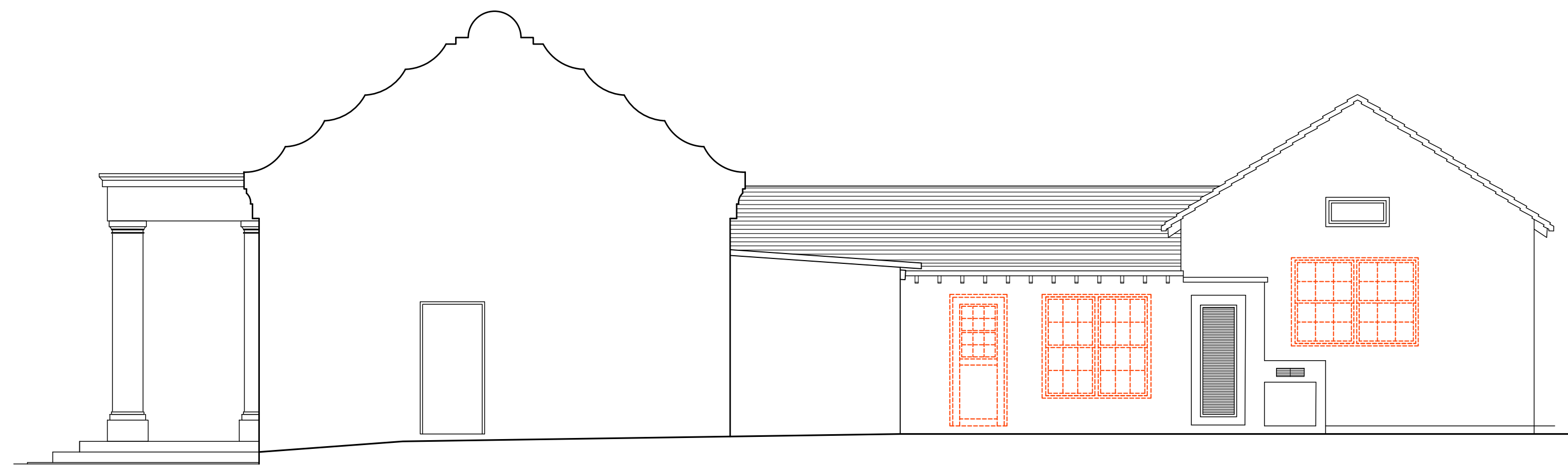
Project Address
55 MANGROVE BAY SANDYS

Title Sheet
EXISTING/DEMOLITION PLANS

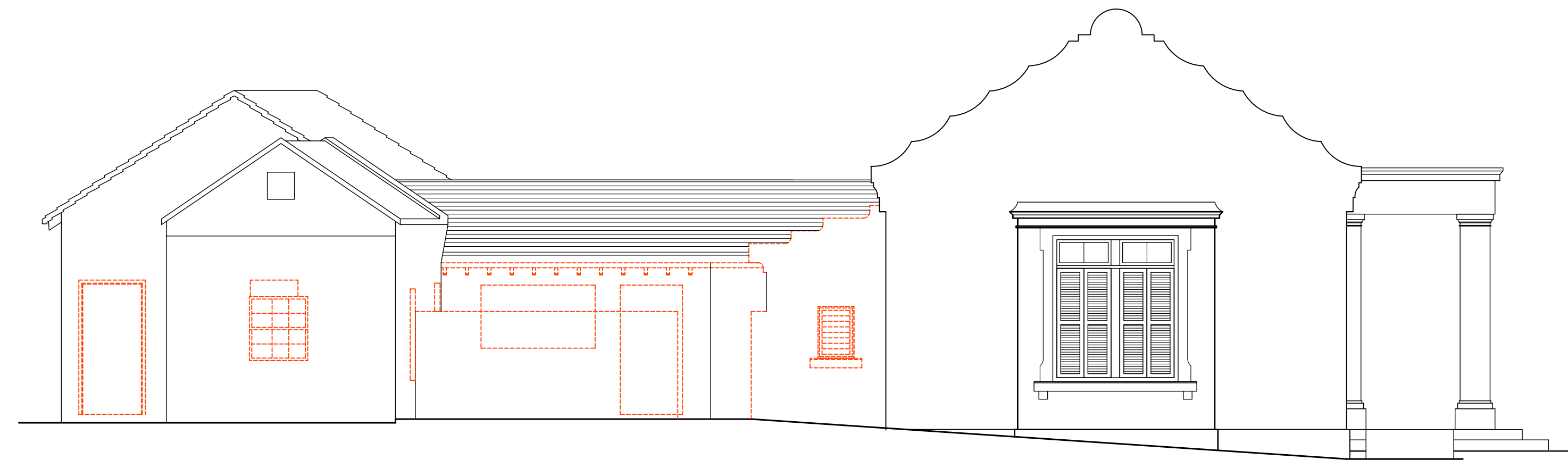
Project No. 2021 15
Date: 23.03.20 Scale: AS NOTED
Drawn: TG Chk'd: TG
Sheet No.:

A-201

REV: -



1 NORTH ELEVATION
SCALE: 3/16"=1'-0"



2 SOUTH ELEVATION
SCALE: 3/16"=1'-0"



3 EAST ELEVATION
SCALE: 3/16"=1'-0"



4 WEST ELEVATION
SCALE: 3/16"=1'-0"

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LIST OF INFORMANTS/CONSULTANTS

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

Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status

BUILDING CONTROL

Client

DEPARTMENT OF HEALTH

Project

MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS

Project Address

55 MANGROVE BAY
SANDYS

Title Sheet

EXISTING/DEMOLITION
BUILDING ELEVATIONS

Project No. 2021 15

Date: 23.03.20

Scale: AS NOTED

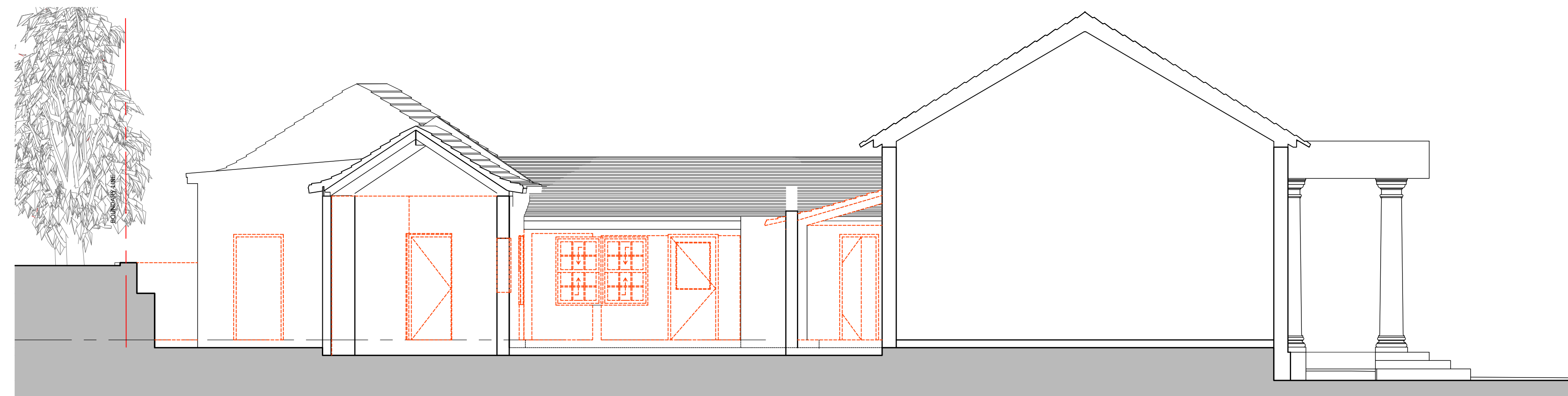
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Chk'd: TG

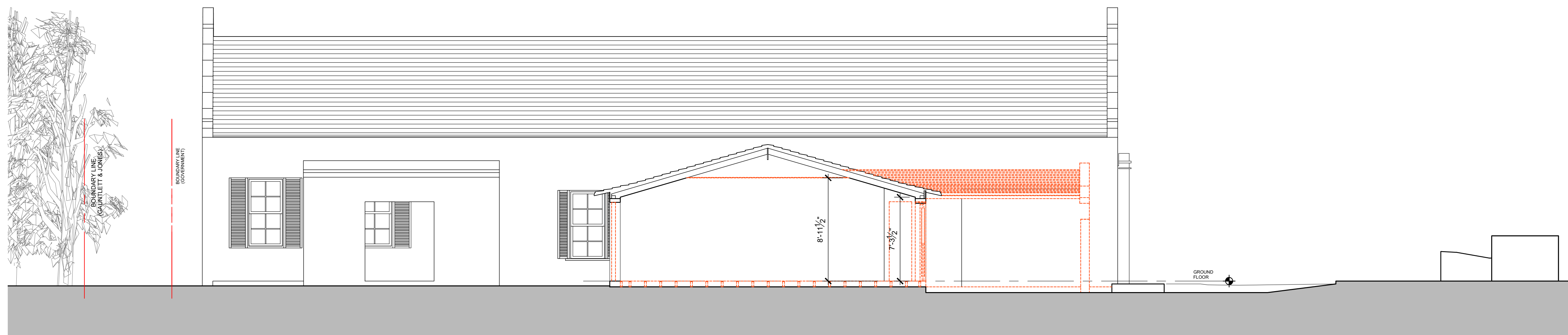
Sheet No.:

A-202

REV: -



1 BUILDING SECTION A
SCALE: 3/16"=1'-0"



2 BUILDING SECTION B
SCALE: 3/16"=1'-0"

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Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status
BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS

Project Address
55 MANGROVE BAY
SANDYS

Title Sheet
EXISTING/DEMOLITION
BUILDING SECTIONS

Project No. 2021 15
Date: 08.08.22 Scale: AS NOTED
Drawn: TG Chk'd: TG
Sheet No.:

A-203

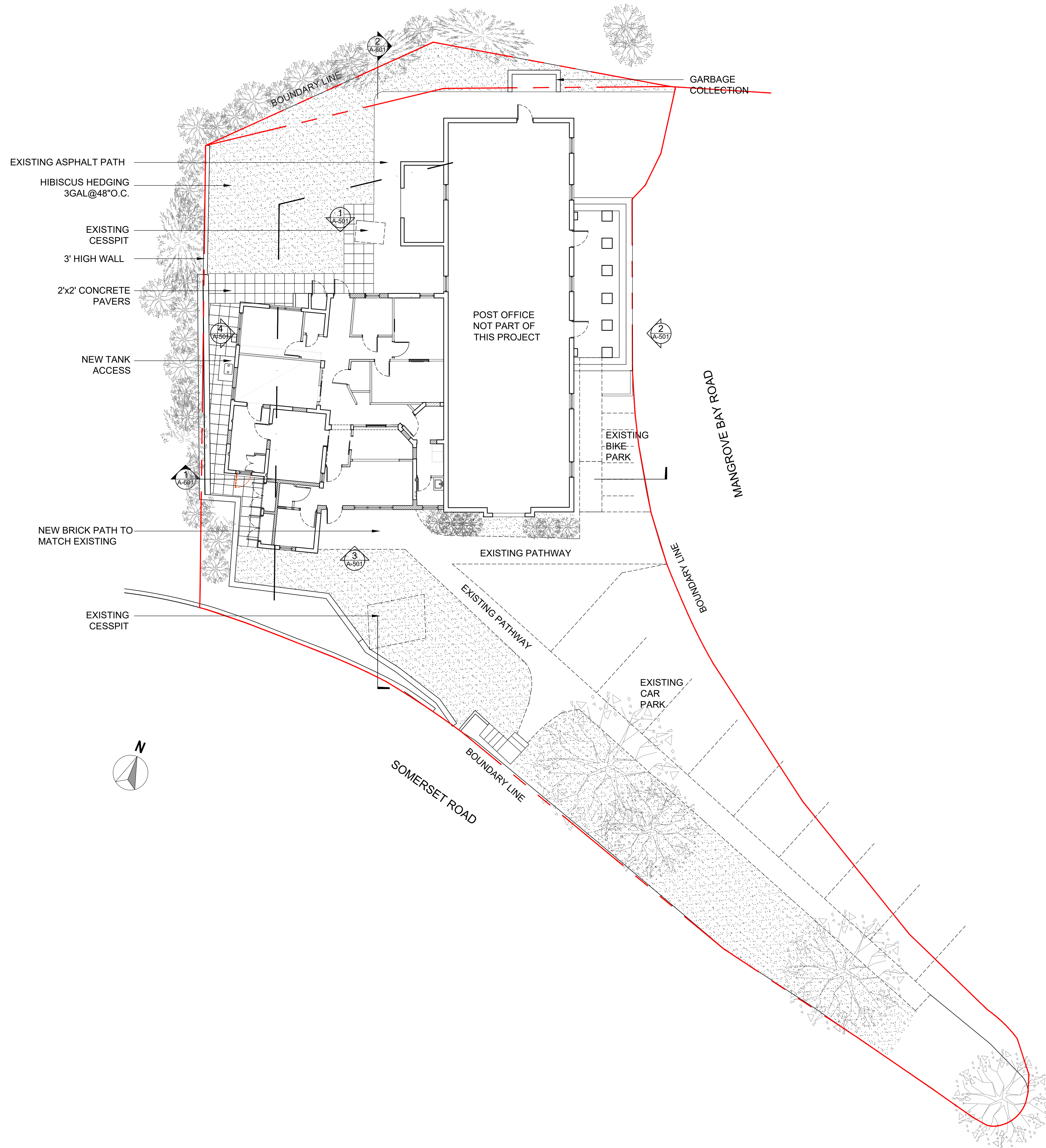
REV: -

SITE LEGEND

- BOUNDARY LINE
- BOUNDARY SETBACK
- NEW TREE OR SHRUB
- EXISTING TREE/SHRUB TO REMAIN

CONSTRUCTION LEGEND

- EXISTING WALLS TO REMAIN
- PROPOSED CONCRETE BLOCK WALL
- PROPOSED CONCRETE FILLED WALL
- PROPOSED PARTITION WALL



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 - ISLAND AUTOMATION
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 - HENRY SHEIN

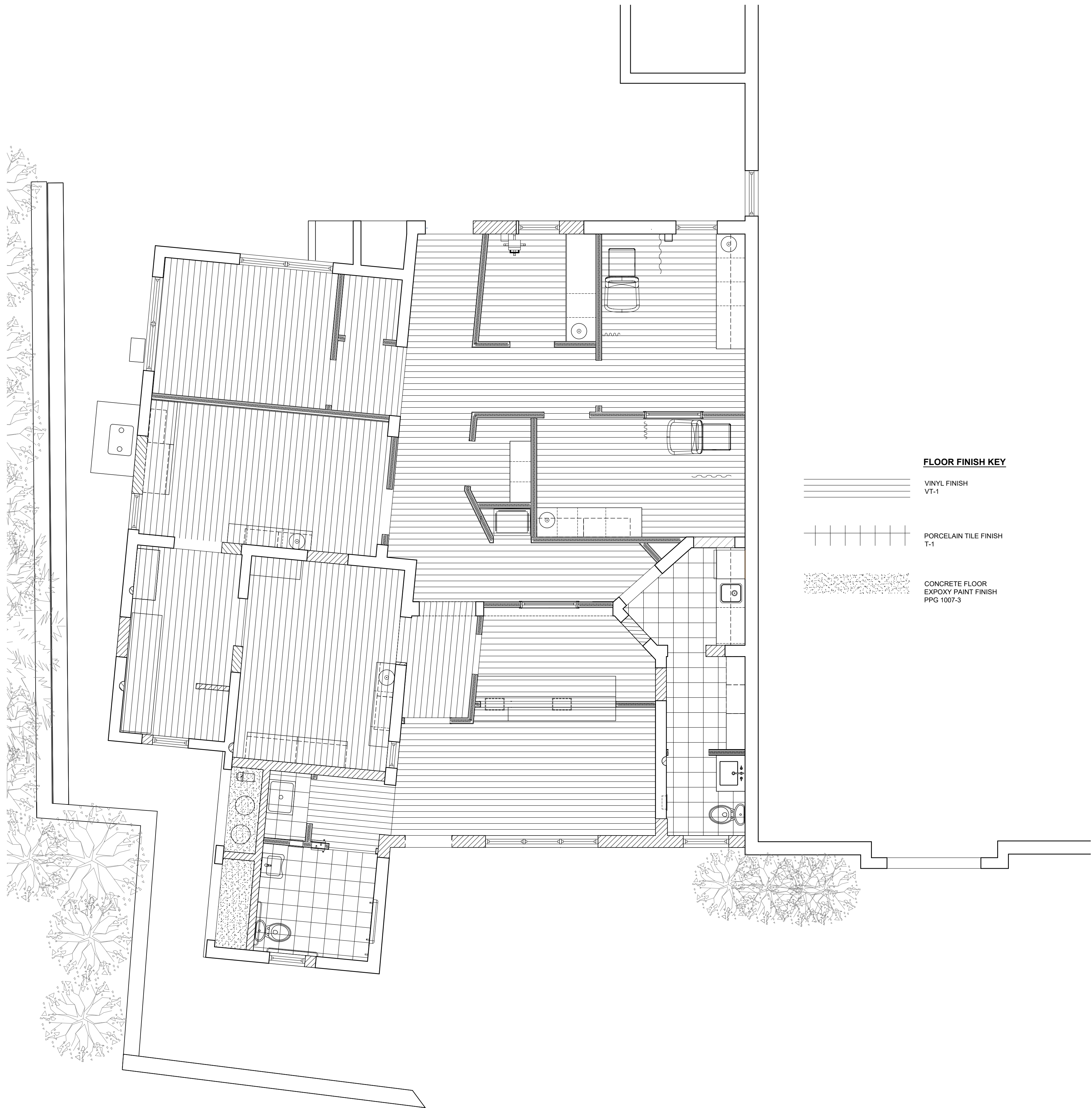
Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status
BUILDING CONTROL
 Client
DEPARTMENT OF HEALTH
 Project
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS
 Project Address
55 MANGROVE BAY SANDYS

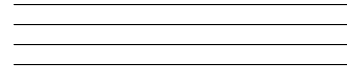
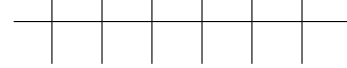
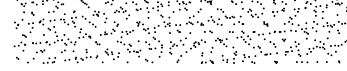
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PROPOSED SITE PLAN

Project No. 2021 15
 Date: 31.01.23 Scale: 1/32"=1'-0"
 Drawn: TG Chk'd: TG
 Sheet No.:

A-300
 REV: -



FLOOR FINISH KEY

- 
 VINYL FINISH
VT-1
- 
 PORCELAIN TILE FINISH
T-1
- 
 CONCRETE FLOOR
EPOXY PAINT FINISH
PPG 1007-3

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

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Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status

BUILDING CONTROL

Client

DEPARTMENT OF HEALTH

Project

MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address

55 MANGROVE BAY SANDYS

Title Sheet

FLOOR FINISHES PLAN

Project No. 2021 15

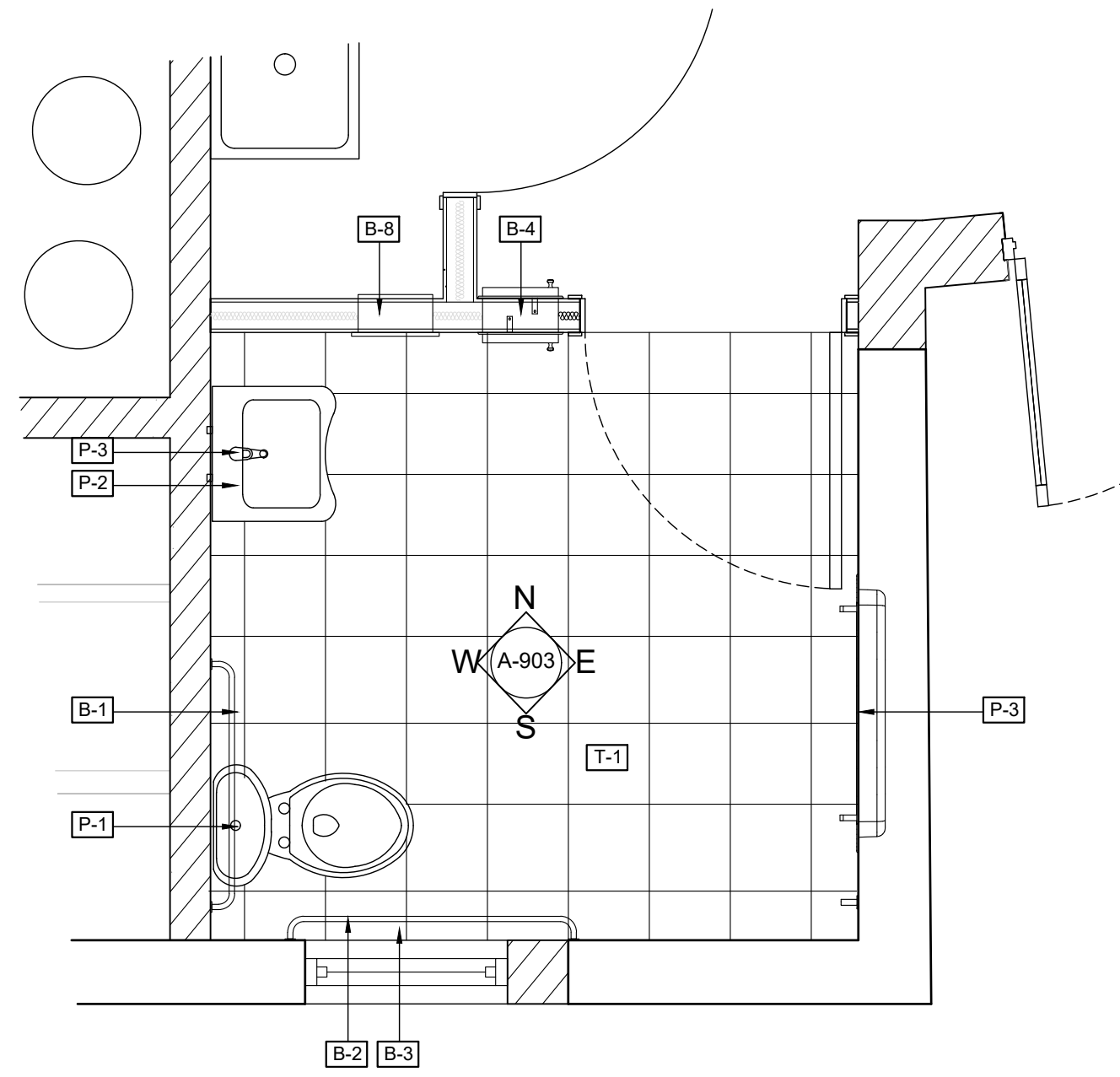
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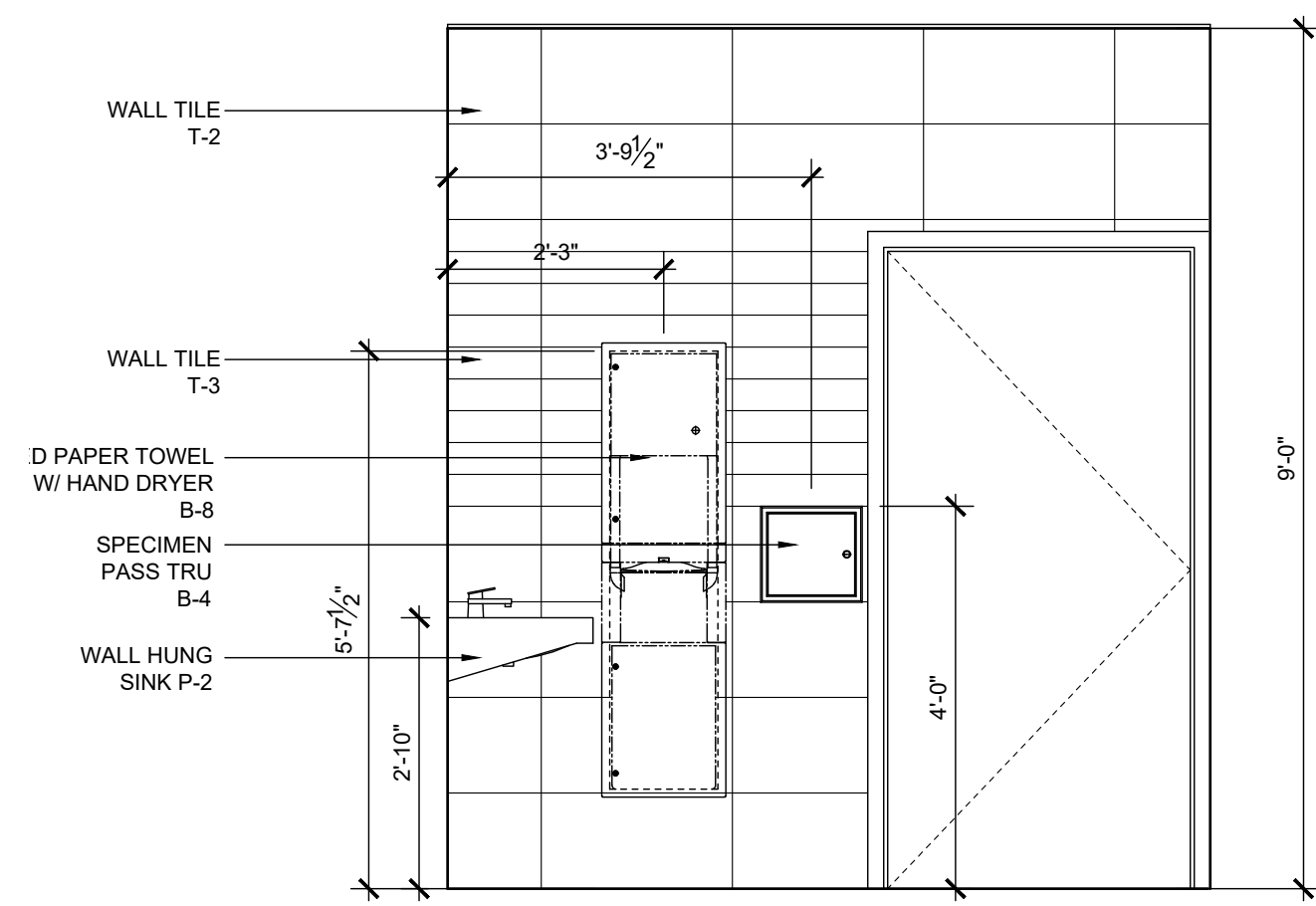
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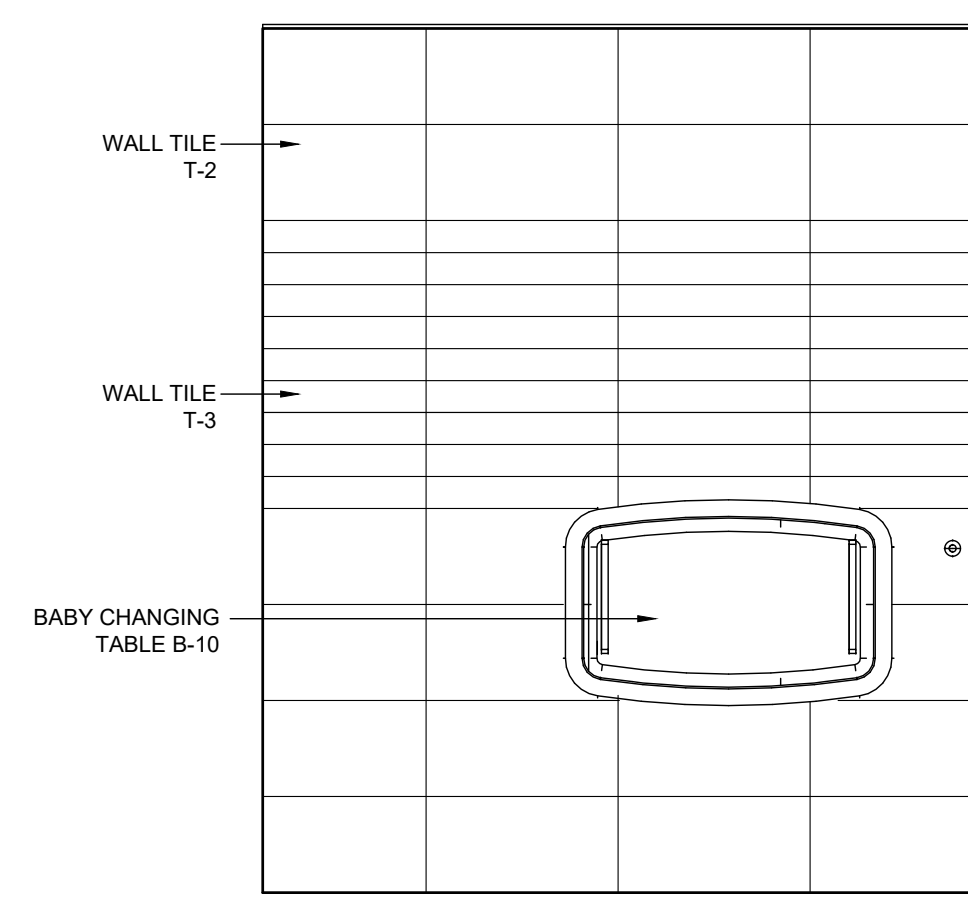
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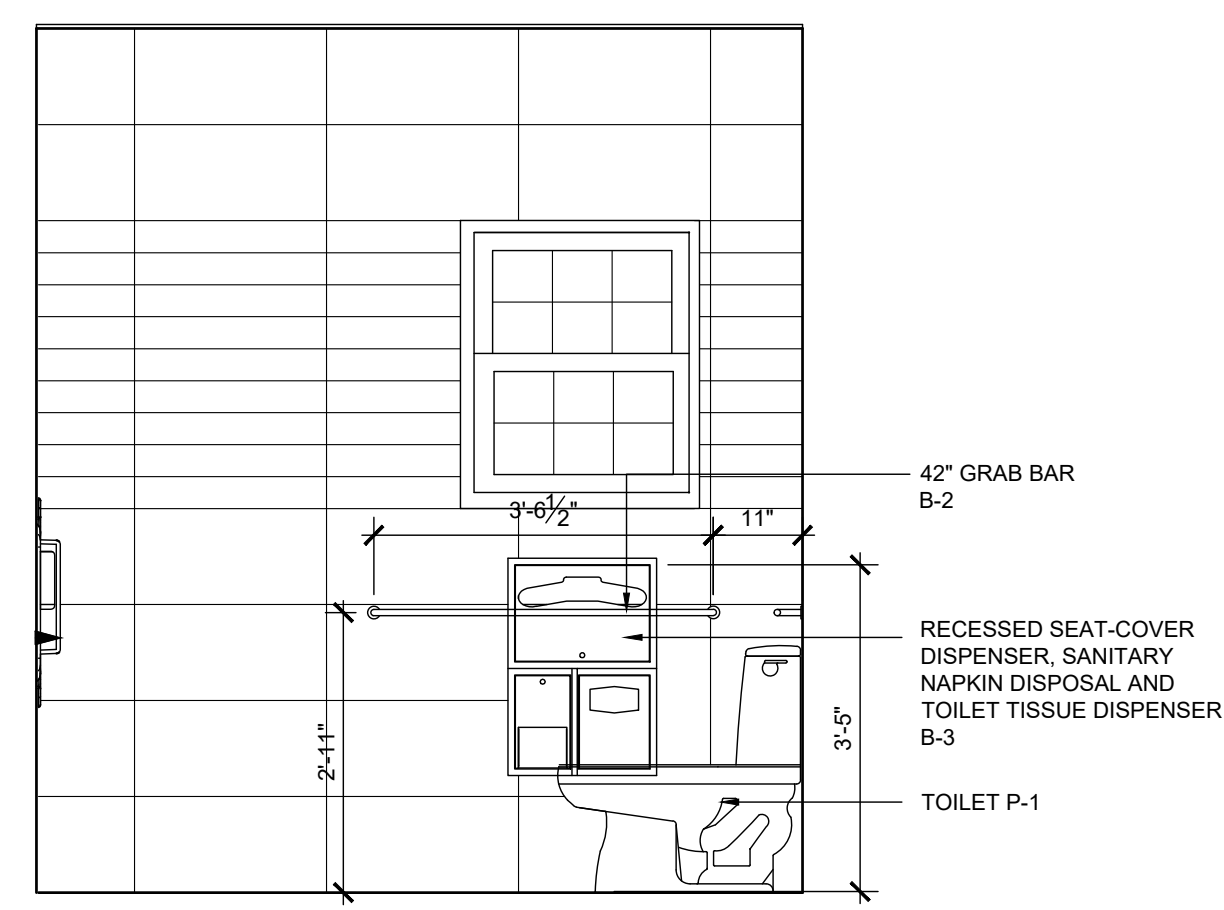
1 FLOOR PLAN
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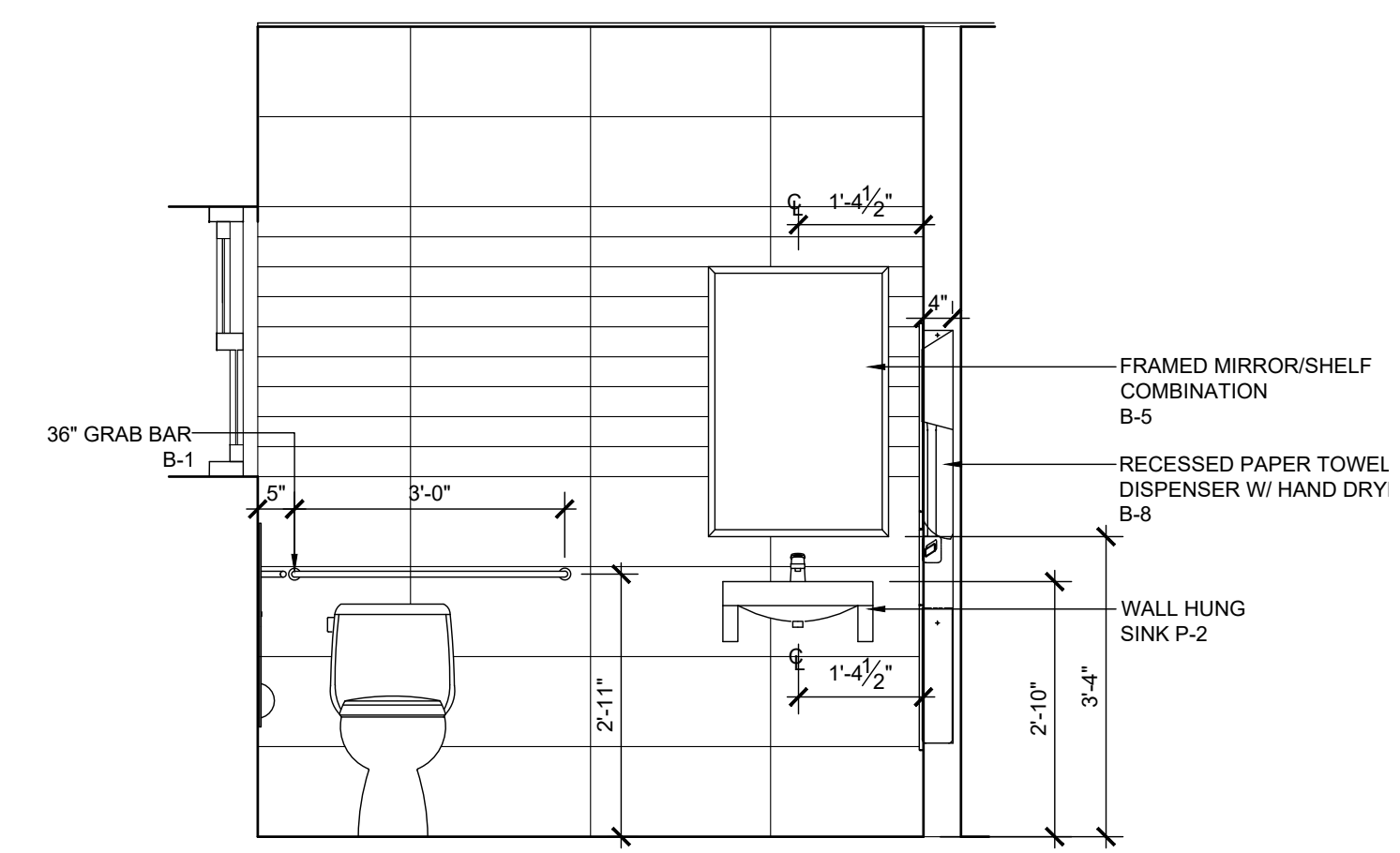
2 NORTH ELEVATION
SCALE: 1/2"=1'-0"



3 EAST ELEVATION
SCALE: 1/2"=1'-0"



4 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



5 WEST ELEVATION
SCALE: 1/2"=1'-0"

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Issue	Date	Description
17.04.2023 CLIENT REVIEW		

Issue Status
BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
**MANGROVE BAY CLINIC
 RENOVATIONS & ADDITIONS**

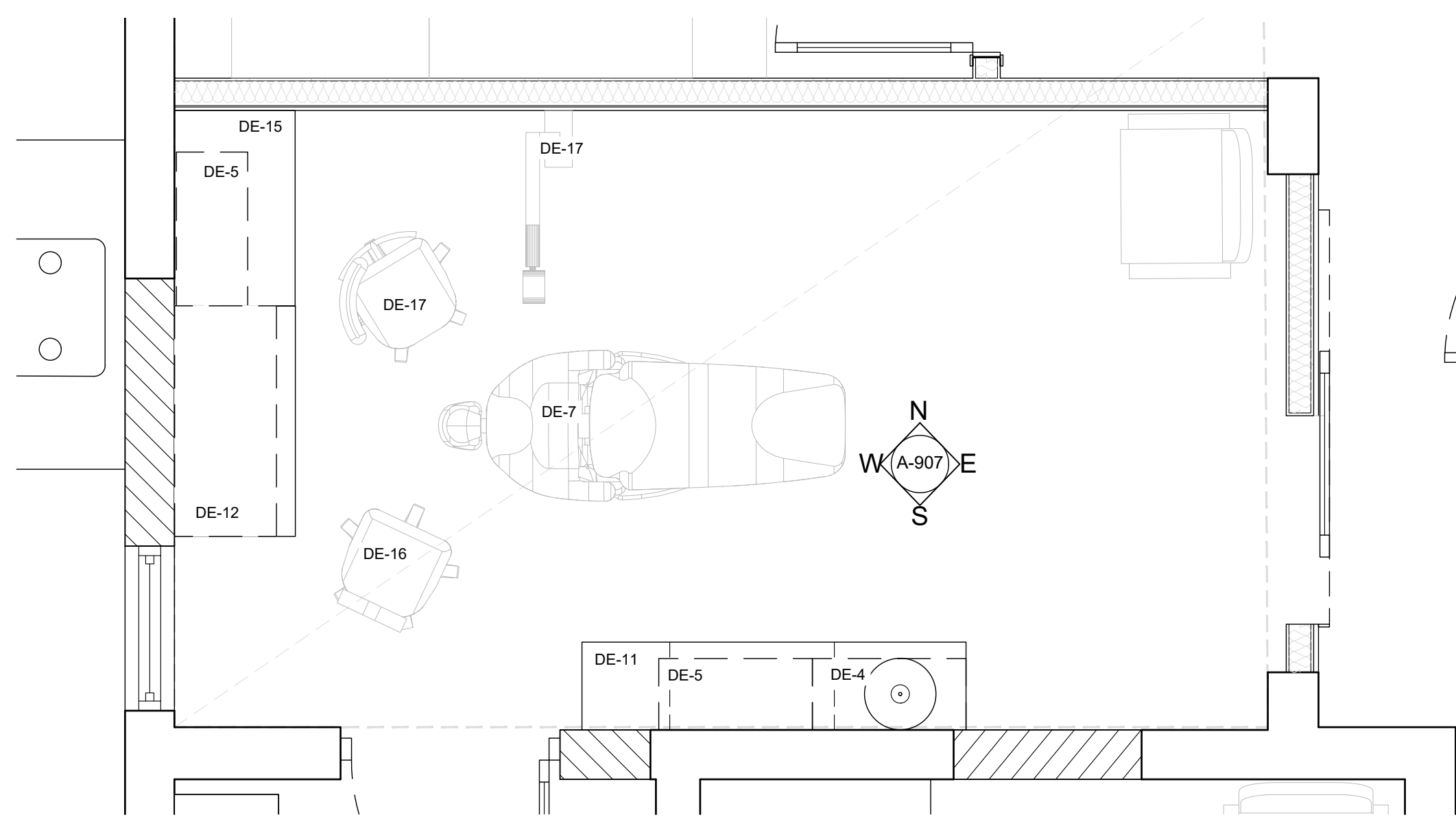
Project Address
**55 MANGROVE BAY
 SANDYS**

Title Sheet
**PATIENT TOILET
 INTERIOR ELEVATIONS**

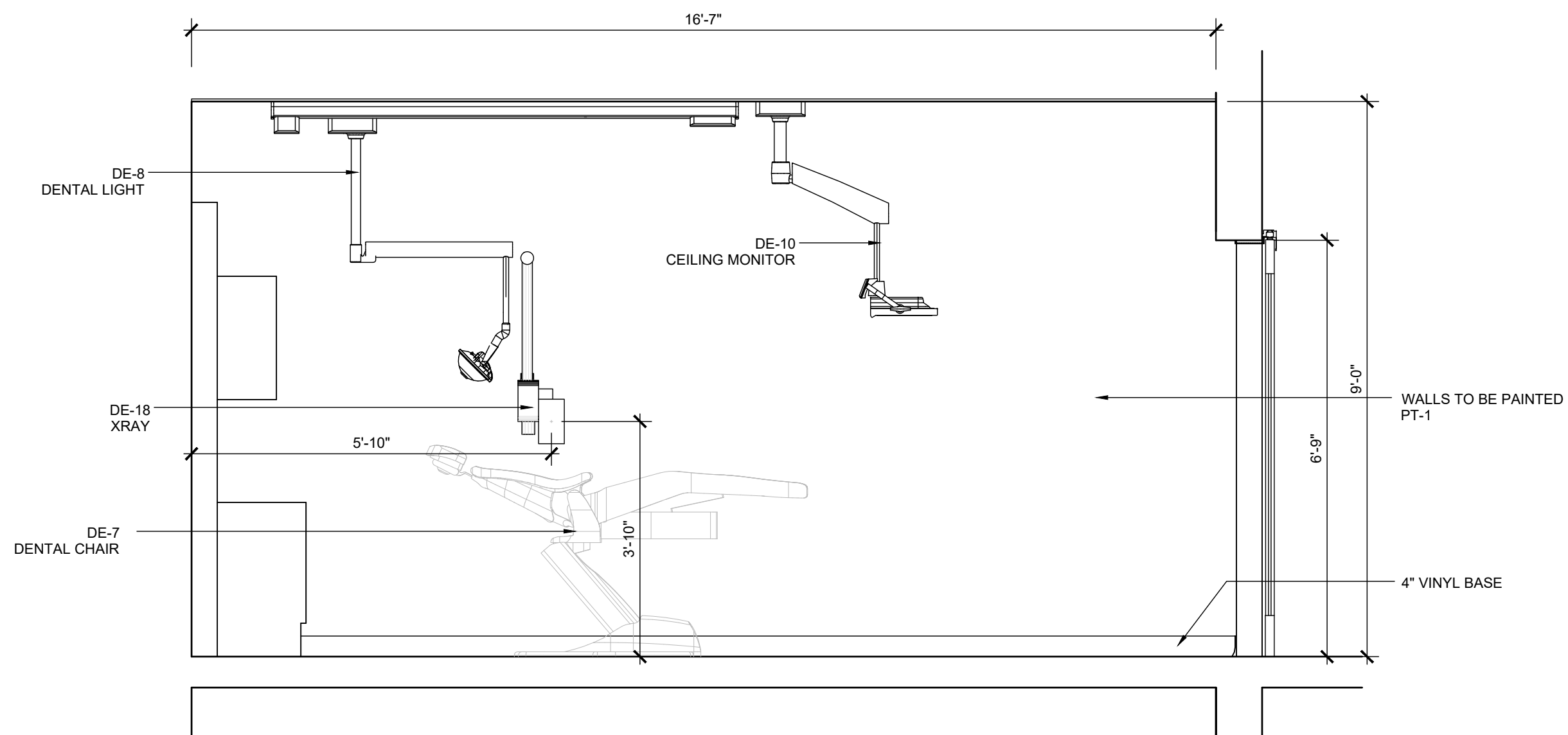
Project No. 2021 15
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 Drawn: TG Chk'd: TG
 Sheet No.:

A-903

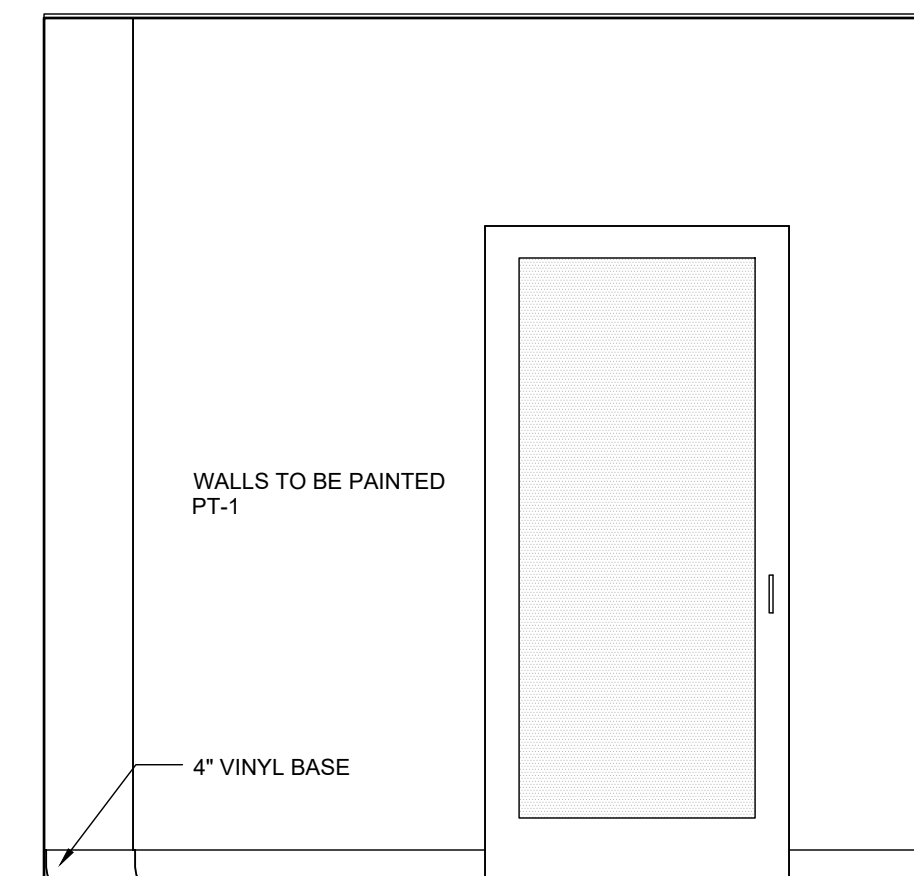
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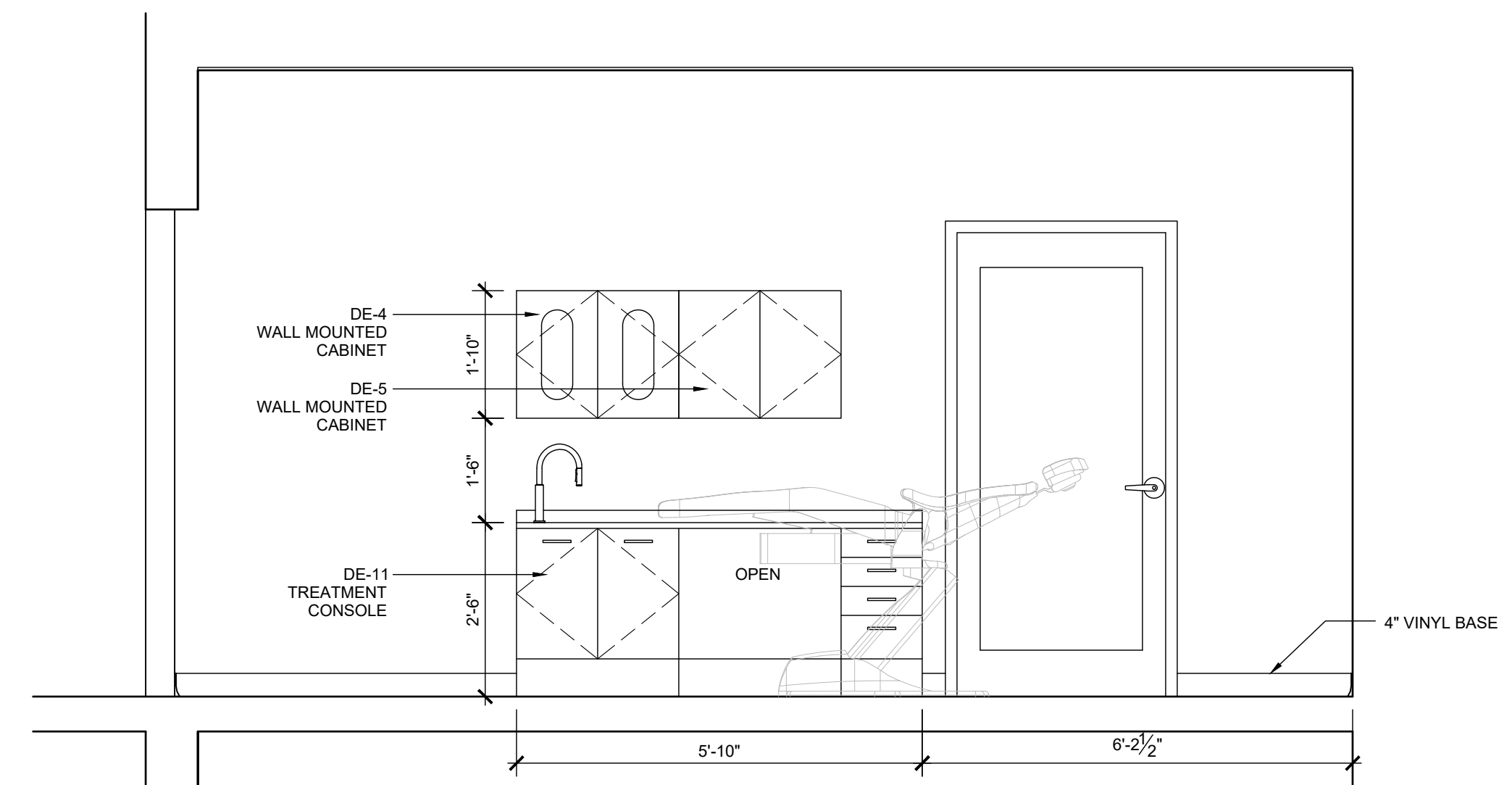
1 FLOOR PLAN
SCALE: 1/2"=1'-0"



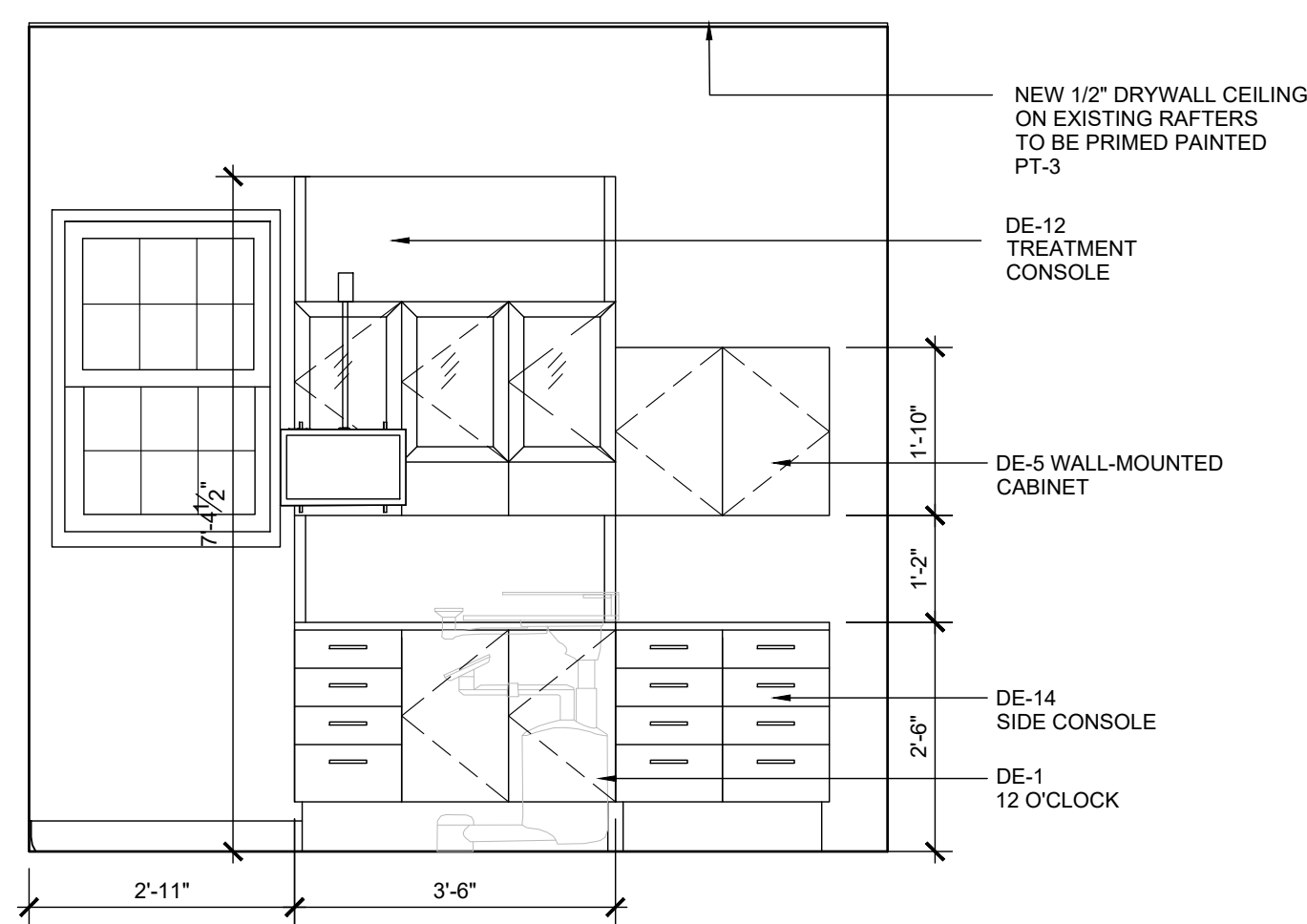
2 NORTH ELEVATION
SCALE: 1/2"=1'-0"



3 EAST ELEVATION
SCALE: 1/2"=1'-0"



4 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



5 WEST ELEVATION
SCALE: 1/2"=1'-0"

NOTE:
ALL DENTAL EQUIPMENT TO BE COORDINATED
WITH HENRY SHEIN EQUIPMENT DETAILS AND
MOUNTING HEIGHT REQUIREMENTS

GENERAL NOTES

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 - HENRY SHEIN

Issue	Date	Description

Issue Status
BUILDING CONTROL

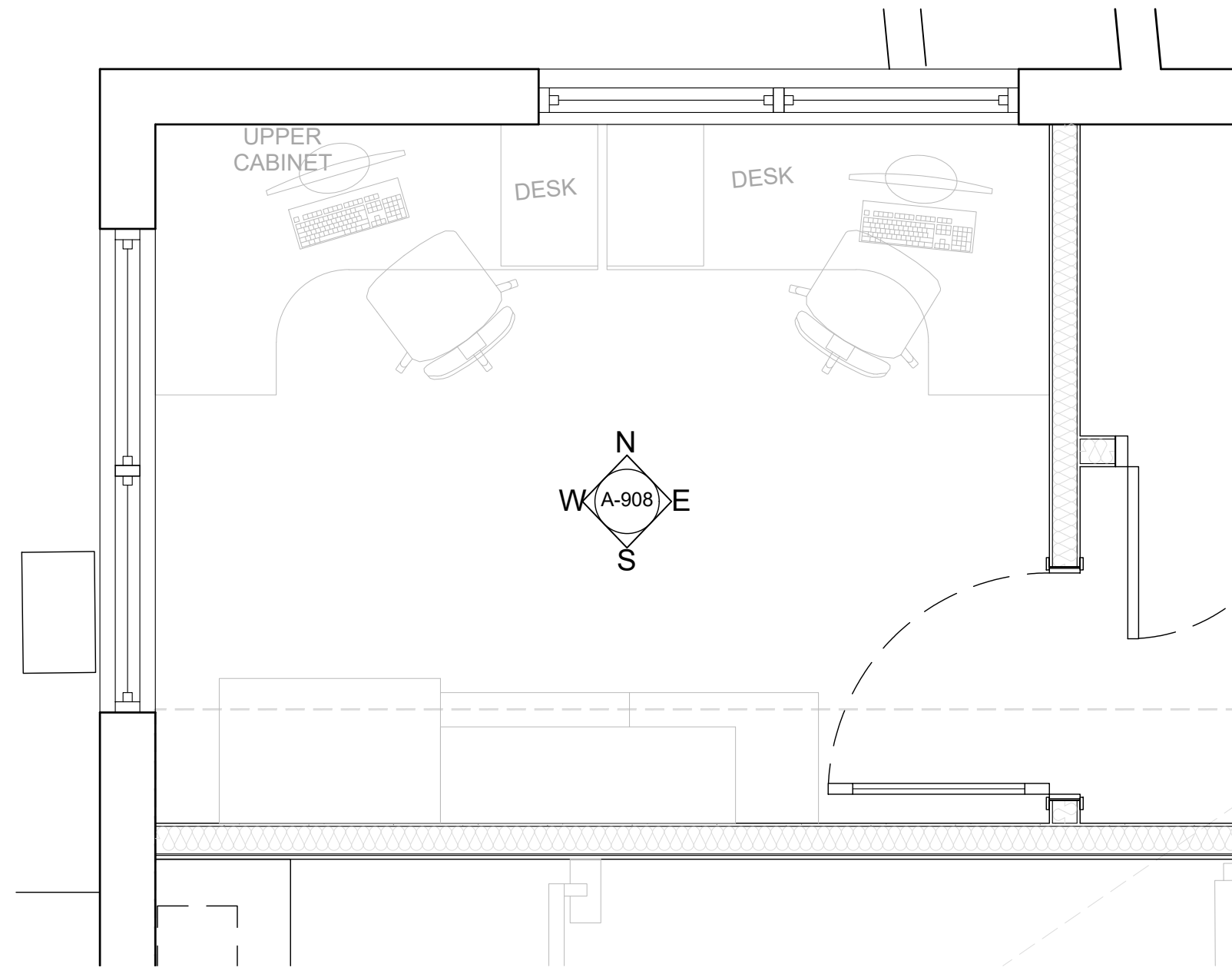
Client
DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

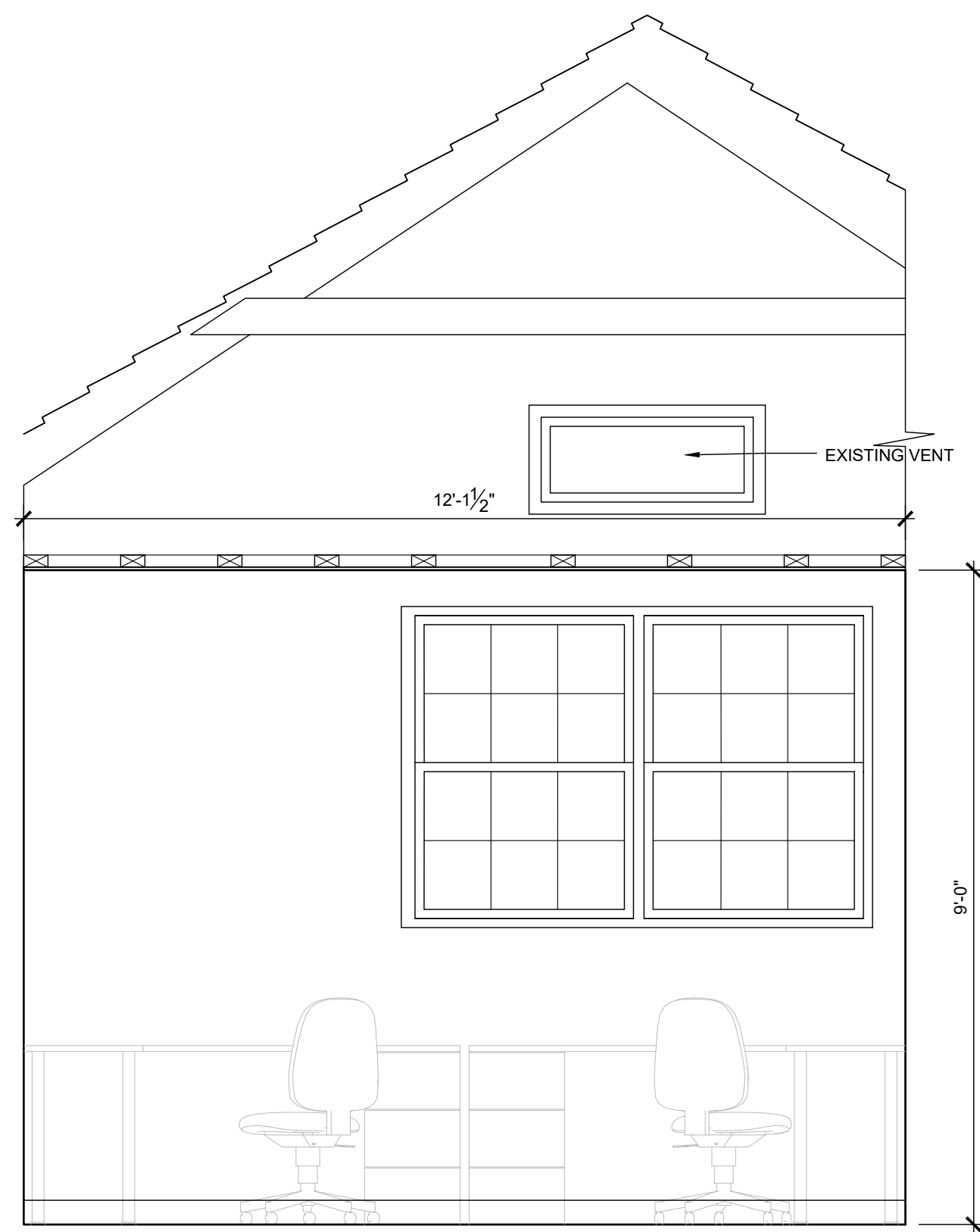
Project Address
55 MANGROVE BAY SANDYS

Title Sheet
DENTAL HYGIENE INTERIOR ELEVATIONS

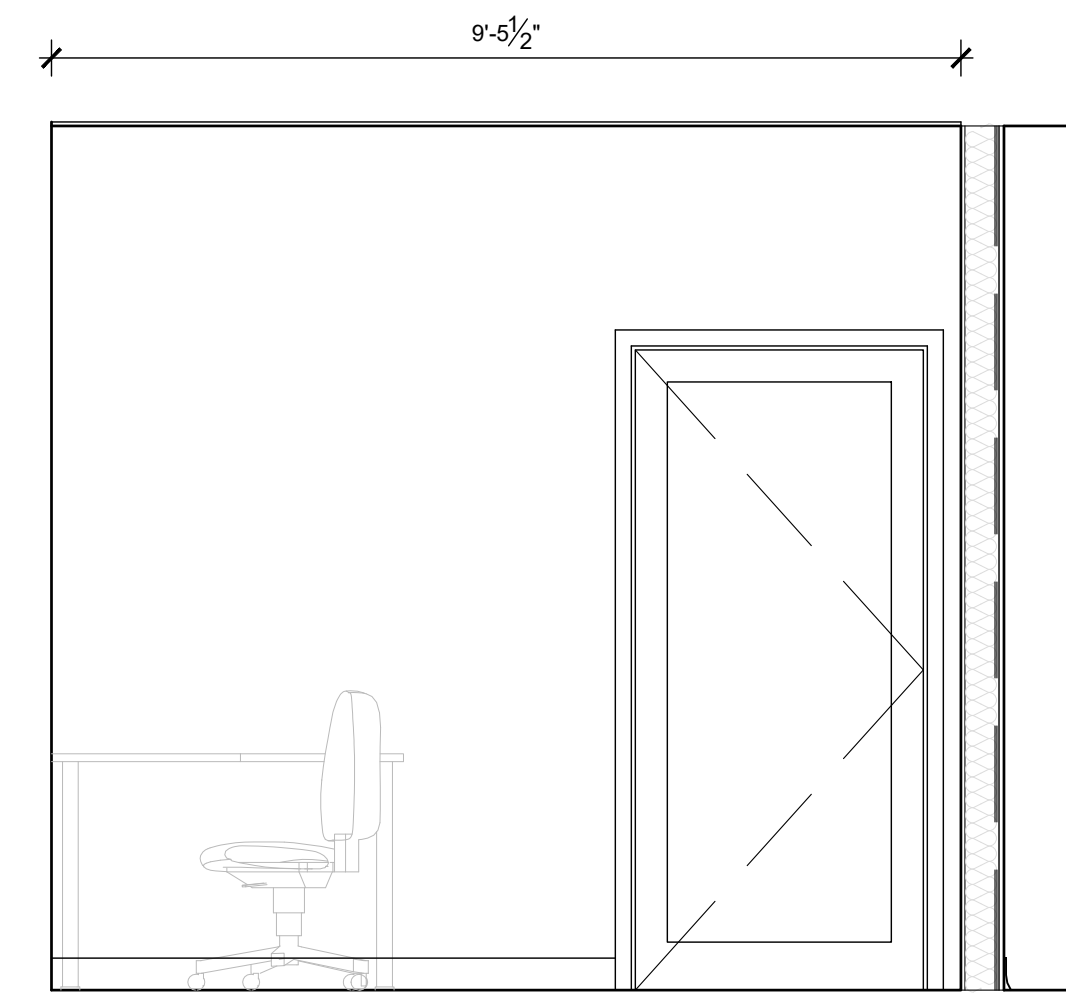
Project No. 2021 15
Date: 31.01.23 Scale: AS NOTED
Drawn: TG Chk'd: TG
Sheet No.:



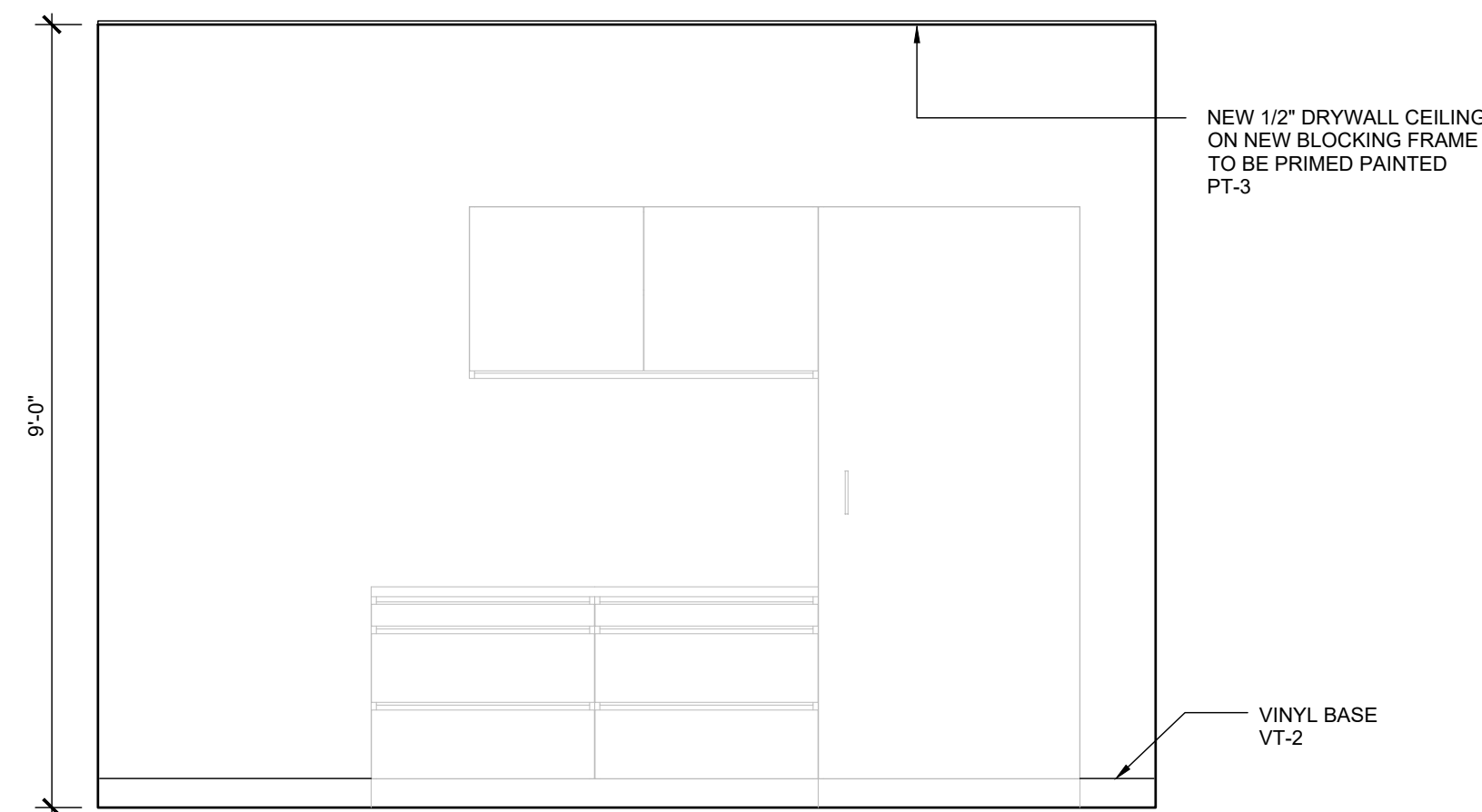
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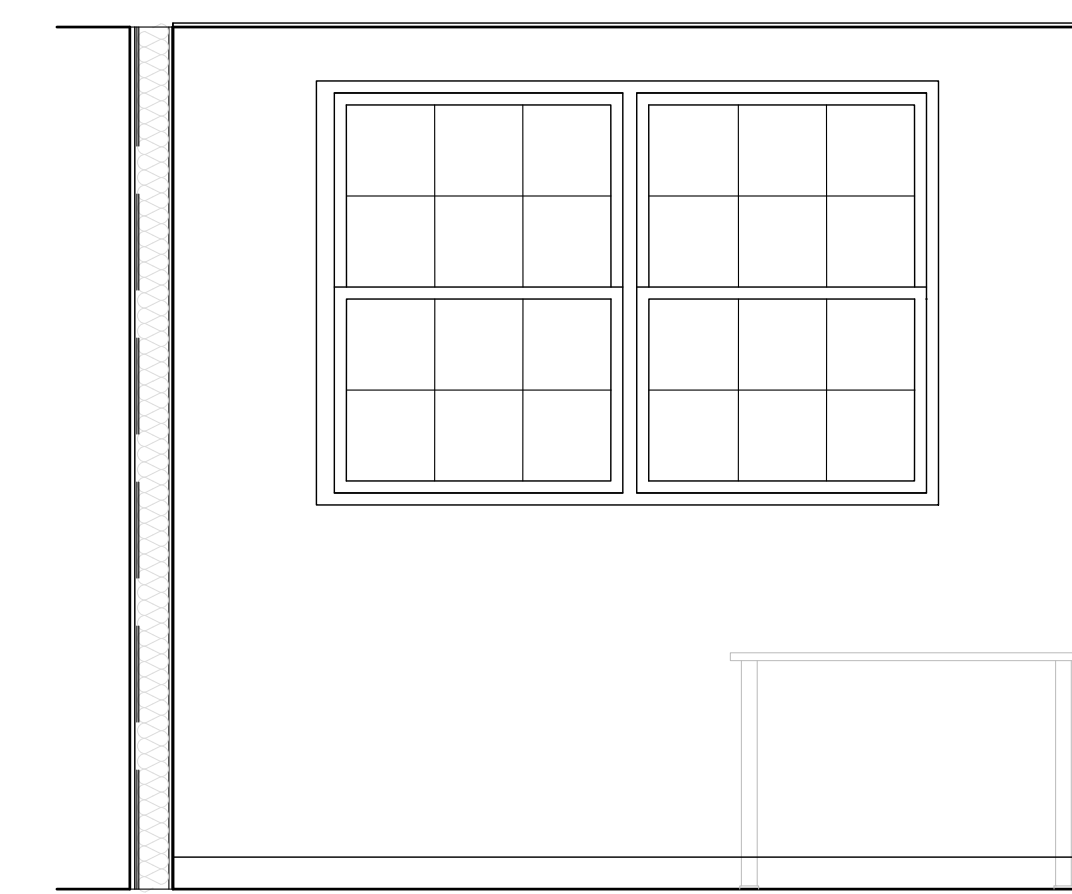
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3 EAST ELEVATION
SCALE: 1/2"=1'-0"



4 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



5 WEST ELEVATION
SCALE: 1/2"=1'-0"

GENERAL NOTES

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LIST OF INFORMANTS/CONSULTANTS

ENTECH LTD
ISLAND AUTOMATION
BERMUDA AIR CONDITIONING
HENRY SHEIN

Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status

BUILDING CONTROL

Client

DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS

Project Address
55 MANGROVE BAY
SANDYS

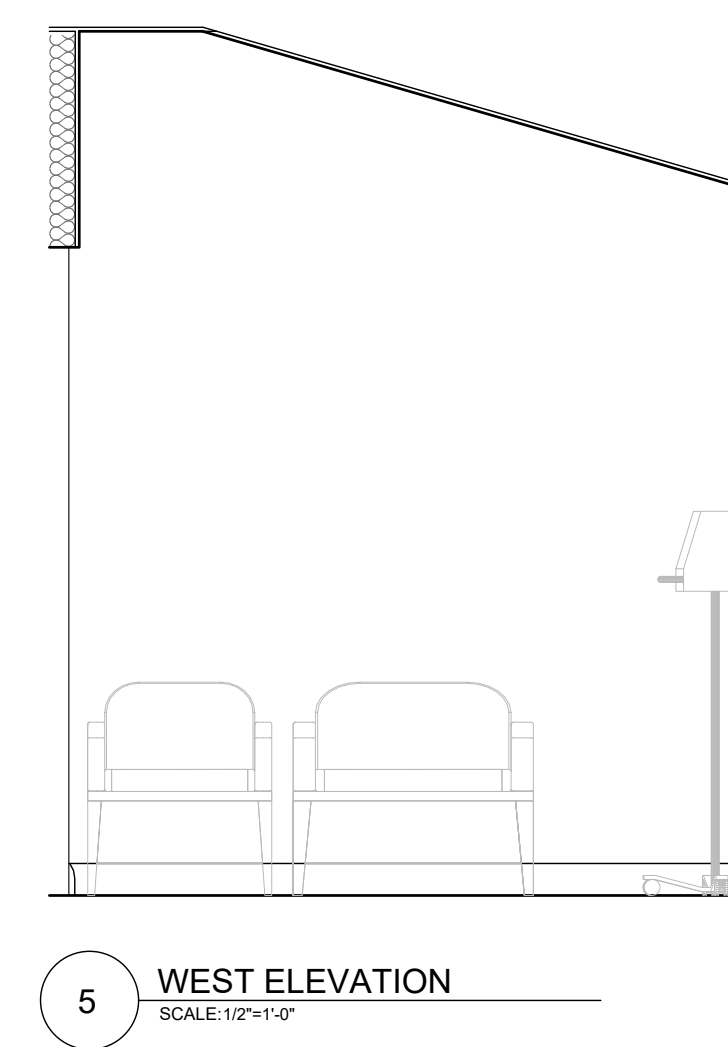
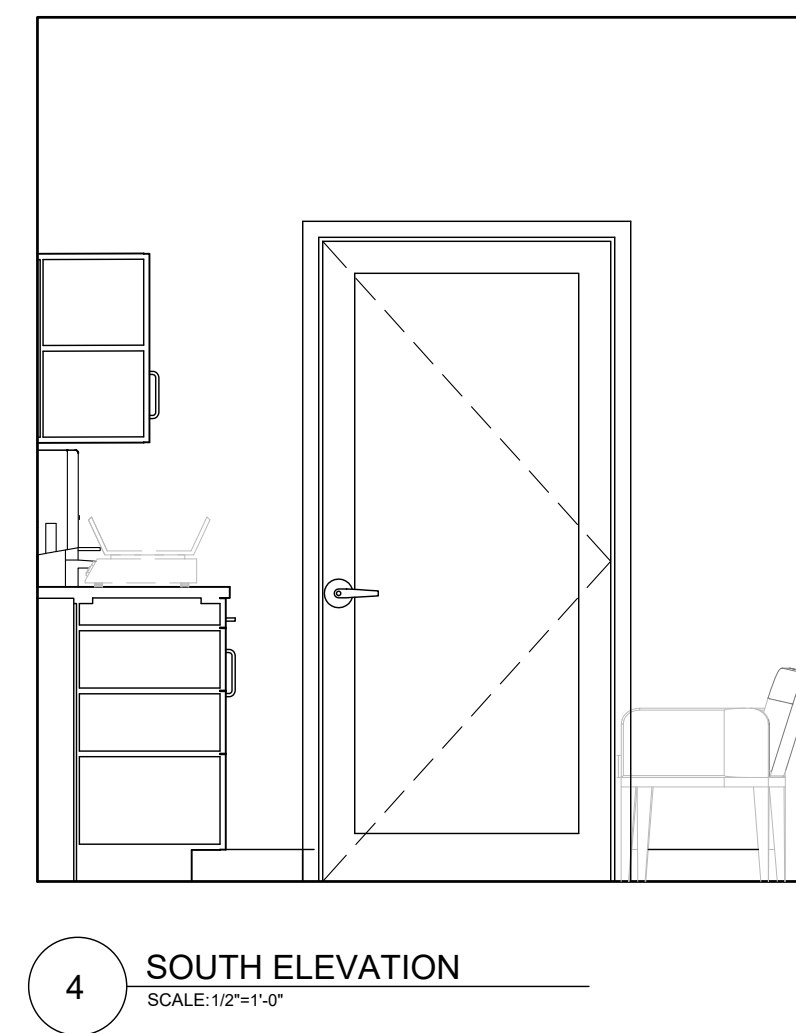
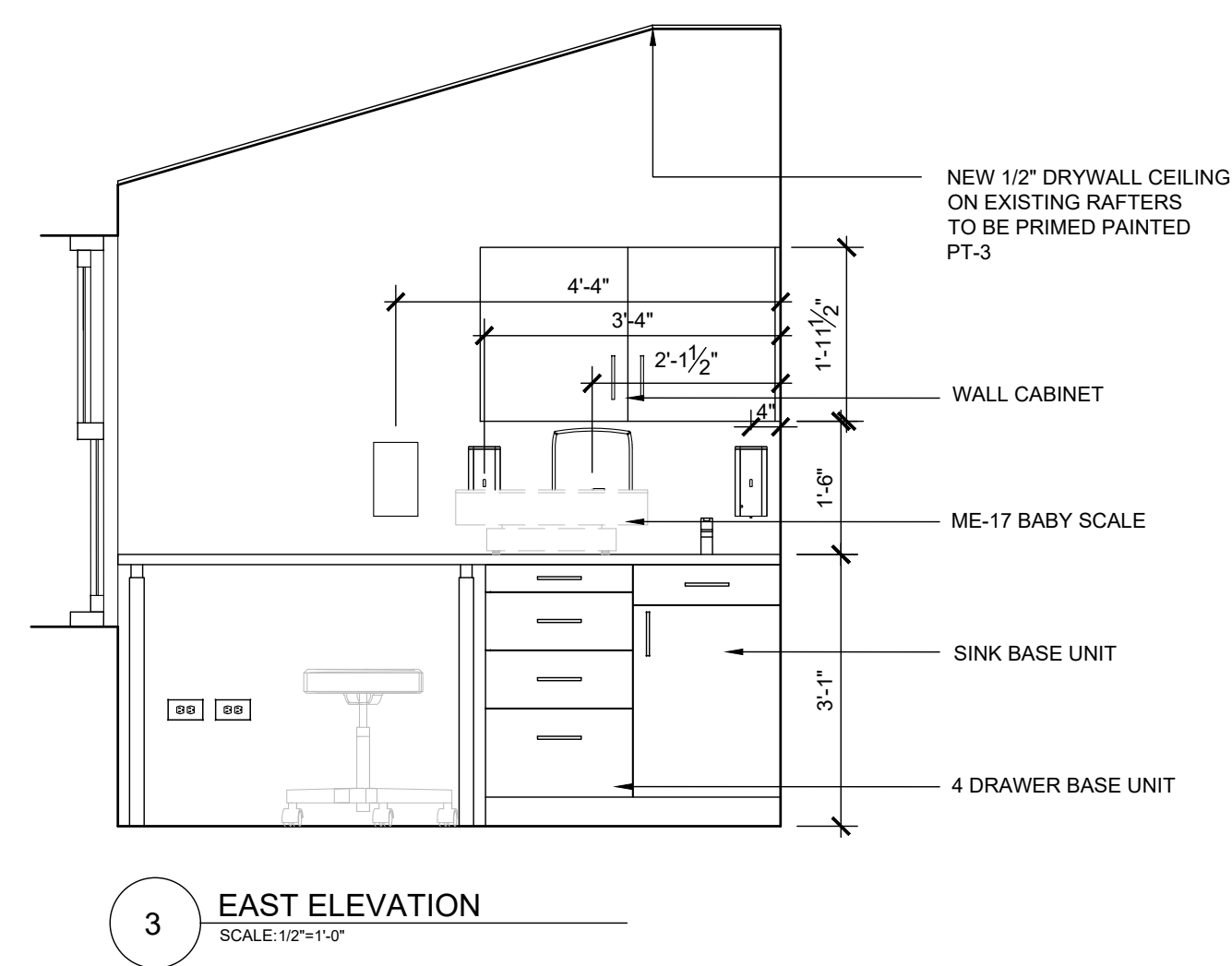
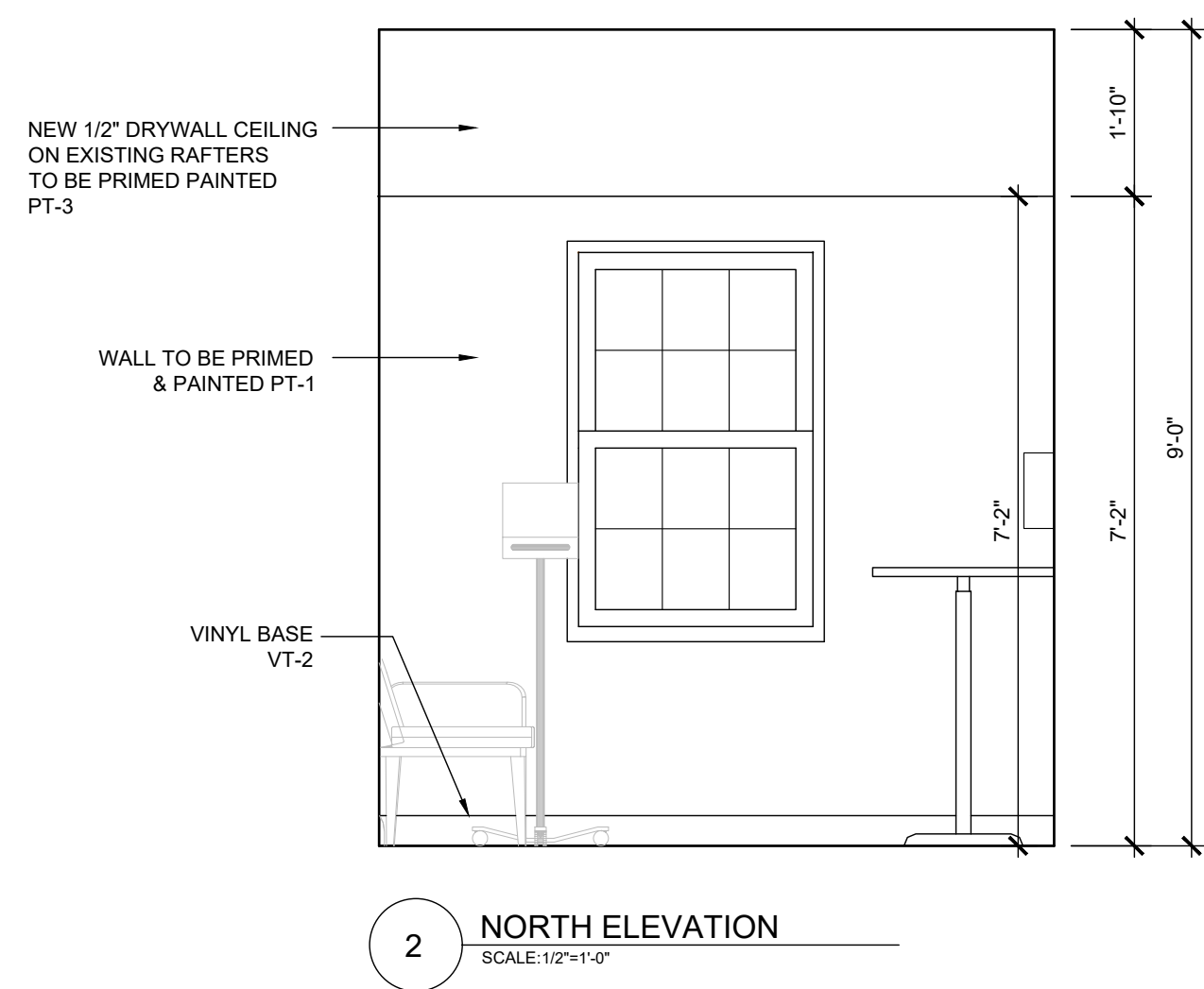
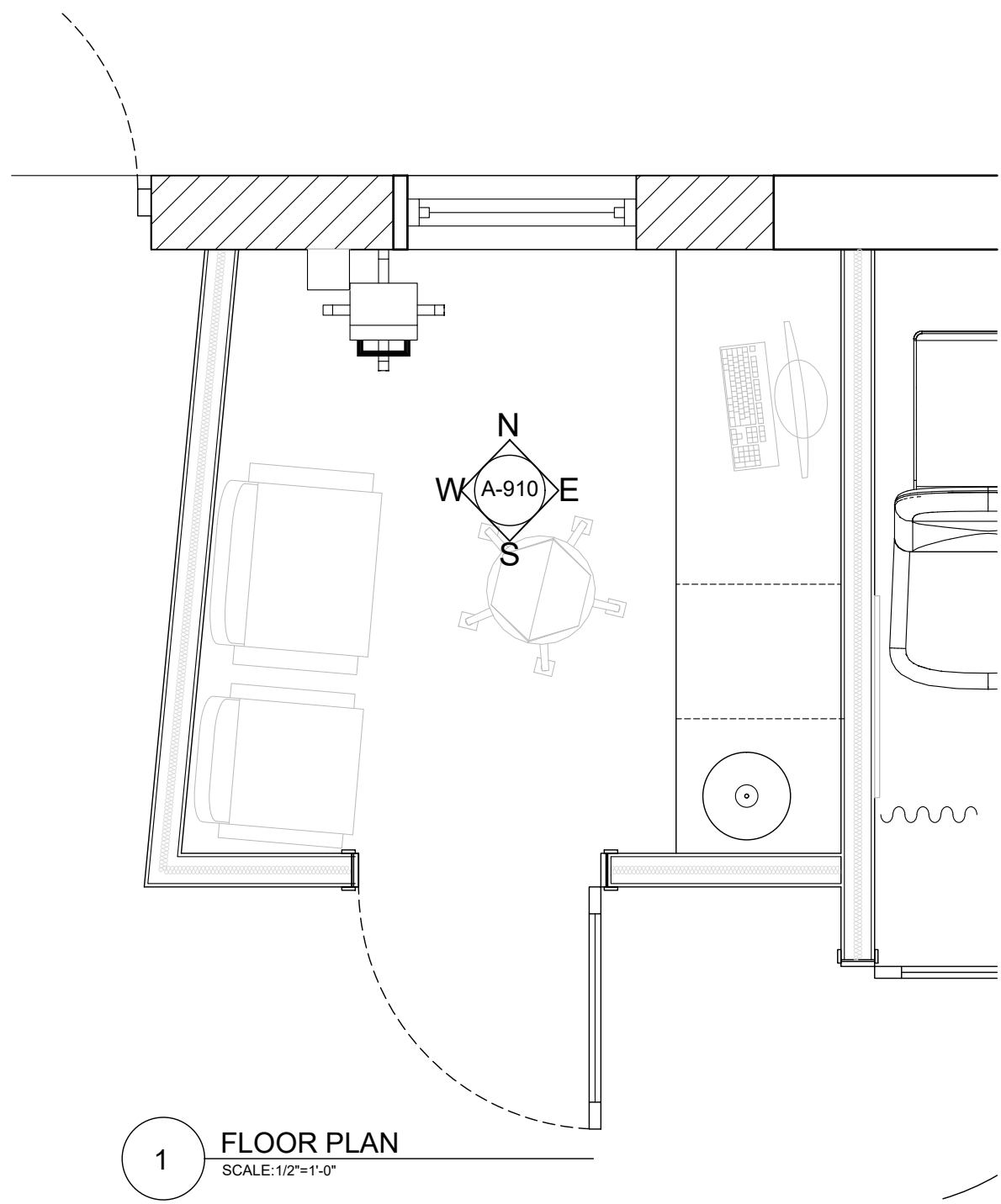
Title Sheet

COMMUNITY HEALTH OFFICE
INTERIOR ELEVATIONS

Project No. 2021 15
Date: 08.08.22 Scale: AS NOTED
Drawn: TG Chk'd: TG
Sheet No.:

A-908

REV: -



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BERMUDA AIR CONDITIONING
HENRY SHEIN

Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status
BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
**MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS**

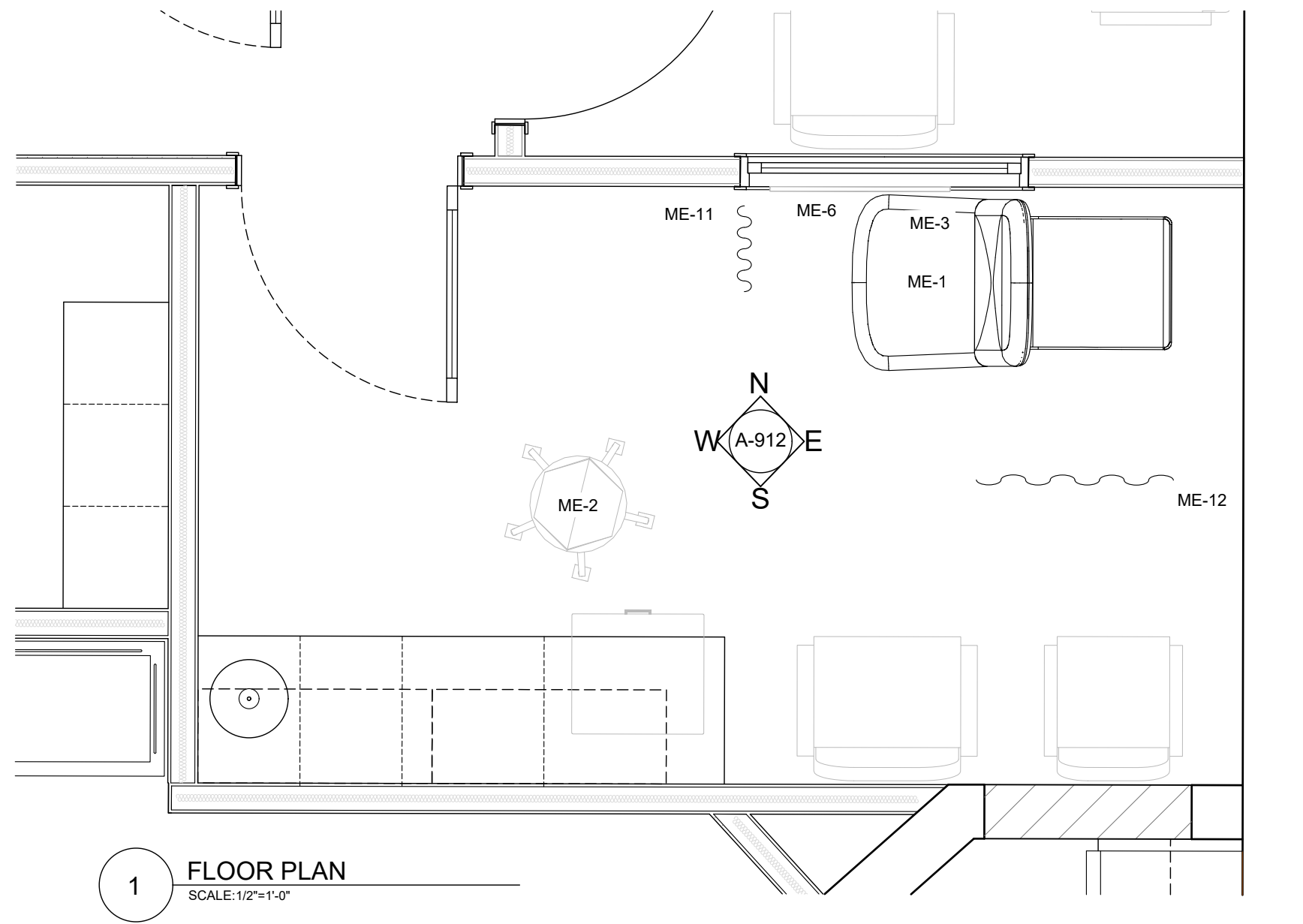
Project Address
**55 MANGROVE BAY
SANDYS**

Title Sheet
**INTERVIEW ROOM
INTERIOR ELEVATIONS**

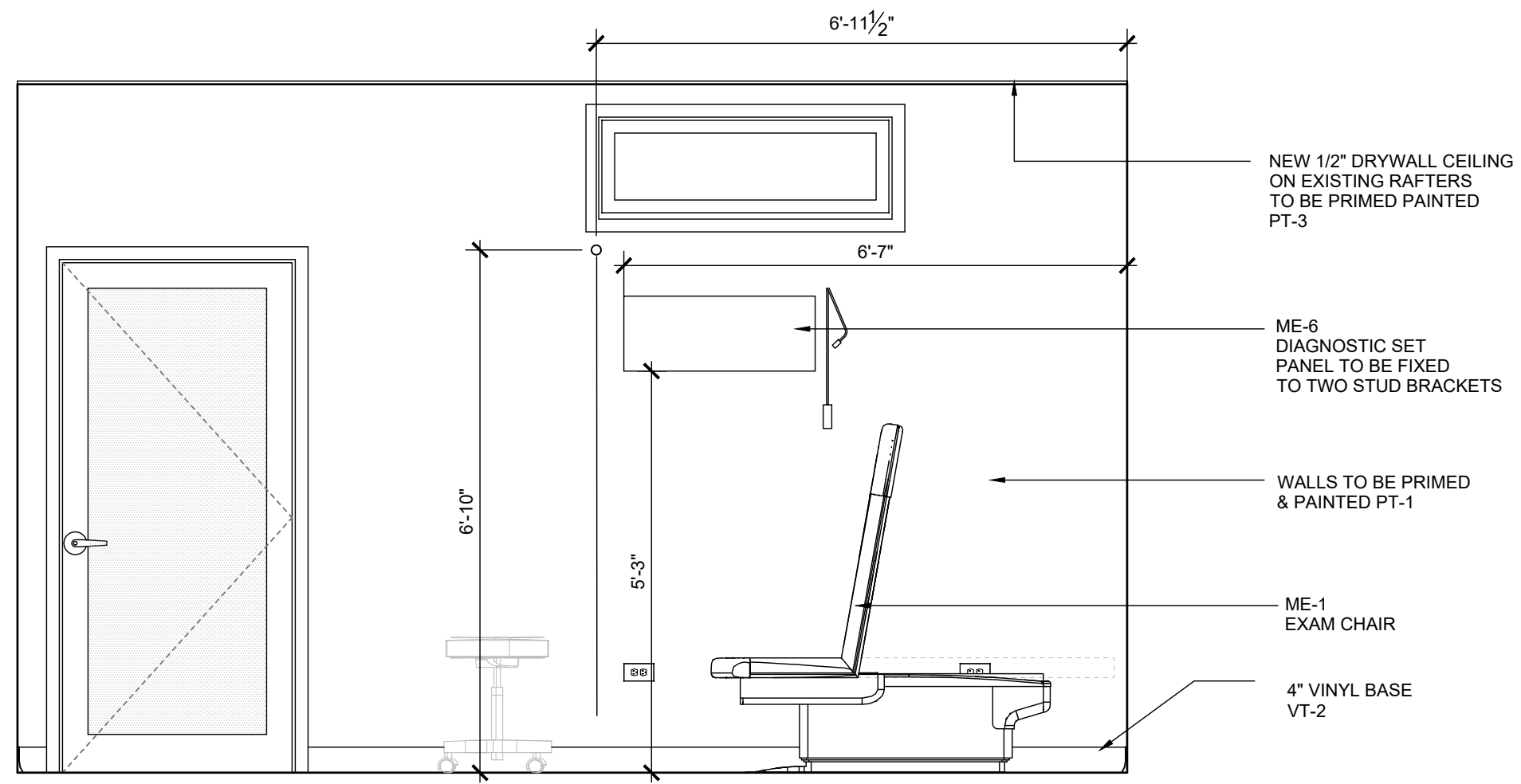
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Date: 08.08.22 Scale: AS NOTED
Drawn: TG Chk'd: TG
Sheet No.:

A-910

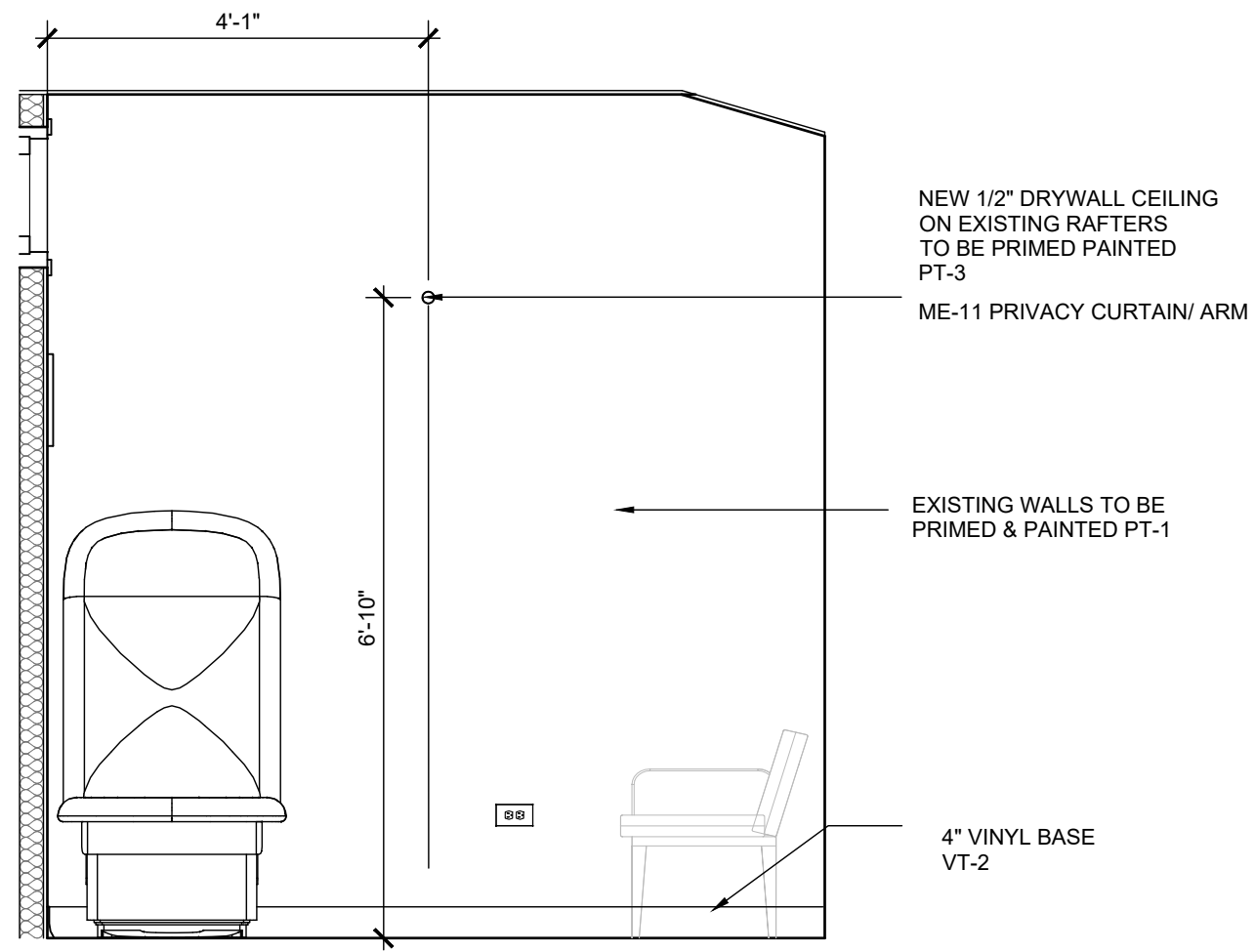
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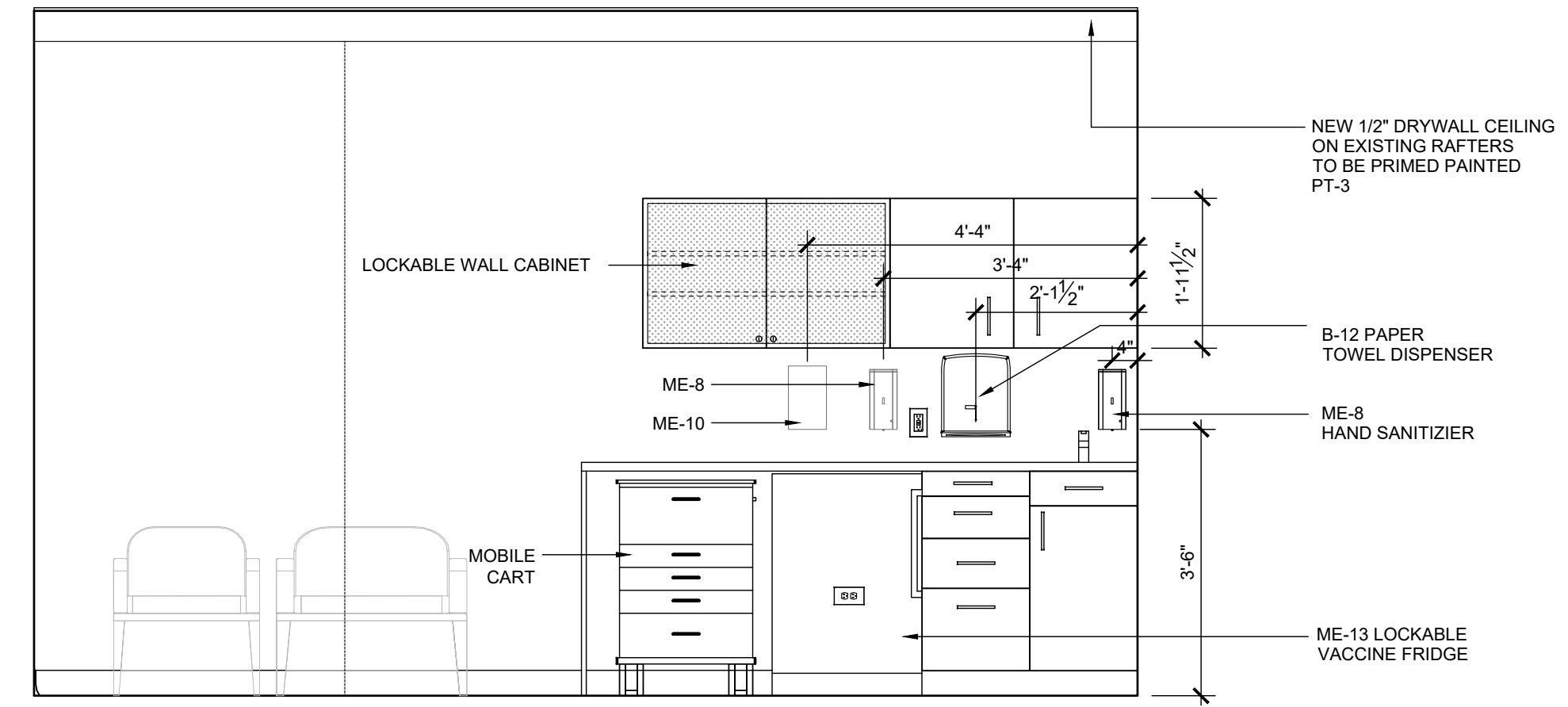
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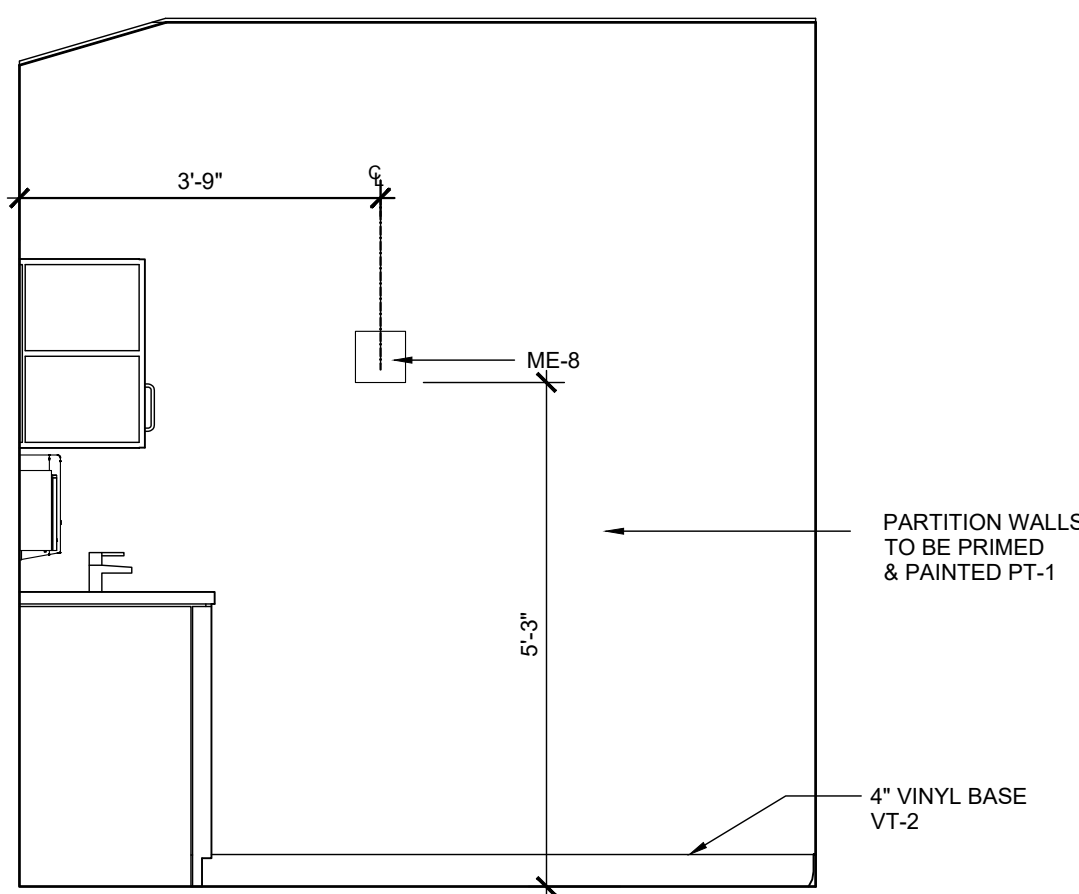
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3 EAST ELEVATION
SCALE: 1/2"=1'-0"



4 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



5 WEST ELEVATION
SCALE: 1/2"=1'-0"

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- BERMUDA AIR CONDITIONING
- HENRY SHEIN

Issue	Date	Description

17.04.2023 CLIENT REVIEW

Issue Status

BUILDING CONTROL

Client

DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS

Project Address
55 MANGROVE BAY
SANDYS

Title Sheet

ISOLATION/VACCINE ROOM
INTERIOR ELEVATIONS

Project No. 2021 15

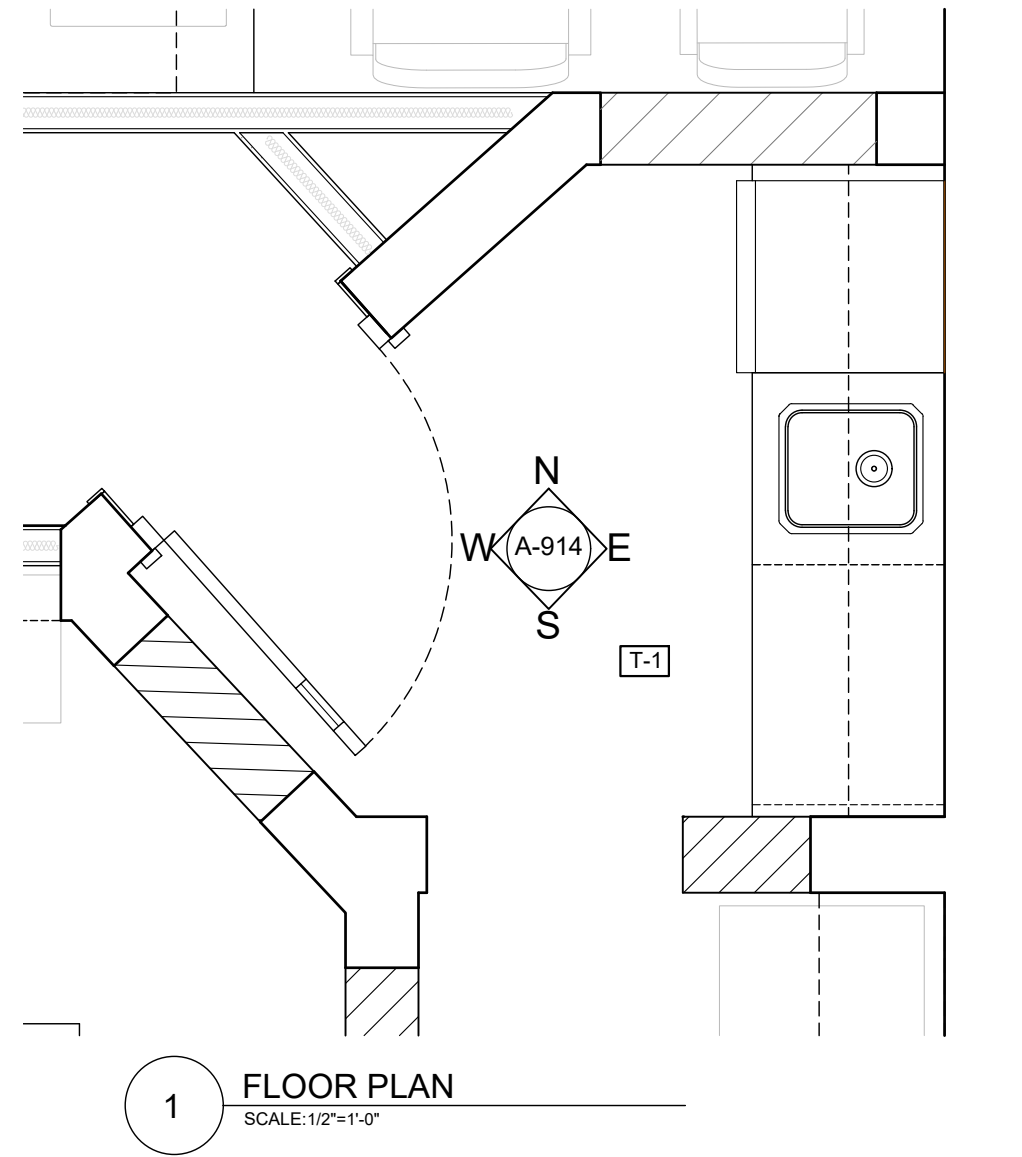
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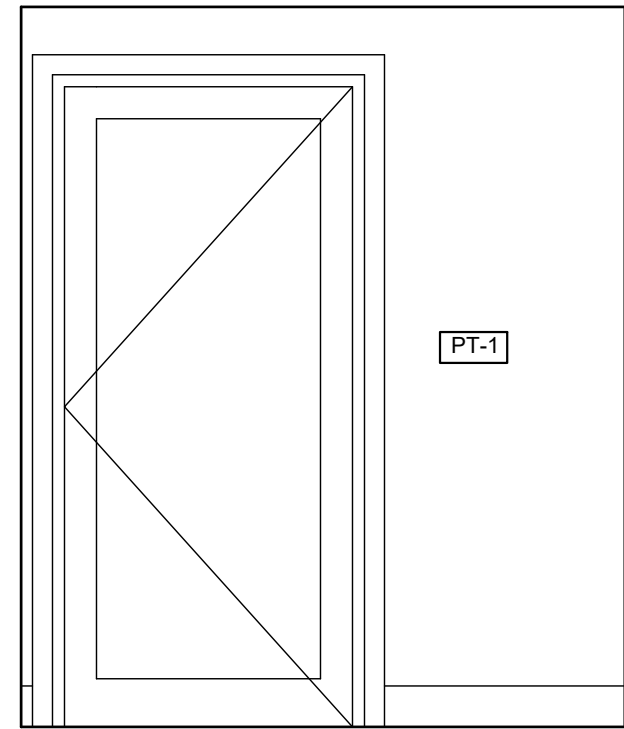
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A-912

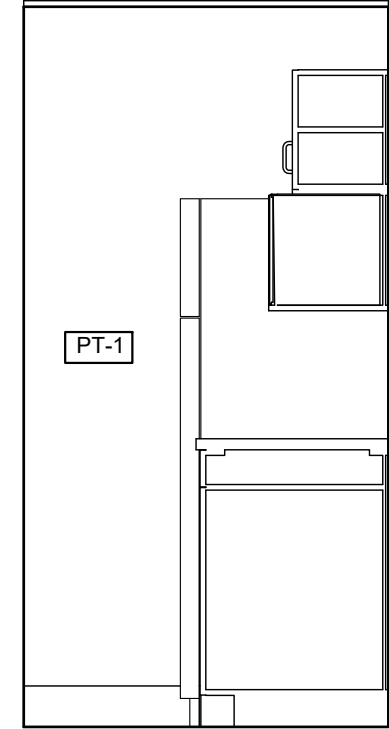
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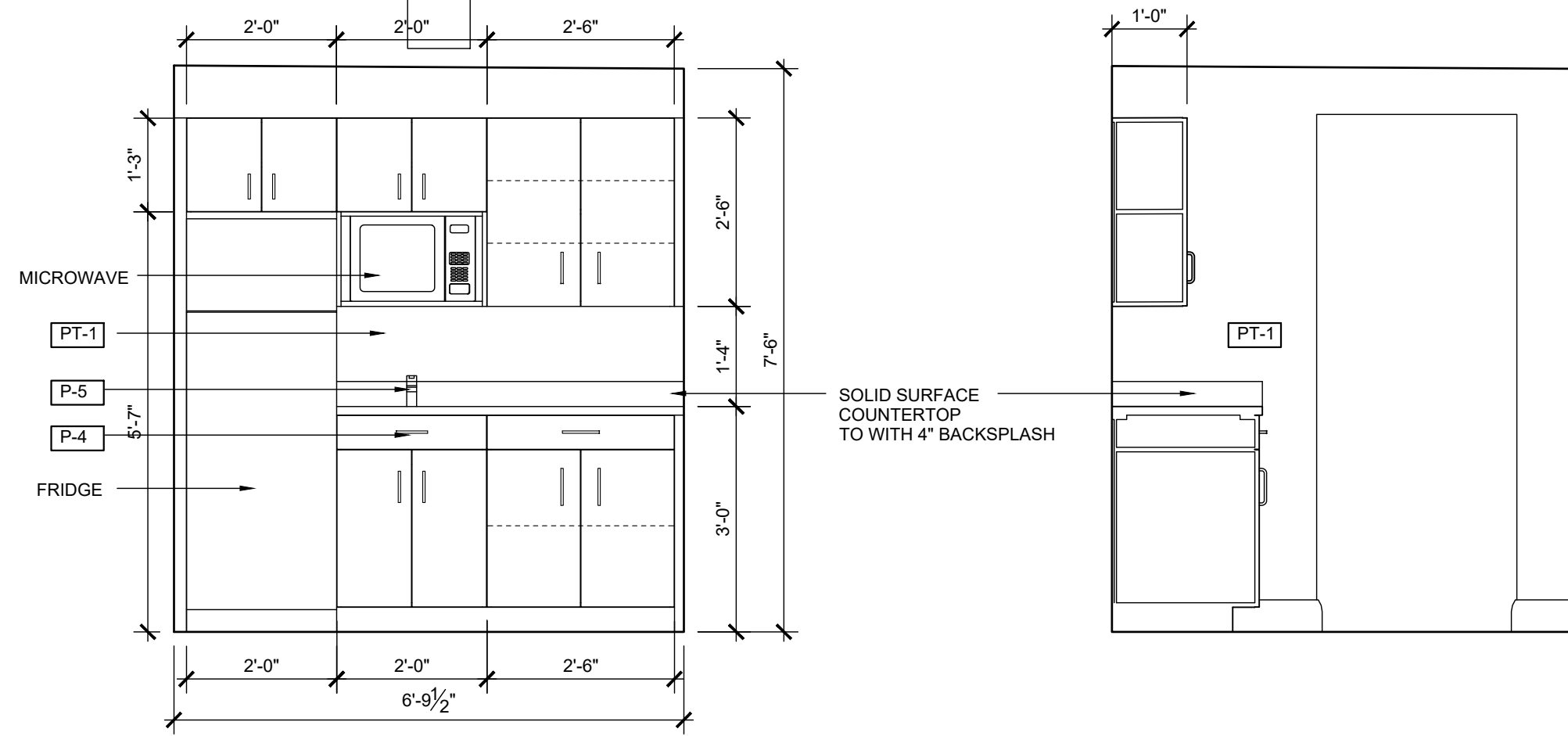
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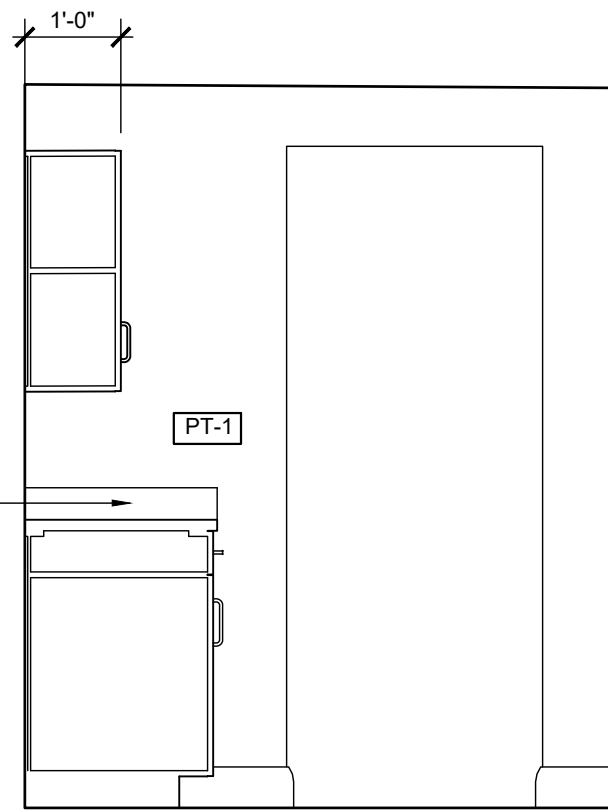
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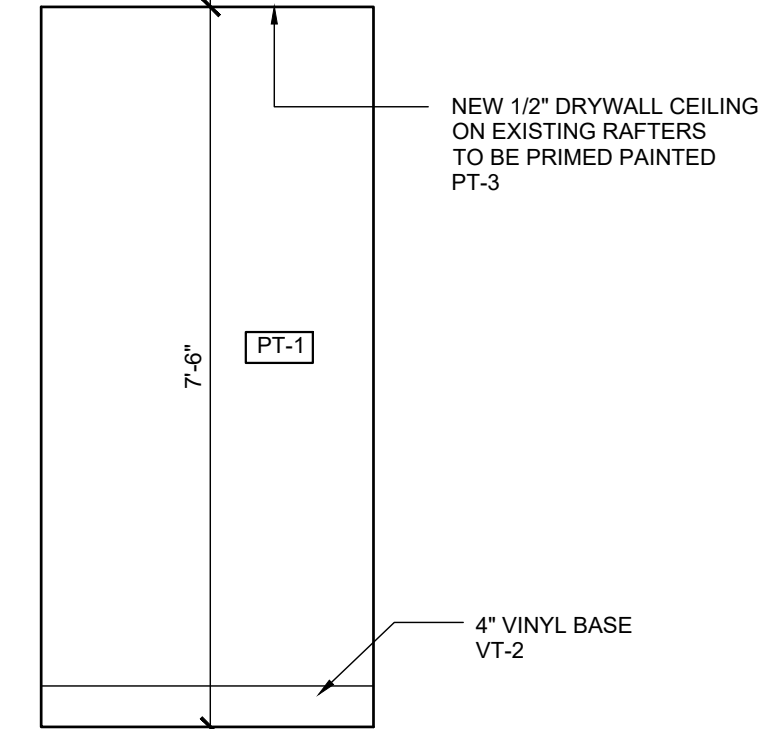
3 NORTH ELEVATION
SCALE: 1/2"=1'-0"



4 EAST ELEVATION
SCALE: 1/2"=1'-0"



5 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



6 WEST ELEVATION
SCALE: 1/2"=1'-0"

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 HENRY SHEIN

Issue	Date	Description
17.04.2023		CLIENT REVIEW

Issue Status
 BUILDING CONTROL

Client
 DEPARTMENT OF HEALTH

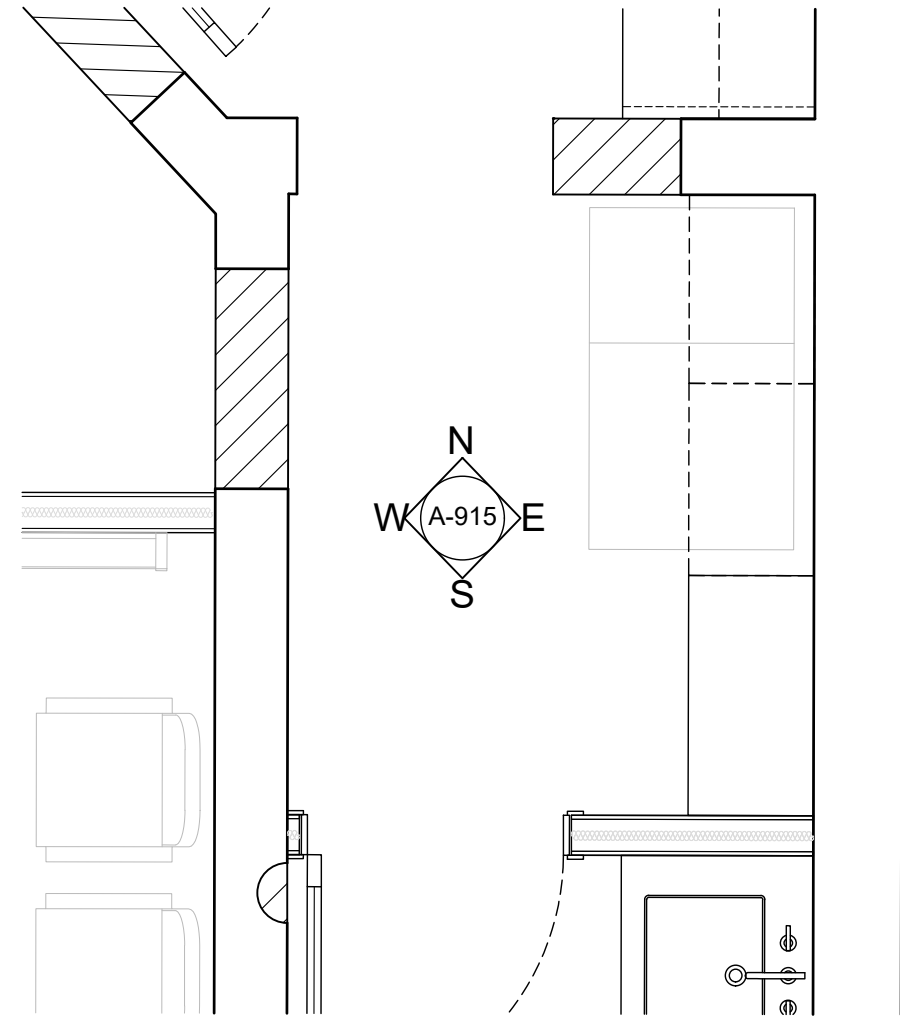
Project
 MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address
 55 MANGROVE BAY SANDYS

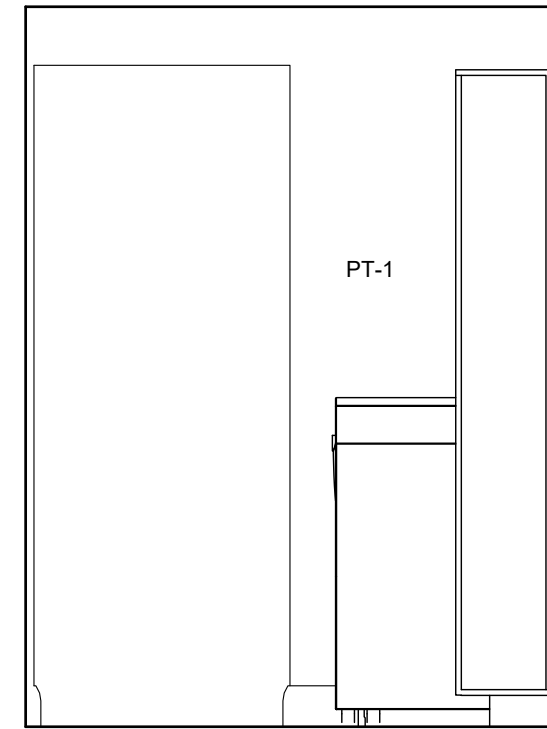
Title Sheet
 KITCHEN INTERIOR ELEVATIONS

Project No. 2021 15
 Date: 08.08.22 Scale: AS NOTED
 Drawn: TG Chk'd: TG

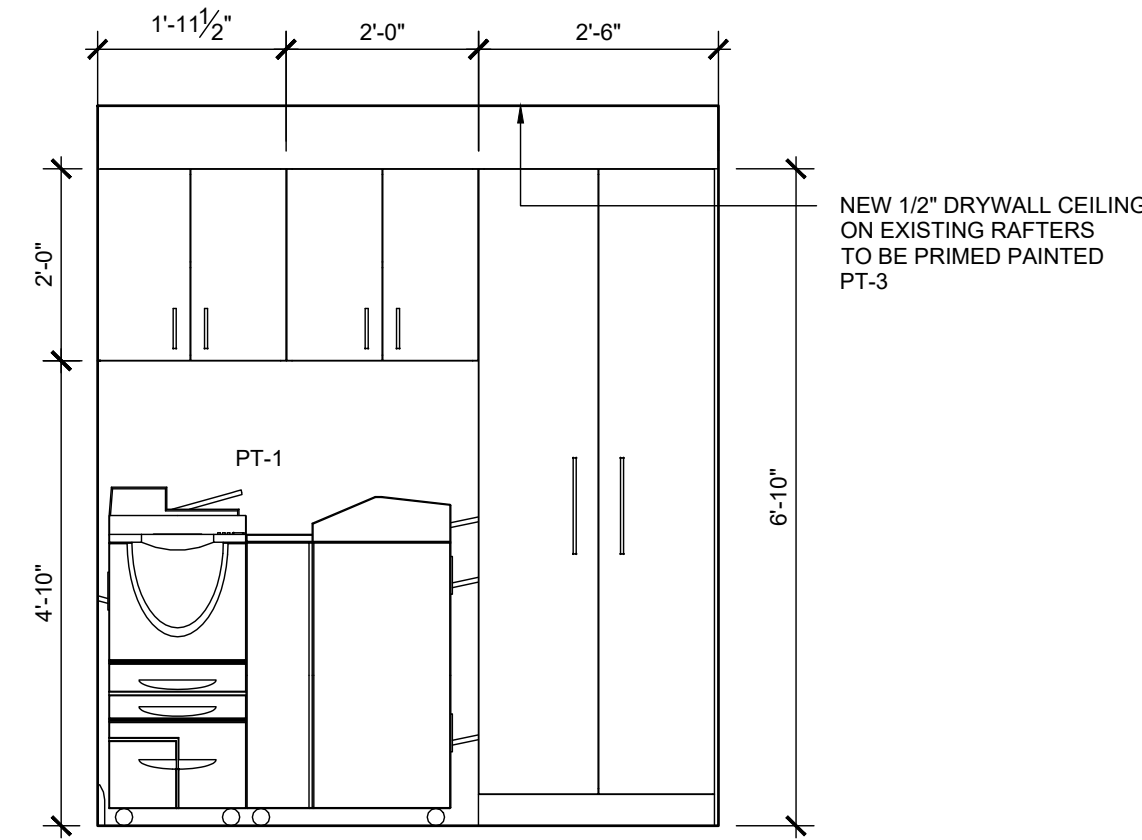
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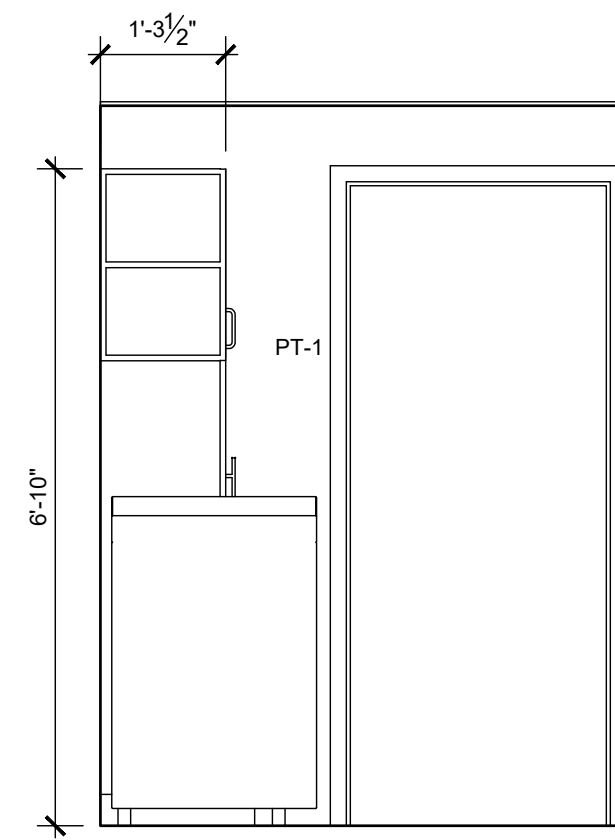
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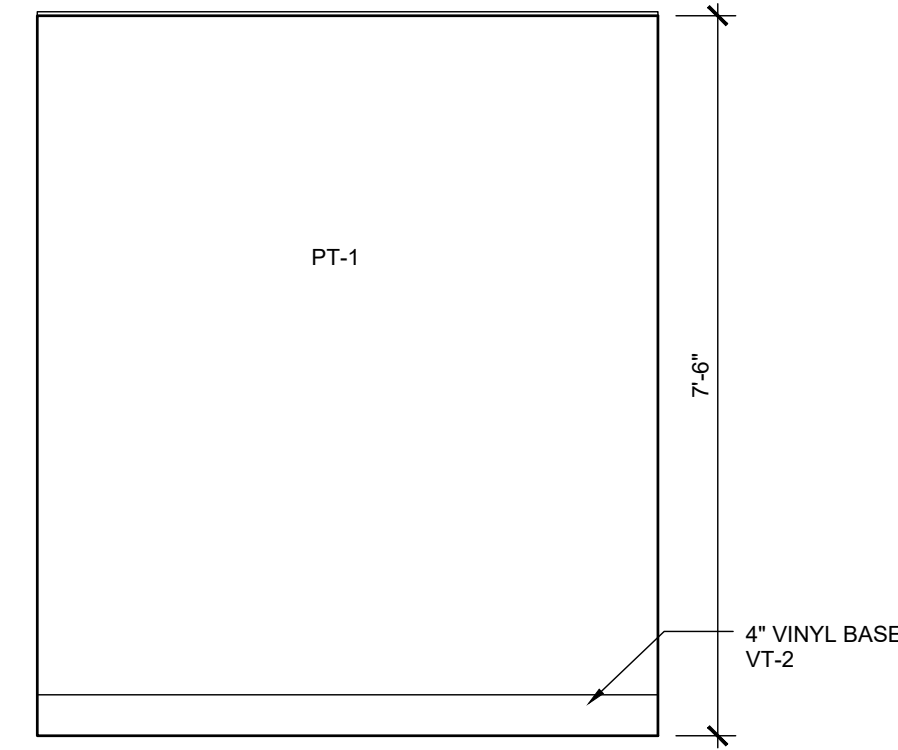
2 NORTH ELEVATION
SCALE: 1/2"=1'-0"



3 EAST ELEVATION
SCALE: 1/2"=1'-0"



4 SOUTH ELEVATION
SCALE: 1/2"=1'-0"



5 WEST ELEVATION
SCALE: 1/2"=1'-0"

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- BERMUDA AIR CONDITIONING
- HENRY SHEIN

17.04.2023 CLIENT REVIEW		
Issue	Date	Description

Issue Status

BUILDING CONTROL

Client

DEPARTMENT OF HEALTH

Project

MANGROVE BAY CLINIC RENOVIATIONS & ADDITIONS

Project Address

55 MANGROVE BAY SANDYS

Title Sheet

OFFICE SUPPLY ROOM INTERIOR ELEVATIONS

Project No. 2021 15

Date: 08.08.22

Scale: AS NOTED

Drawn: TG

Chk'd: TG

Sheet No.:

A-915

REV: -

MEDICAL EQUIPMENT LEGEND					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
ME-1	UMF MEDICAL	POWERED EXAM CHAIR		UPHOLSTERY TYPE/PREFIX UPHOLSTERY COLOR: BLUE SKIES	
ME-2	UMF MEDICAL	EXAM STOOL		UPHOLSTERY TYPE/PREFIX UPHOLSTERY COLOR: BLUE SKIES	
ME-3	WELCHALLYN	MEDICAL EXAM LIGHT			
ME-4	UMF MEDICAL	MAYO STAND/INSTRUMENT STAND			
ME-5	UMF MEDICAL	PROCEDURES STATION (MODULAR)			
ME-6	WELCHALLYN	WALL MOUNTED DIAGNOSTIC SET			
ME-7		WALL MOUNTED SHARPS BOX			
ME-8		WALL MOUNTED SOAP DISPENSER			
ME-9		WALL MOUNTED HAND SANITIZER			
ME-10	MEDICUS HEALTH	GLOVE DISPENSER - TRIPLE LOAD COATED METAL			
ME-11	NOVUM	RENAISSANCE PRIVACY/CURTAINS, RTS-48 TELESCOPIC ARM			
ME-12	NOVUM	RENAISSANCE PRIVACY/CURTAINS, RTS-84 TELESCOPIC ARM			
ME-13	ACCUCOLD	6 CU.FT ADA HGT VACCINE FRIDGE			
ME-14		AUTOMATIC HAND SANITIZER DISPENSER STAND			
ME-15	MEDLINE	COMBO GLOVE/MASK DISPENSER			
ME-16		WHEELED BLOOD PRESSURE MONITOR			
ME-17	DETECTO	INFANT SCALE			
ME-18	TANITA	BODY MASS SCALE			
ME-19	SECA	MOBILE MEASURING MAT			

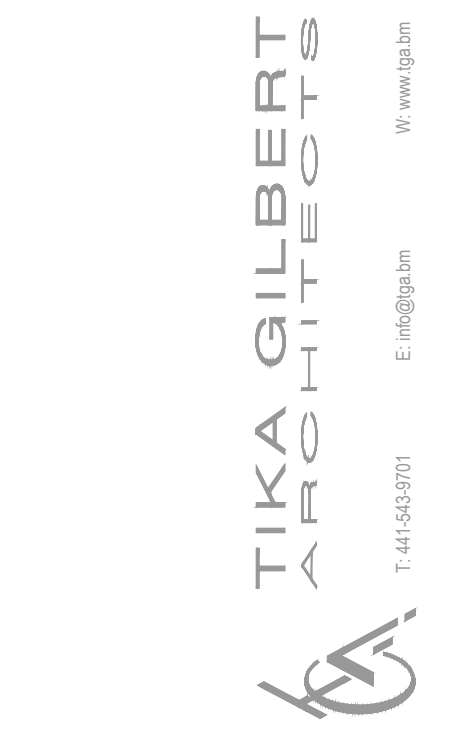
WASHROOM ACCESSORIES					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
B-1	BOBRICK	B-6806X36 STRAIGHT GRAB BAR	3'-2" x 5'-9"	STAINLESS STEEL	
B-2	BOBRICK	B-6806X42 STRAIGHT GRAB BAR	3'-2" x 5'-9"	STAINLESS STEEL	
B-3	BOBRICK	B-35745 CLASSIC; RECESSED SEAT-COVER DISPENSER, SANITARY NAPKIN DISPOSAL AND TOILET TISSUE DISPENSER	3'-2" x 5'-9"	STAINLESS STEEL	
B-4	BOBRICK	B-50517 SPECIMEN PASS-THRU CABINET		STAINLESS STEEL	
B-5	BOBRICK	B-166 2436 SERIES CHANNEL-FRAMED MIRROR/SHELF COMBINATION	24" x 36"	STAINLESS STEEL	
B-6	BOBRICK	B-165 2436 SERIES CHANNEL-FRAMED MIRROR	24" x 36"	STAINLESS STEEL	
B-7	BOBRICK	B-2012 AUTOMATIC WALL MOUNTED SOAP DISPENSER		STAINLESS STEEL	
B-8	BOBRICK	B-38030 RECESSED PAPER TOWEL DISPENSER/AUTOMATIC HAND DRYER/WASTE BIN		STAINLESS STEEL	
B-9	BOBRICK	B-36903 RECESSED PAPER TOWEL DISPENSER		STAINLESS STEEL	
B-10	BOBRICK/KOALA KARE	KB310-SSRE BABY CHANGING TABLE		STAINLESS STEEL	

PLUMBING FIXTURES					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
P-1	KOHLER	K-3519-RA-0 HIGHLINE CLASSIC COMFORT HEIGHT		WHITE	K-4636-0 QUIET-CLOSE ELONGATED TOILET SEAT
P-2	AMERICAN STANDARD	9024.001EC DECORUM 20"x18" WALL-HUNG LAVATORY WITH EVERCLEAN		WHITE	
P-3	AMERICAN STANDARD	6055104.002 SELECTRONIC CAST TOUCHLESS METERING FAUCET		POLISHED CHROME	BATTERY OPERATED
P-4	AMERICAN STANDARD	PORTSMOUTH UNDERMOUNT SINGLE-BOWL KITCHEN SINK		STAINLESS STEEL	
P-5	AMERICAN STANDARD	6055164.002 SELECTRONIC GOOSENECK TOUCHLESS METERING FACUET		POLISHED CHROME	BATTERY OPERATED
P-6	KOHLER	K-20000 CAXTON RECTANGLE UNDERMOUNT SINK		WHITE	
P-7	MCMMASTER-CARR	25 1/4" FREE STANDING JANITORIAL SINK	20"x23"	WHITE	
P-8	AMERICAN STANDARD	8344012.002 WALL- MOUNT SERVICE FAUCET 6" VACUUM BREAKER		POLISHED CHROME	

FLOOR FINISHES					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
T-1	EDIMAX CERAMICHE ASTOR	FEEL FLOOR TILE	12"x12"	GREY RETT	
VT-1	INTERFACE	STUDIO SET		PEWTER	
VT-2	ROPPE	VINYL WALL BASE	4" HIGH	BLACK	

WALL FINISHES					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
T-2	EDIMAX CERAMICHE ASTOR	FEEL WALL TILE	12"x12"	WHITE RETT	
T-3	EDIMAX CERAMICHE ASTOR	FEEL WALL TILE	4"x12"	WHITE RETT	
PT-1	PPG	WALL PAINT		PPG 1001-1 DELICATE WHITE	LOW SHEEN
PT-2	PPG	WALL PAINT		PPG 1163-6 BLUE FJORD	LOW SHEEN

CEILING FINISHES					
NO.	MANUFACTURER	PRODUCT	SIZE	FINISH/COLOR	NOTES
PT-3	PPG			PPG 1025-1 COMMERCIAL WHITE	



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Issue	Date	Description
	17.04.2023	CLIENT REVIEW

Issue Status

BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address
55 MANGROVE BAY SANDYS

Title Sheet

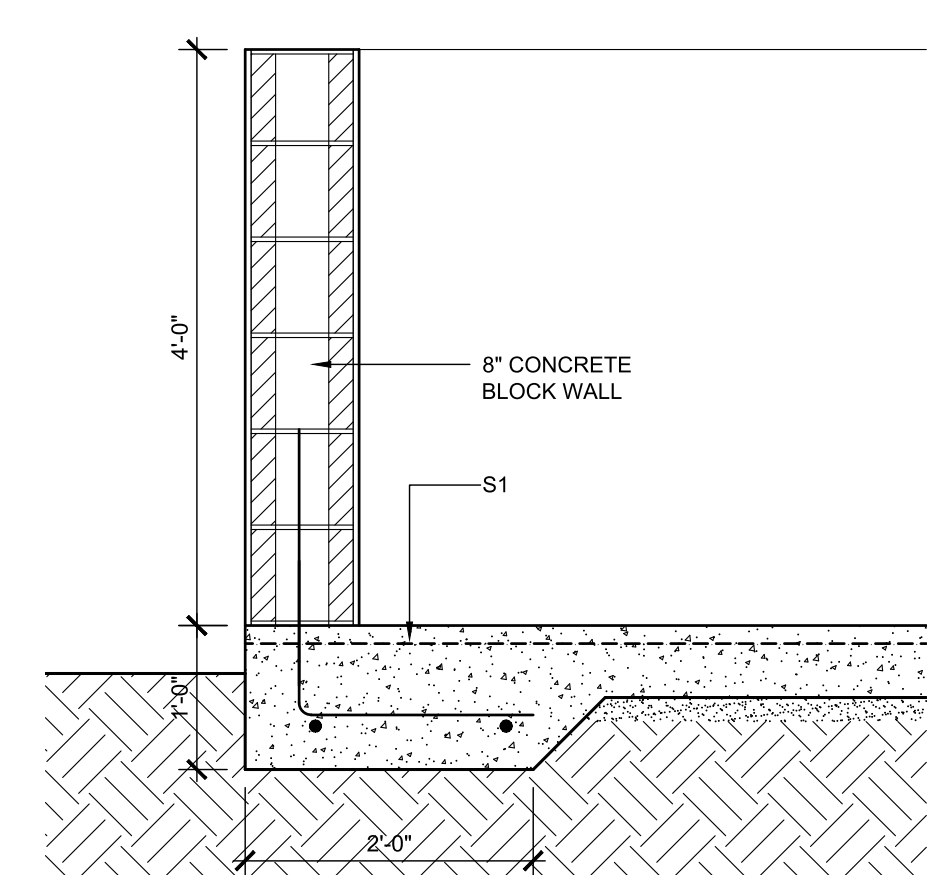
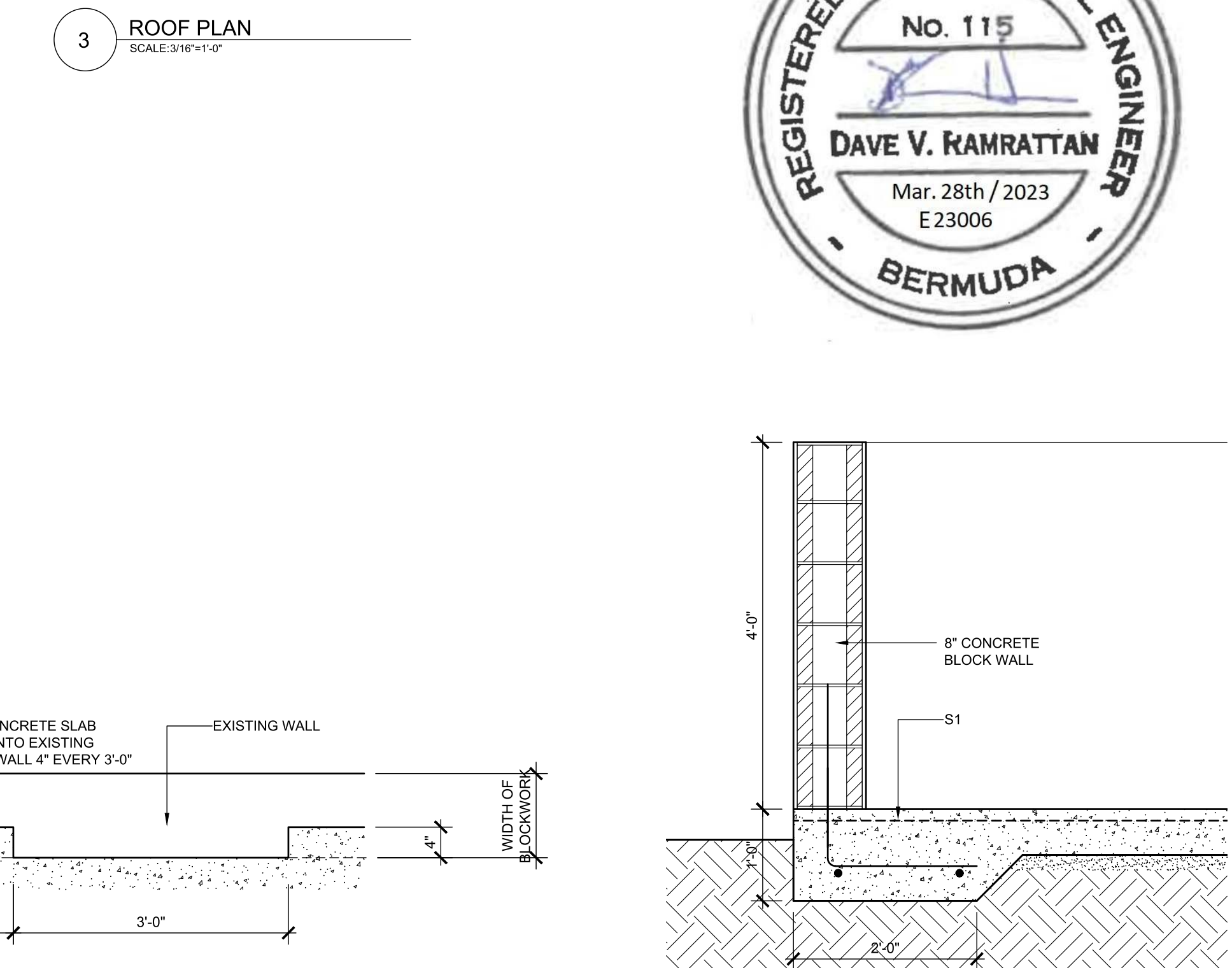
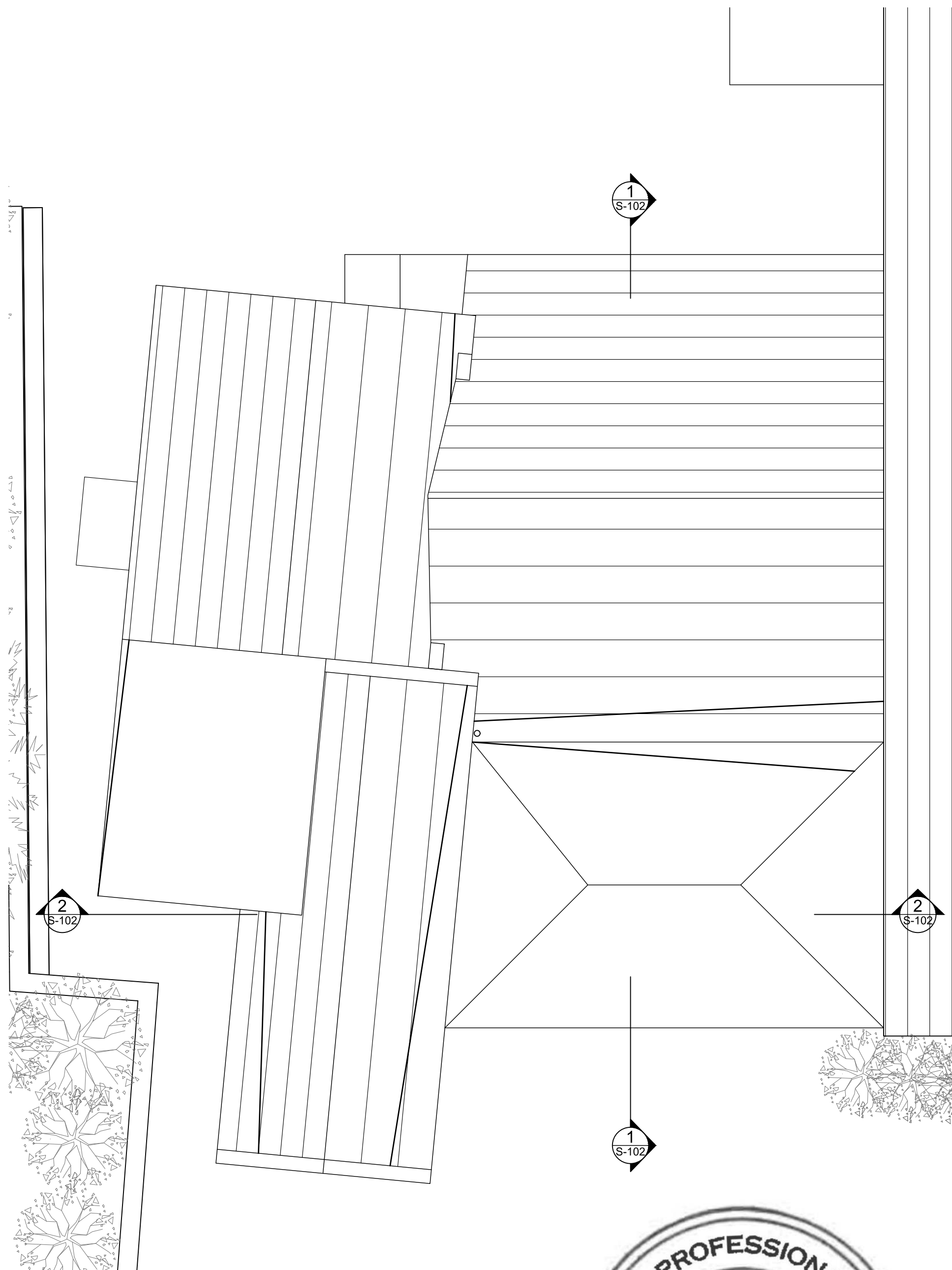
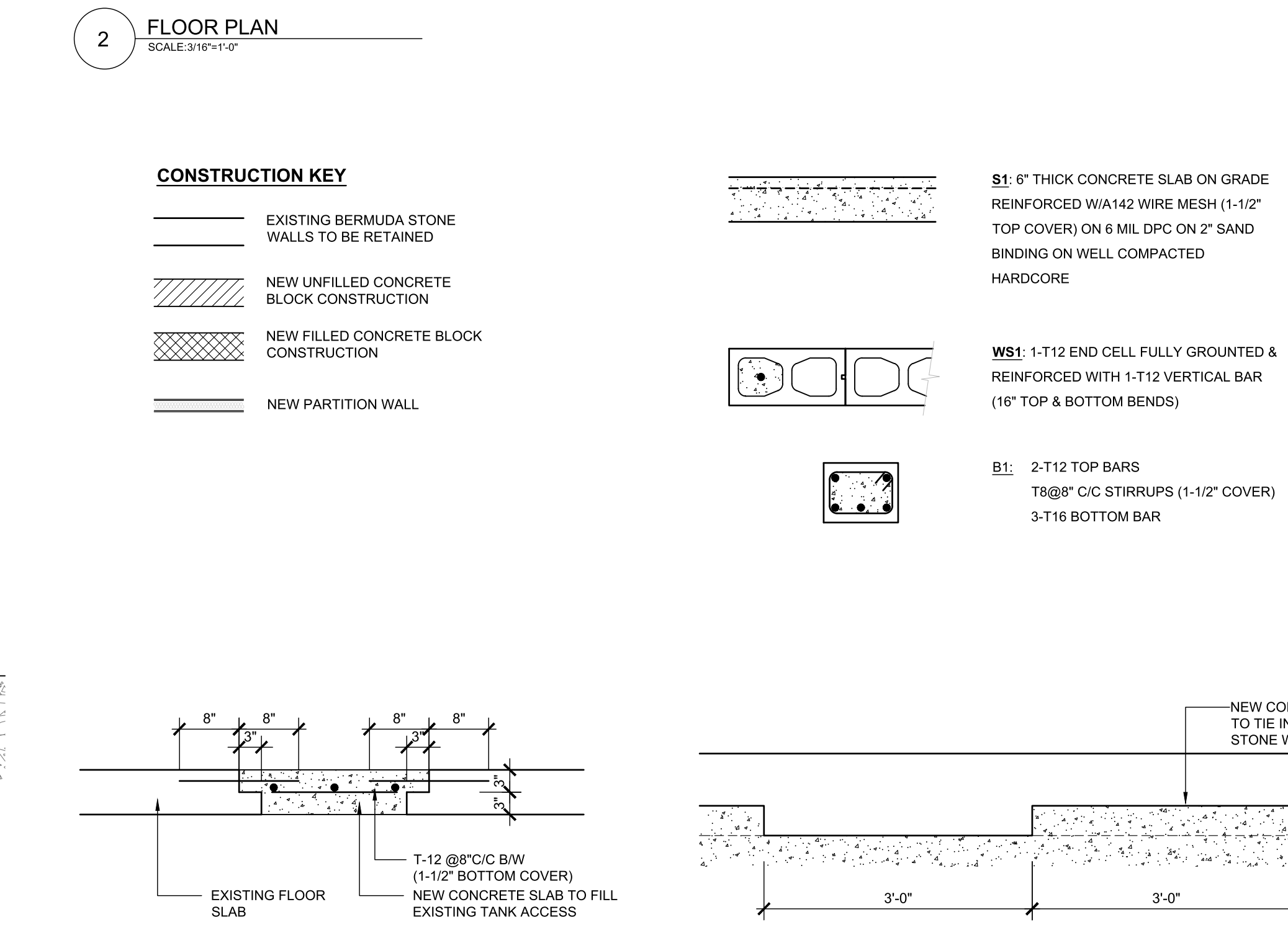
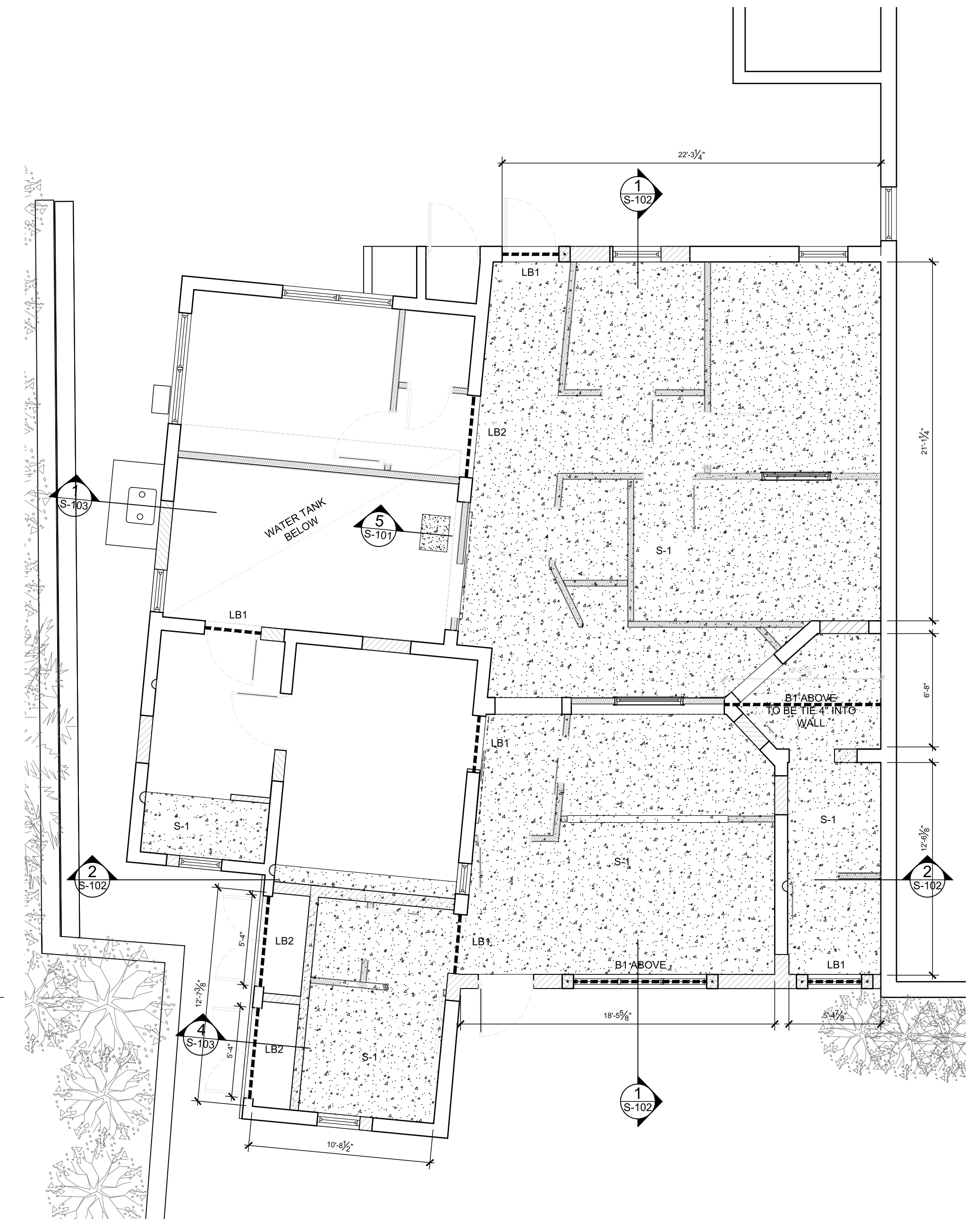
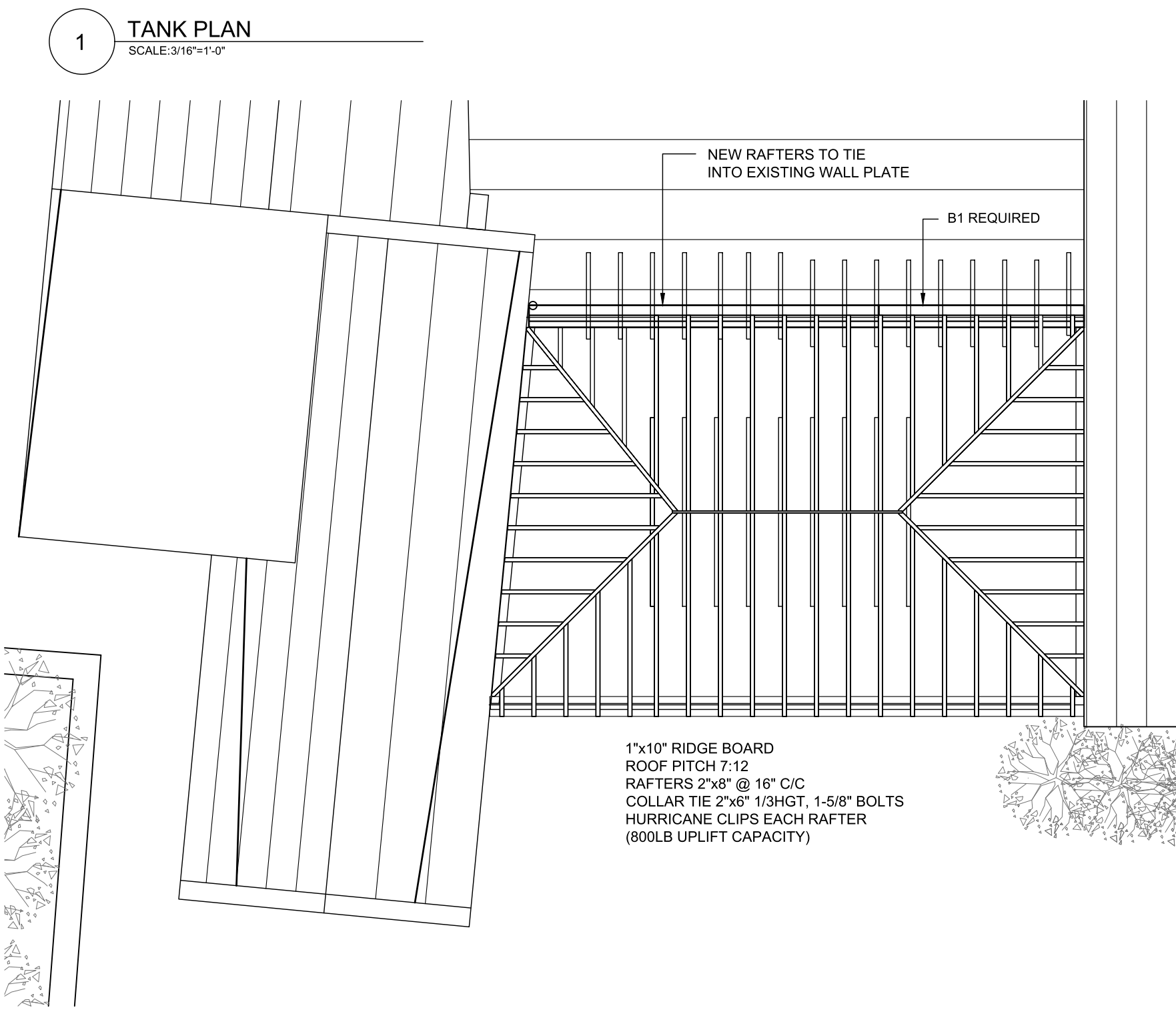
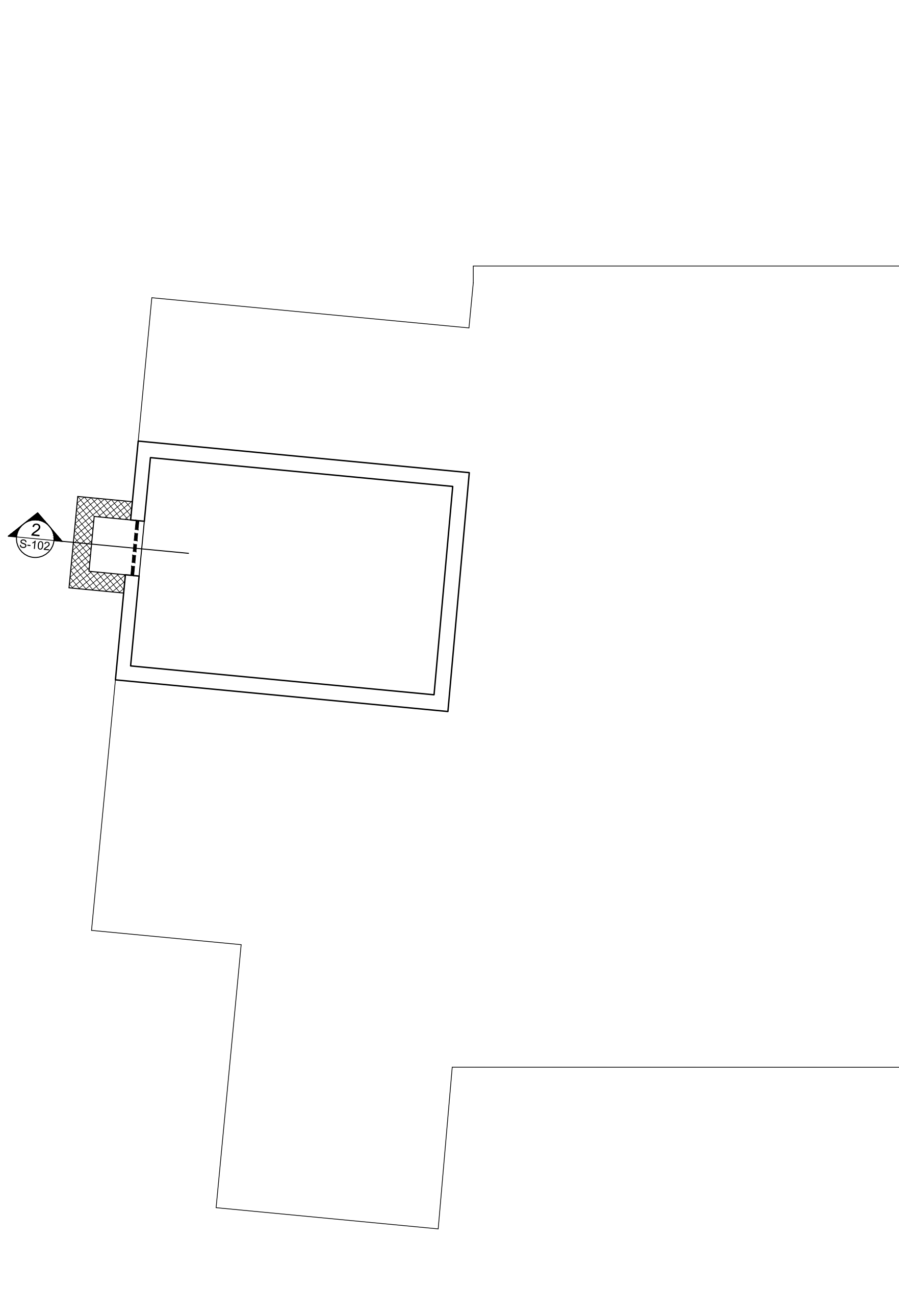
SCHEDULES

Project No. 2021 15
 Date: 31.01.23 Scale: AS NOTED
 Drawn: TG Chk'd: TG

Sheet No.:

A-920

REV: -



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Issue	Date	Description

Issue Status
BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC
RENOVATIONS & ADDITIONS

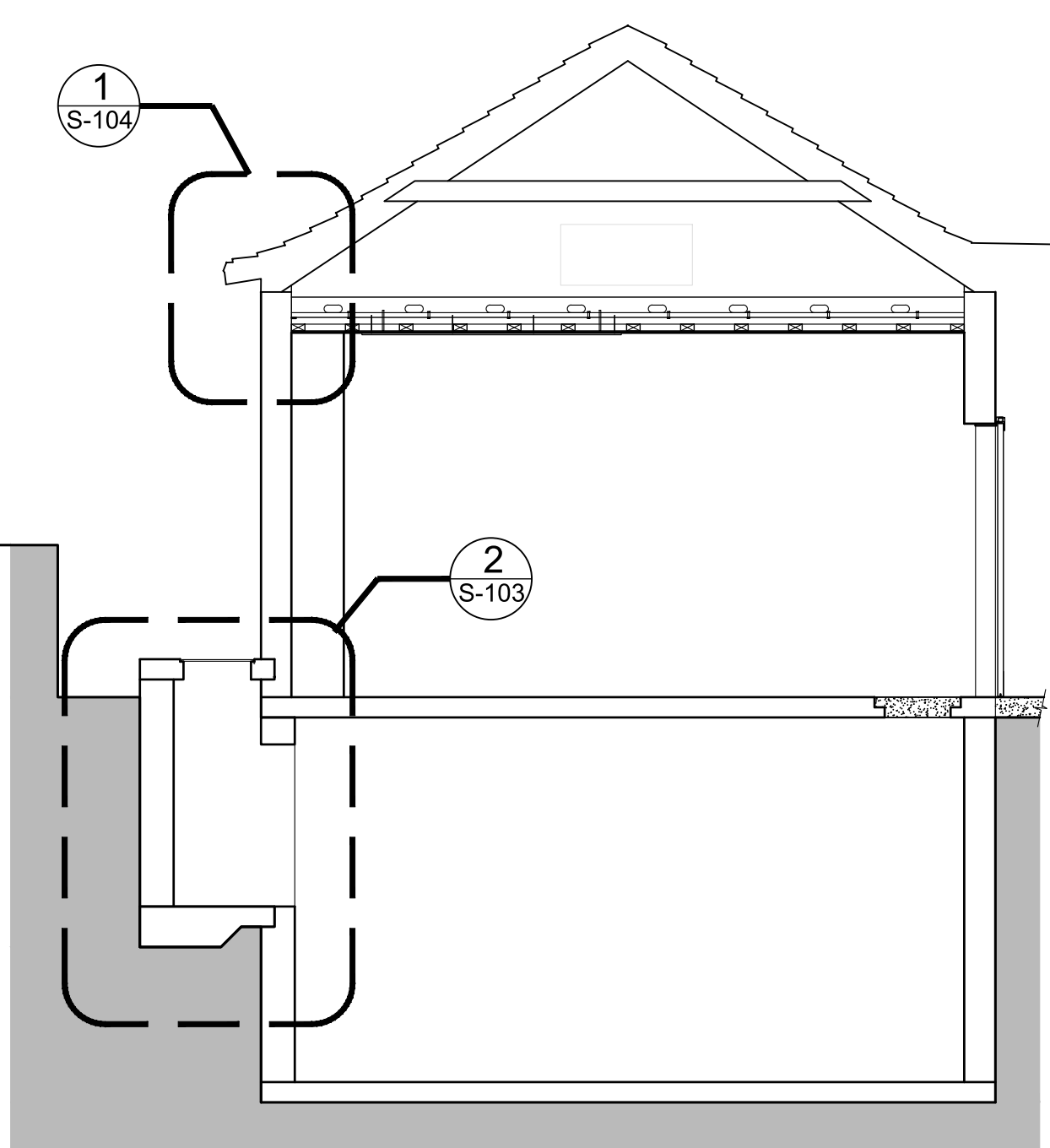
Project Address
55 MANGROVE BAY
SANDYS

Title Sheet
STRUCTURAL PLANS

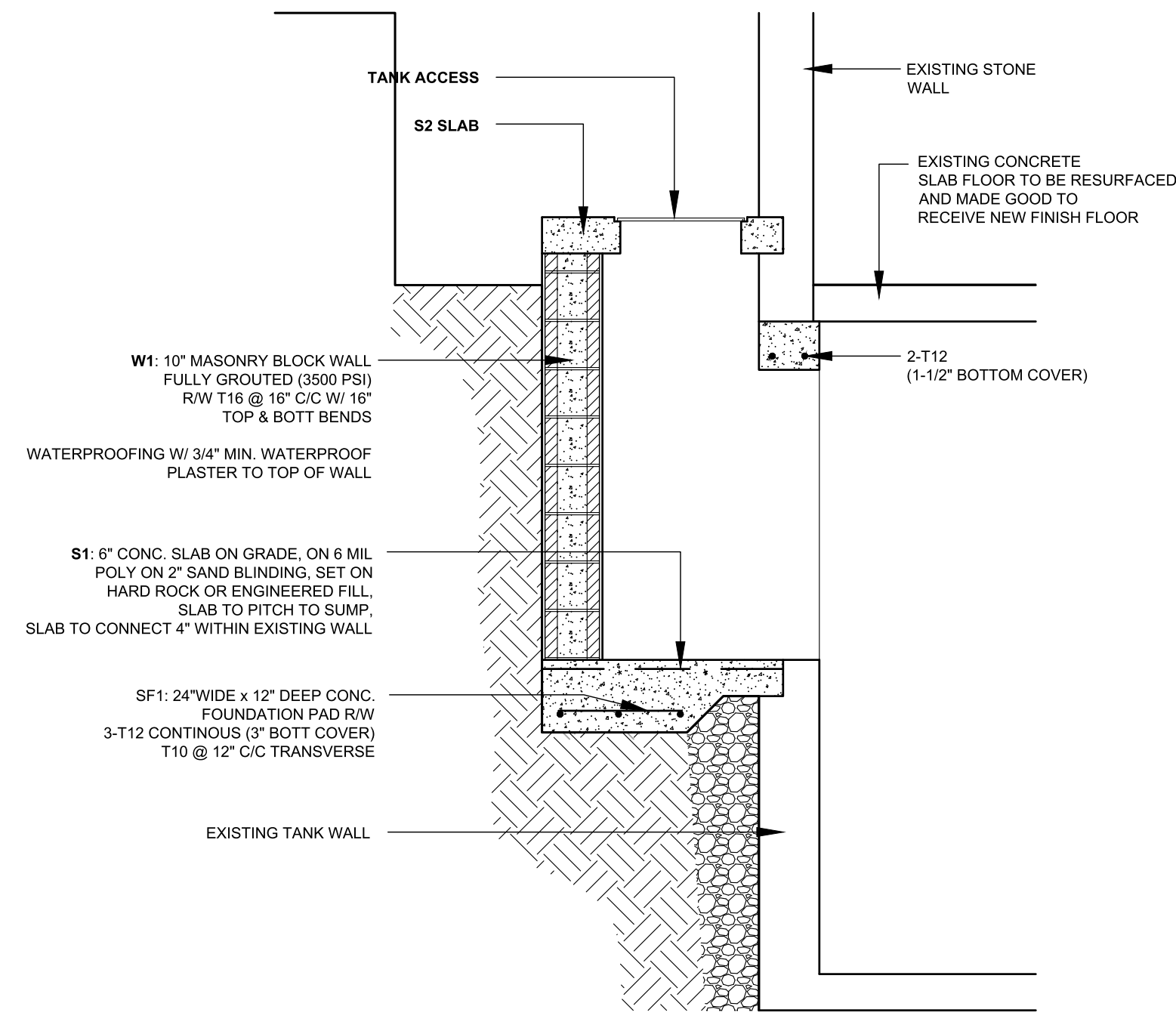
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Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

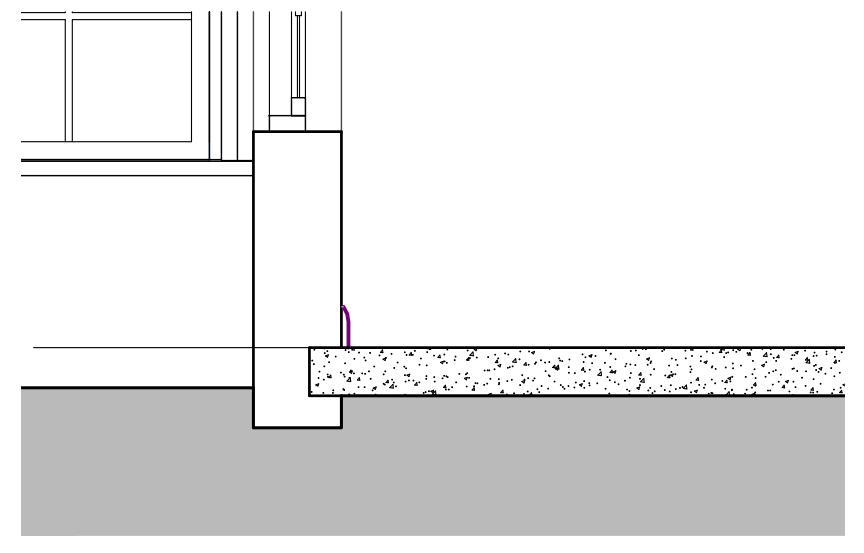
Sheet No.:
S-101



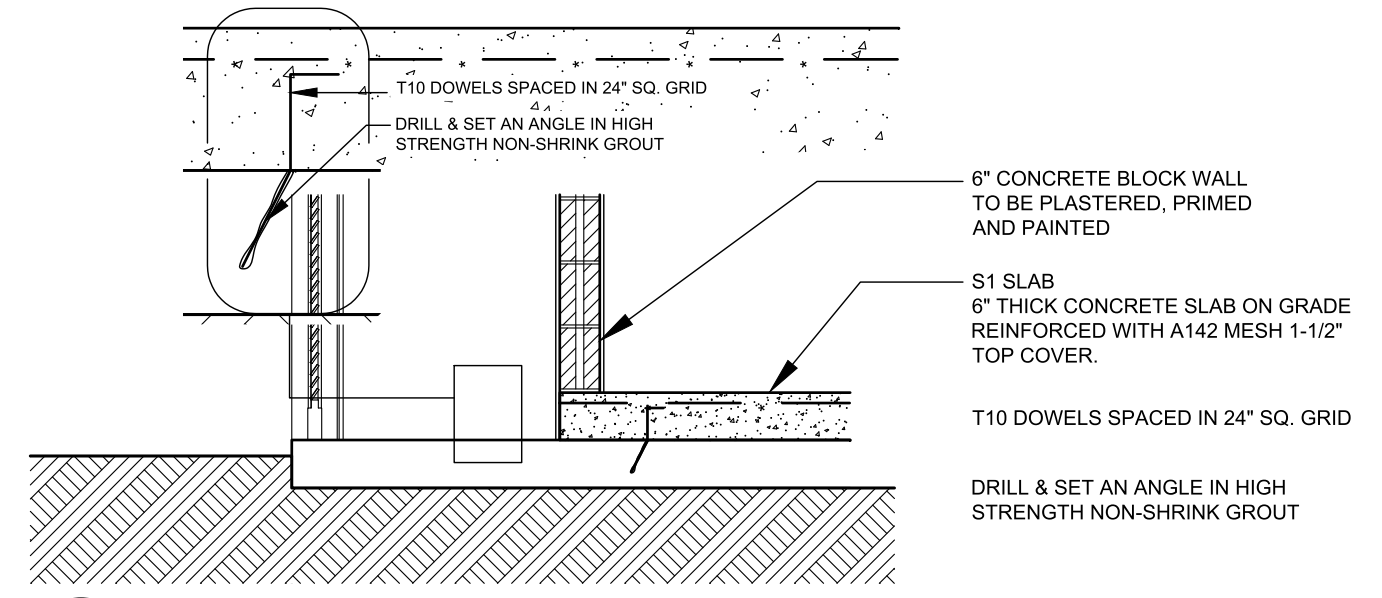
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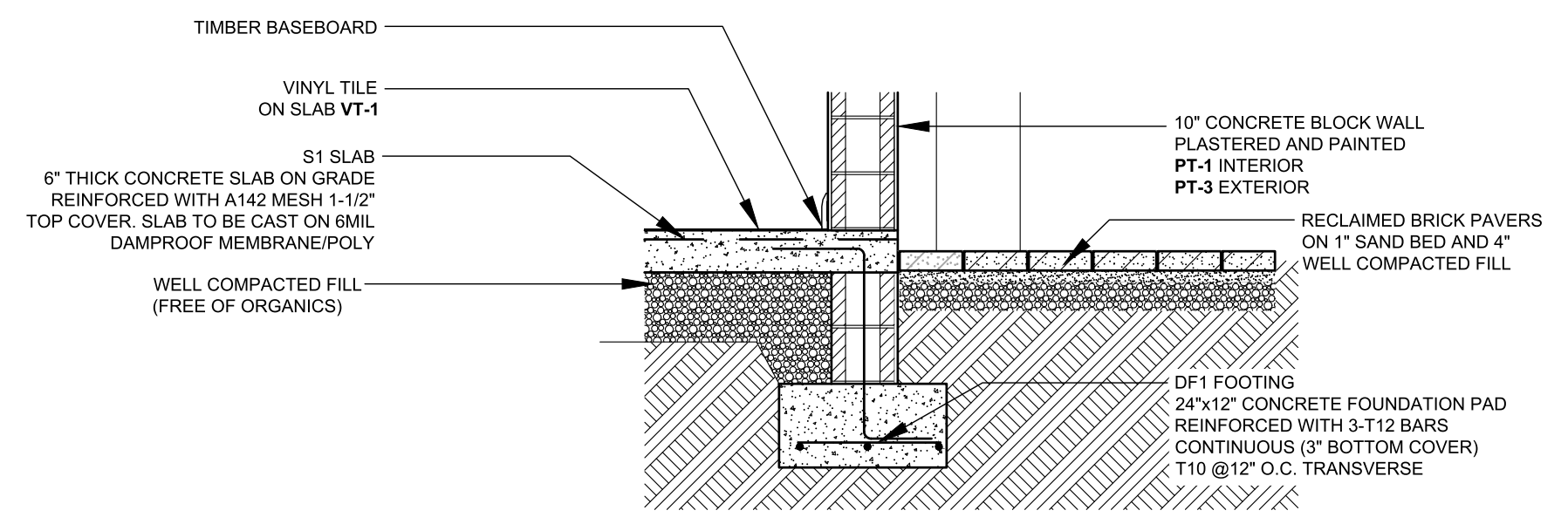
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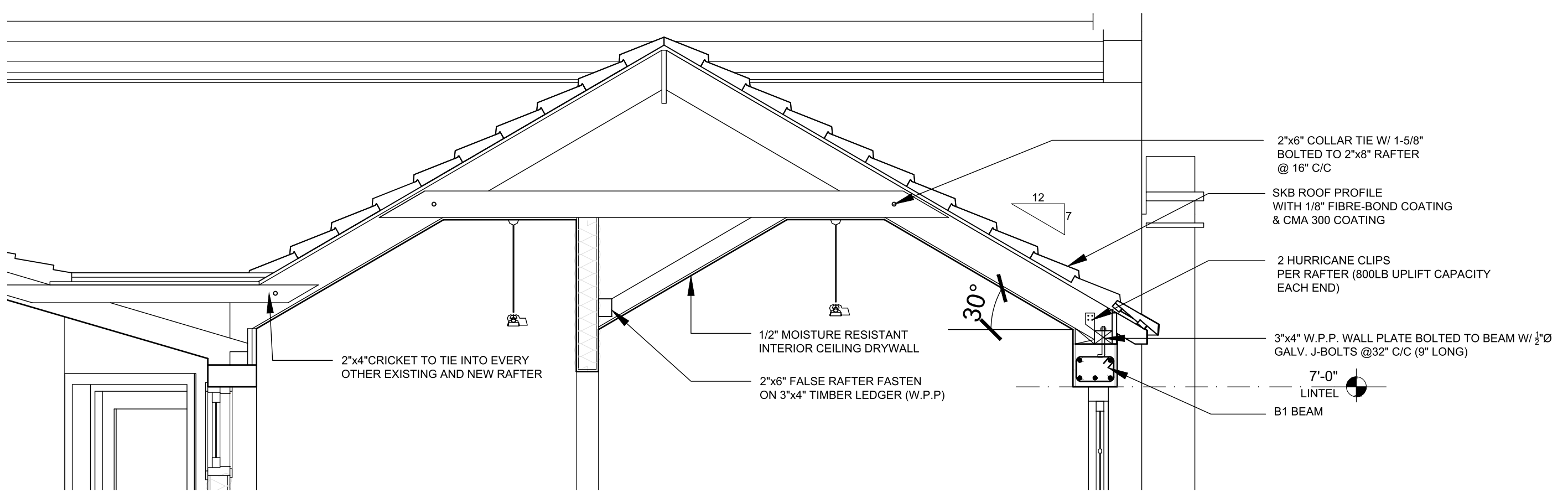
3 SLAB CONNECTION TO EXISTING WALL
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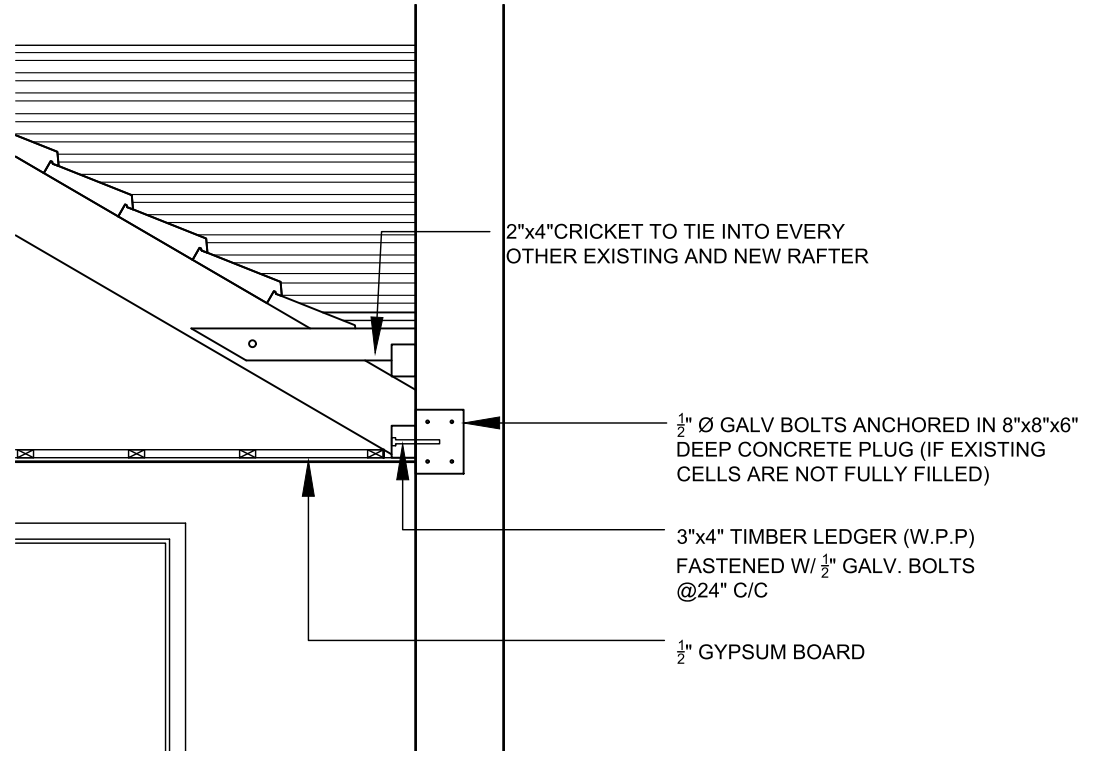
4 TYPICAL RAISED SLAB DETAIL
 SCALE: 1/2"=1'-0"



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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- LIST OF INFORMANTS/CONSULTANTS**
- 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 SECTIONS & NOTES

Project No. 2021 15

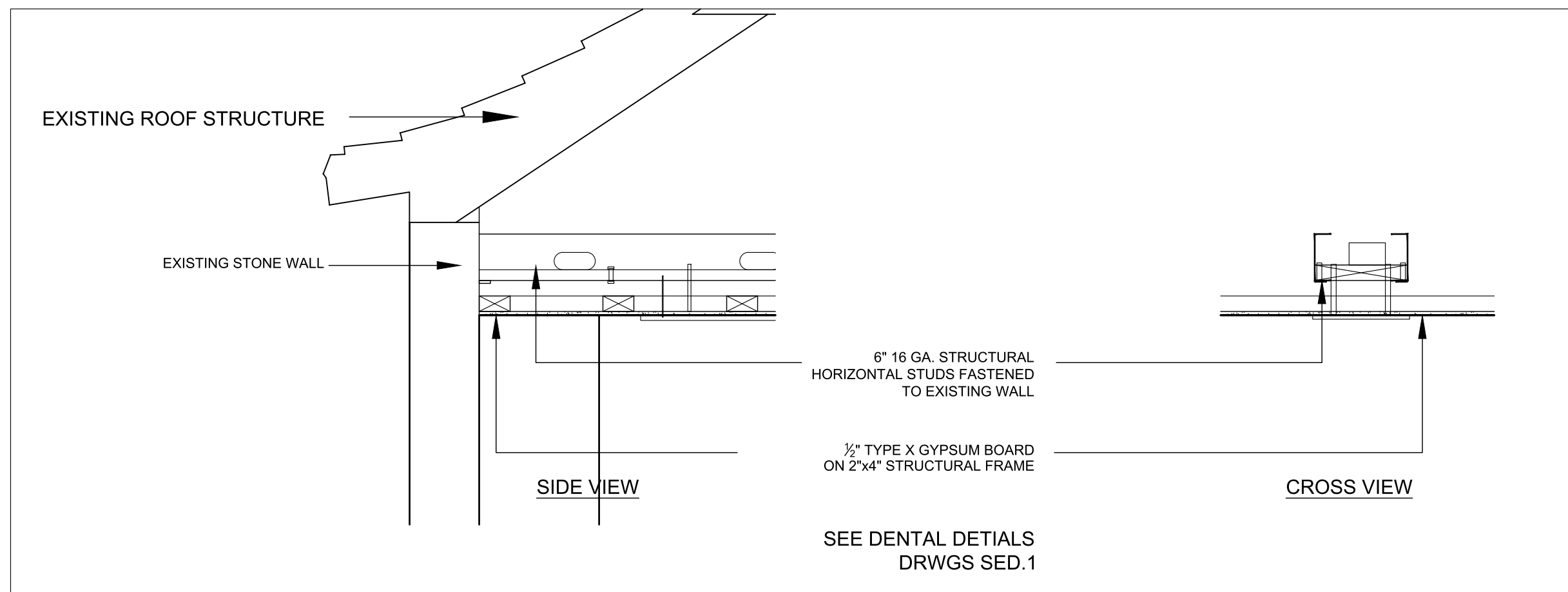
Date: 17.03.23 Scale: AS NOTED

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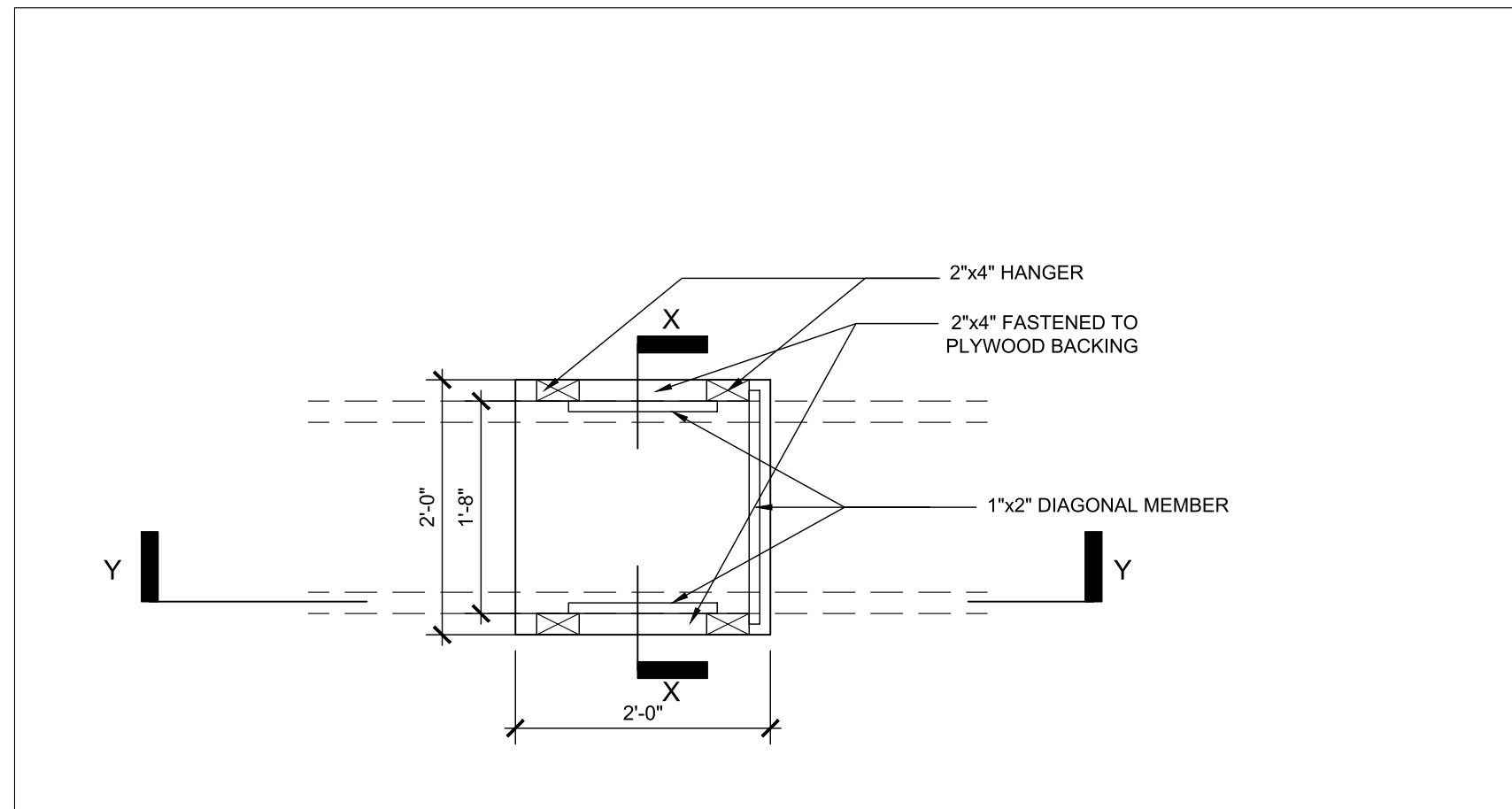
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S-103

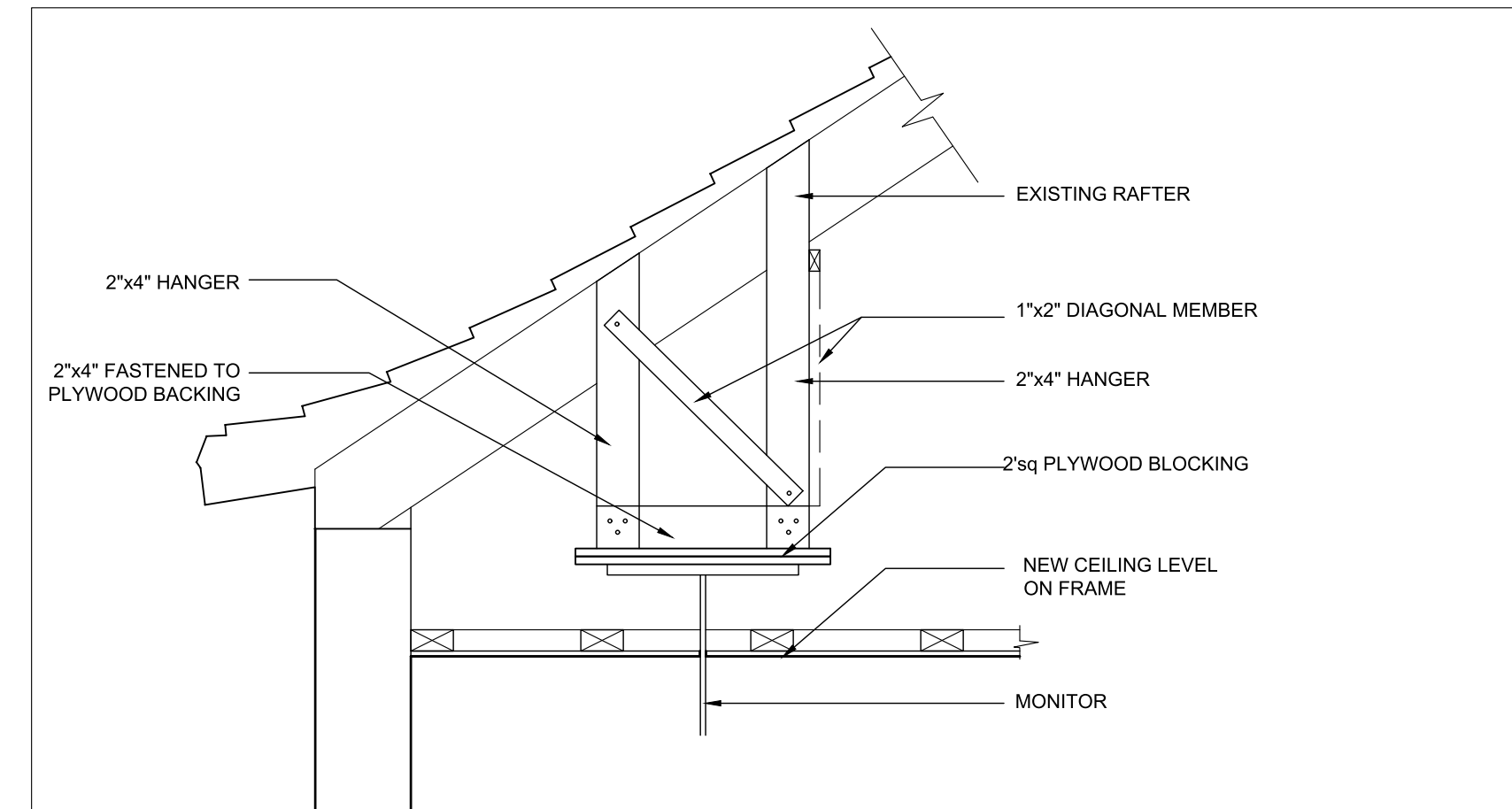
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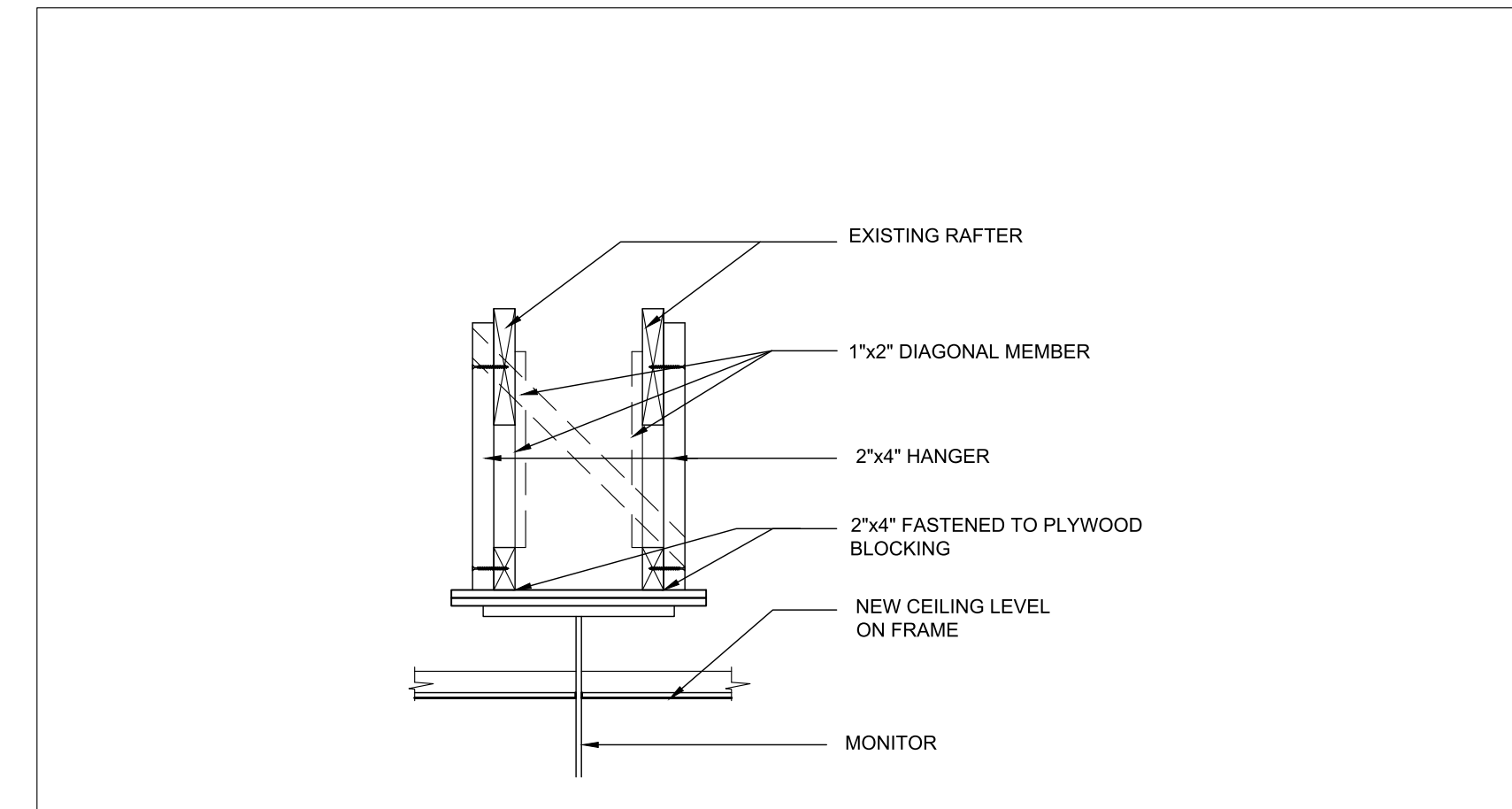
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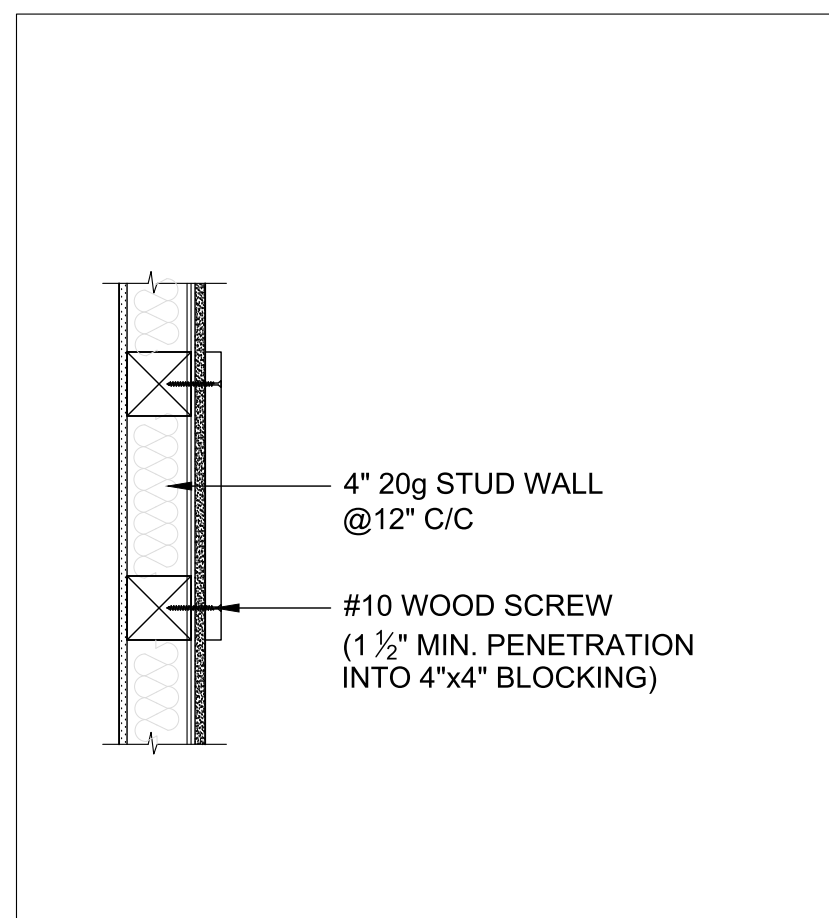
2 CEILING MOUNTED MONITOR SUPPORT STRUCTURE - PLAN
SCALE: 3/4"=1'-0"



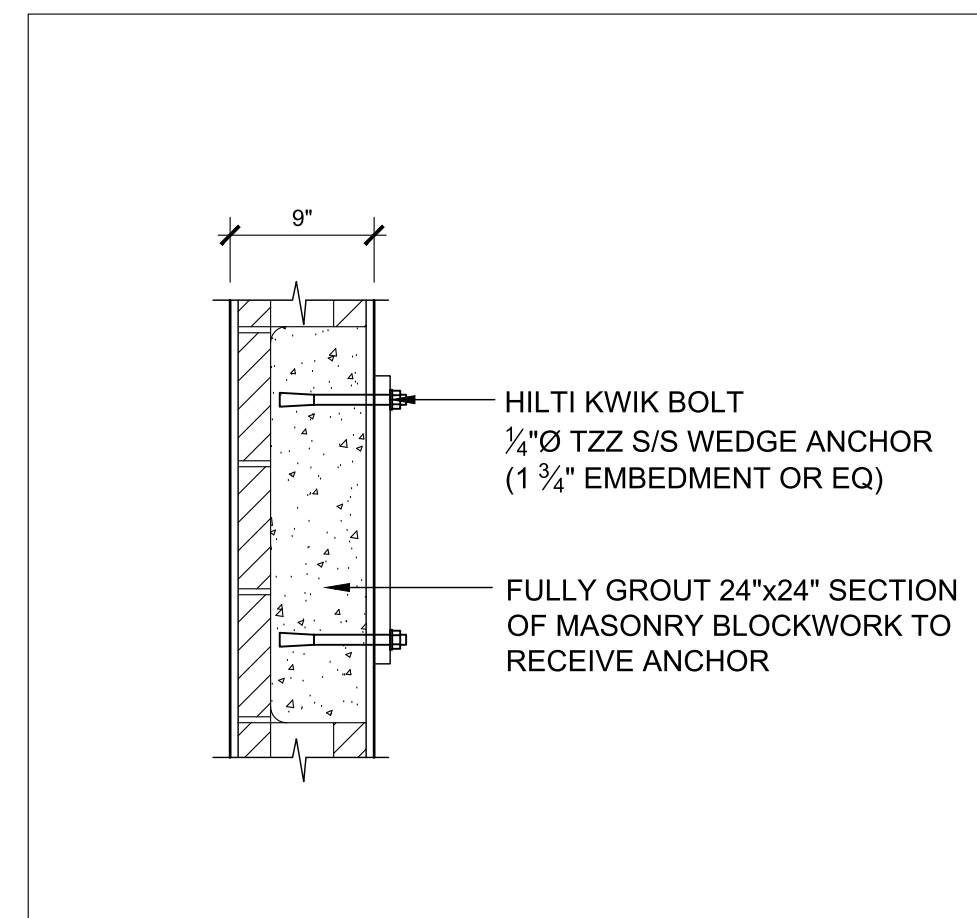
3 CEILING MOUNTED MONITOR SUPPORT STRUCTURE - SECTION (Y-Y)
SCALE: 3/4"=1'-0"



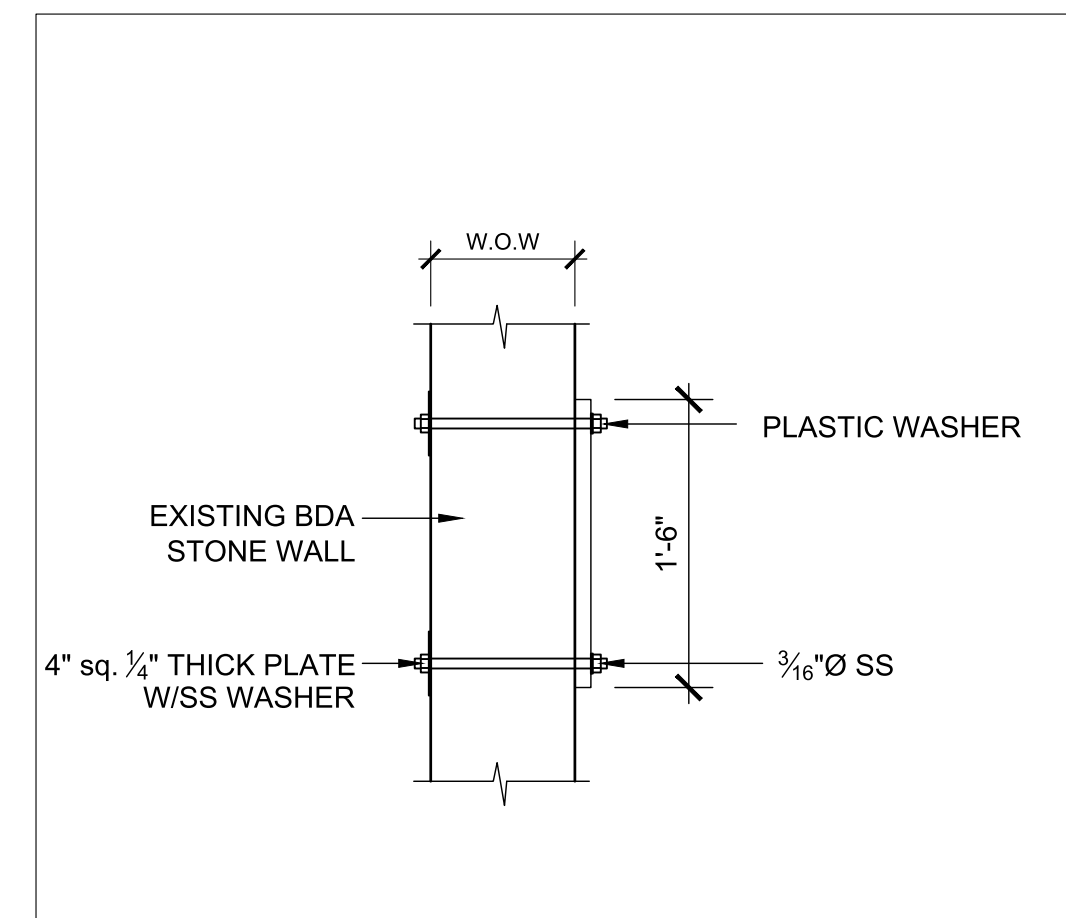
4 CEILING MOUNTED MONITOR SUPPORT STRUCTURE - SECTION (X-X)
SCALE: 3/4"=1'-0"



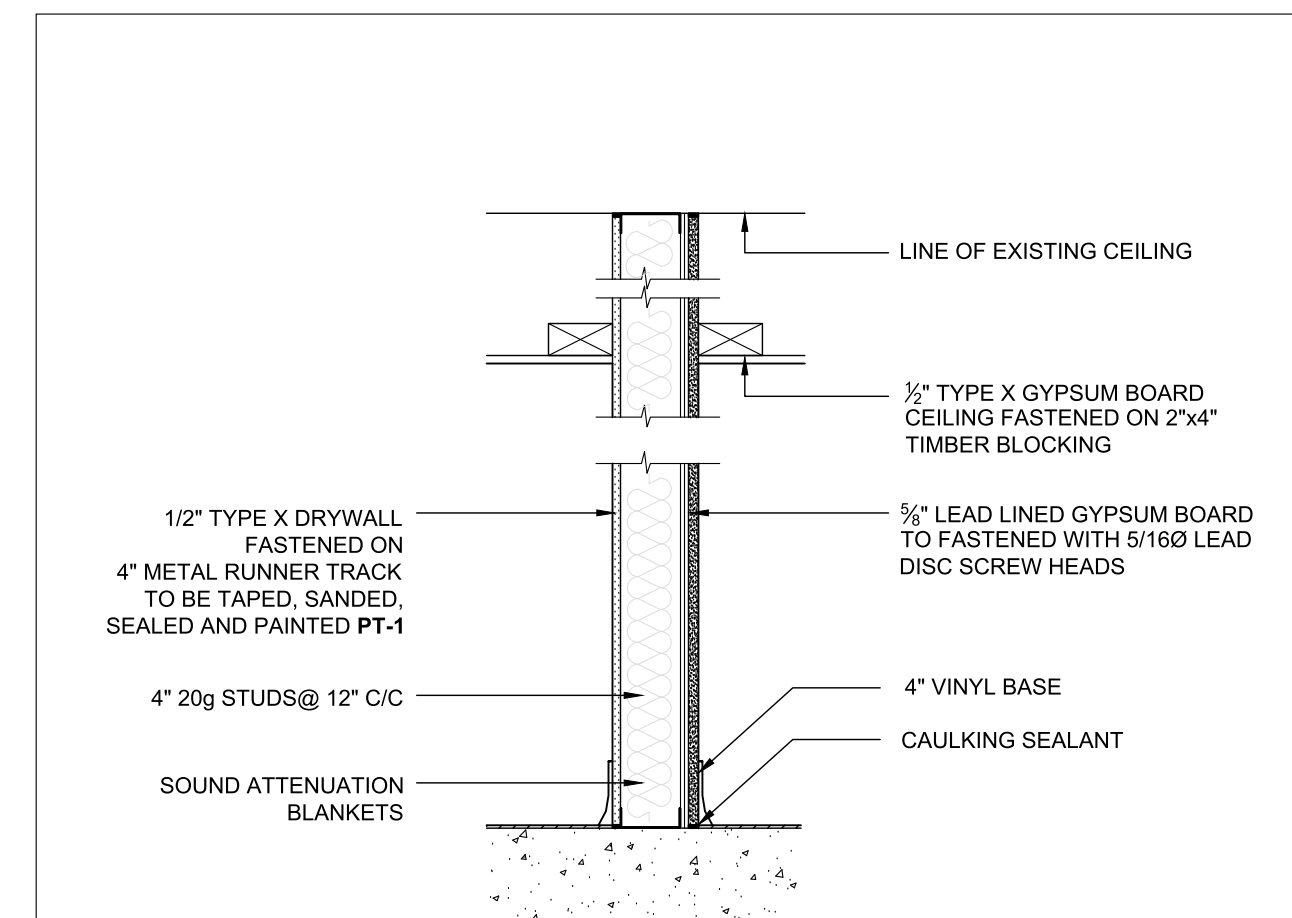
5 WALL-MOUNTED MONITOR
SCALE: 3/4"=1'-0"



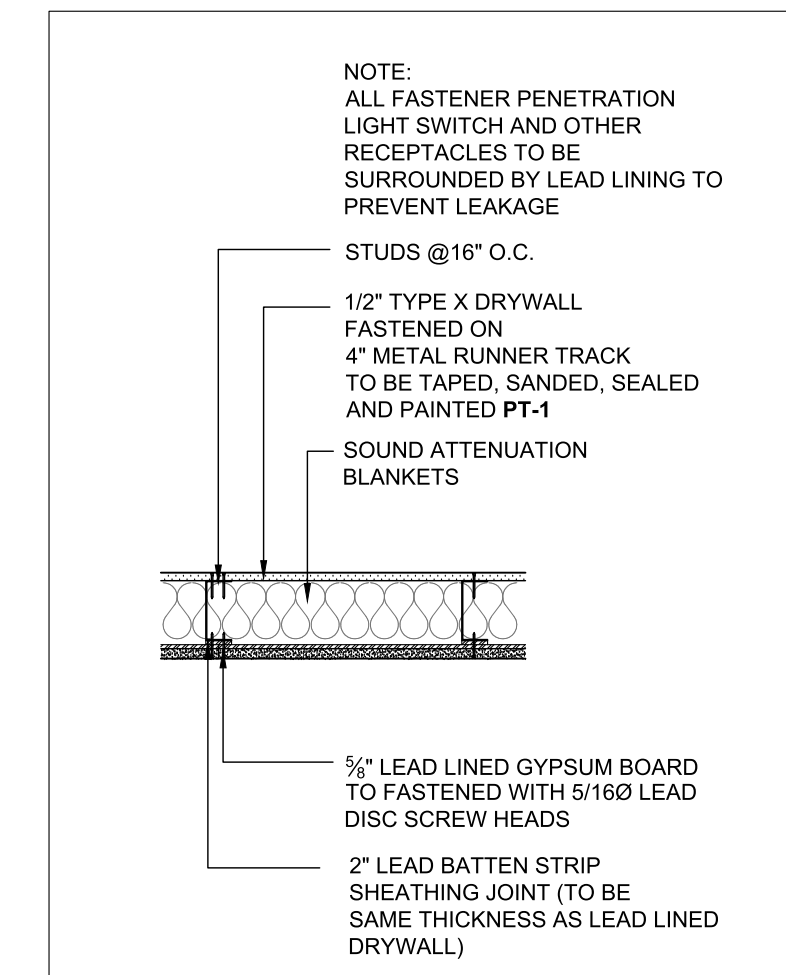
6 WALL-MOUNTED MONITOR (MASONRY)
SCALE: 3/4"=1'-0"



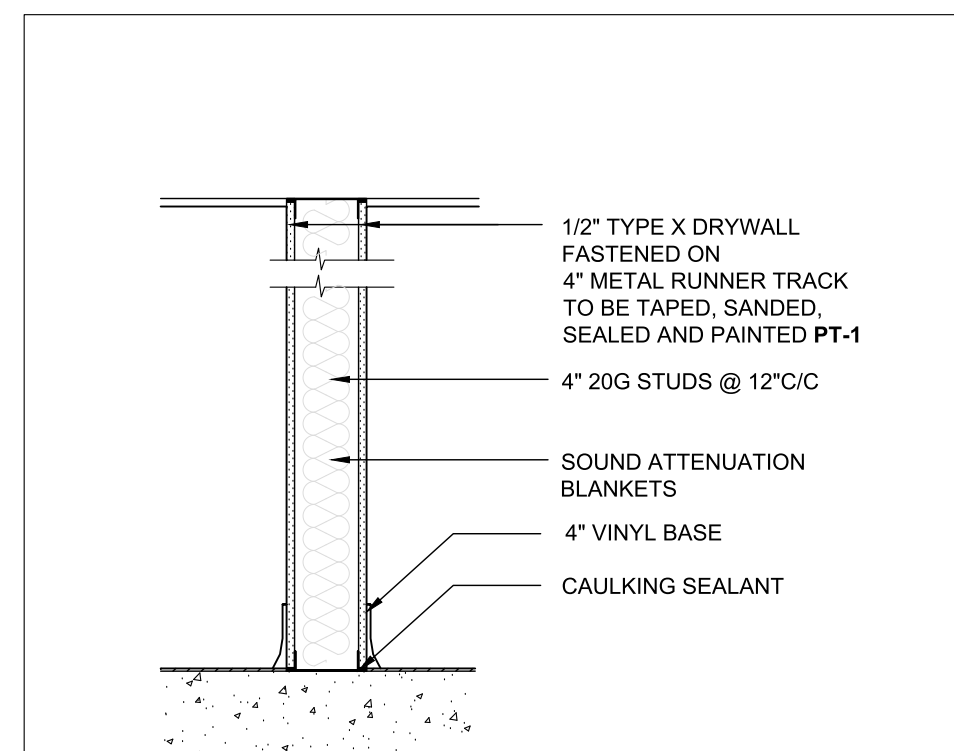
7 WALL-MOUNTED X-RAY (BDA STONE)
SCALE: 3/4"=1'-0"



8 WALL TYPE 1 (WT1)
SCALE: 1"=1'-0"



9 WALL TYPE 1 PLAN (WT1)
SCALE: 1"=1'-0"



10 WALL TYPE 2 PLAN (WT2)
SCALE: 1"=1'-0"

GENERAL NOTES

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LIST OF INFORMANTS/CONSULTANTS

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 SECTIONS & NOTES

Project No. 2021 15

Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

Sheet No.:



S-104

REV: -

GENERAL NOTES

1	PART 1 - GENERAL 1.01 RELATED DOCUMENTS: The General Documents apply to work specified in this Section; consult them in detail for applicable instructions. 1.02 WORK INCLUDED: Provide labor, materials and equipment necessary to complete all work of this Section. Without restricting the generality of the foregoing, the following items of work are included: a. PERMITS AND FEES b. TEMPORARY POWER AND LIGHT c. SERVICE PROVISIONS AND METERS/BANKS d. TELEPHONE PROVISIONS e. RACEWAYS f. BOXES g. WIRING h. SPINDLING i. GROUNDING j. LIGHTING FIXTURES AND LAMPS k. LIGHTING DEVICES AND PLATES l. CONNECTIONS TO EQUIPMENT m. DIRECTORIES AND NAMEPLATES n. CLEANING AND REMOVAL OF RUBBISH o. SUBMITTALS	2.06
1.03	RELATED WORK OF OTHER SECTIONS: a. CONCRETE AND MASONRY b. PAINTING	2.08
1.04	QUALITY ASSURANCE: a. Use adequate numbers of skilled workmen who are thoroughly trained and experienced in the necessary crafts and who are completely familiar with the specified requirements and the methods needed for the proper performance of the work of this Section. b. All work shall be of the highest quality in conformance with the best practices of the trade and in compliance with all governing codes.	3
1.05	CODES, PERMITS, FEES AND REGULATIONS: a. Work shall be carried out in conformance with the rules and regulations of the NATIONAL ELECTRIC CODE, latest edition, and of the various local agencies having jurisdiction. b. The Contractor shall give all necessary notices, obtain all permits and pay all governmental taxes, fees, deposits and other costs in connection with the work; file all necessary plans, prepare all documents and obtain necessary approvals of all agencies having jurisdiction; obtain all required Certificates of Inspection and payment for the work. c. Work shall deliver same to the Architect before request for acceptance and final payment for the work.	3.01
1.06	STORAGE OF MATERIALS: a. Store materials and equipment on the premises where directed by the Owner. OTHER TRADES: a. Bidders shall examine the site and the complete set of Plans and Specifications covering the entire project. They shall become fully conversant with the type of general construction as well as all pertinent facts affecting the cost of carrying out the work they will contract to perform. b. This Contractor shall cooperate to the fullest with all other trades. He shall plan his work in such a way, and furnish all necessary equipment and information to the other trades so as not to delay any other trade or hinder the progress of the work.	3.02 3.03
1.07	SUBMITTALS: a. Submit manufacturers technical product data literature for all materials specified herein, indicate and sign include submittals for the following 1. FIRE PROTECTION SYSTEM 2. LIGHTING FIXTURES 3. PANELBOARDS 4. PULL BOXES 5. CONTACTOR/TIME CLOCKS	3.04
1.08	CONFLICTIONS: a. Any contradictions between the written specifications and drawings shall be considered ambiguous, and will be the responsibility of the Bidder to secure clarification prior to Bidding.	3.05
2	PART 2 - PRODUCTS GENERAL: a. All material, equipment, and installations shall conform to the requirements of the following codes: 1. INTERNATIONAL BUILDING CODE (IBC) 2. INTERNATIONAL MECHANICAL CODE (IMC) 3. NATIONAL ELECTRIC CODE (NEC) 4. NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 5. ANY LOCAL JURISDICTIONAL CODES	3.06
2.01	SERVICE PROVISIONS: a. REINSTATE EXISTING PRIMARY AND SECONDARY ELECTRIC AND TELEPHONE SERVICES IN MAIN ELECTRICAL ROOM. b. REINSTATE EXISTING PRIMARY AND SECONDARY ELECTRIC AND TELEPHONE SERVICES IN MAIN ELECTRICAL ROOM. c. REINSTATE EXISTING PRIMARY AND SECONDARY ELECTRIC AND TELEPHONE SERVICES IN MAIN ELECTRICAL ROOM. d. Furnish photoall, time clocks, and connectors as required for site lighting control.	3.07
2.02	REINSTATE EXISTING PANELBOARDS AS DETAILED ON THE DRAWINGS COMPLETE WITH REQUIRED CIRCUIT BREAKERS. a. REINSTATE EXISTING PANELBOARDS AS DETAILED ON THE DRAWINGS COMPLETE WITH REQUIRED CIRCUIT BREAKERS. b. The Contractor shall provide all lighting fixtures, poles, and luminaires in conformance with the fixture schedule on the drawings. c. Provide lamps in all lighting fixtures and devices in accordance with the lighting fixture schedule. d. Lamps shall be as indicated on fixture schedule. e. Verify all door swings before roughing in for switches.	3.08
2.03	CLEANING AND REMOVAL OF RUBBISH: a. Contractor shall at all times keep the premises free of all waste, surplus materials, rubbish or debris which is caused by his employees or resulting from his work. b. After all equipment and devices have been installed, remove all labels, stickers, stains, temporary covers, etc. Identification plates on all equipment c. Unless indicated otherwise on the drawings, all devices shall be mounted at the height specified. d. The Contractor shall carefully check with other Contractors to coordinate the location of electrical equipment with work of other trades. e. Verify all door swings before roughing in for switches.	
2.04	GROUNDING: a. The electrical systems shall be completely and effectively grounded as required by the NATIONAL ELECTRIC CODE. All ground systems and connections shall be mechanically secure and electrically continuous. LOCATION OF OUTLETS AND ELECTRICAL EQUIPMENT: a. The plans show conditions as accurately as possible but do not necessarily show all the fittings, etc., necessary to suit building conditions. Locations of outlets, appliances, etc., are approximate and the Contractor shall be responsible for the proper locations in order to make them fit with the architectural details and also instructions from the Architects representative on the job site. b. Before installation of conduit for switches, receptacles, ceiling lights or motors, the Owner/Architect reserves the right to move each outlet location to better adapt them for usage, prior to installation, within a distance of three feet as presently indicated, at no additional cost to the Owner. c. All electrical installations in area of new construction must be flush mounted. With the exception of surfaces mounted lighting fixtures, electrical equipment is not to be surface mounted without the approval of the ENGINEER or ARCHITECT. CLEANING AND REMOVAL OF RUBBISH: a. Contractor shall at all times keep the premises free of all waste, surplus materials, rubbish or debris which is caused by his employees or resulting from his work. b. After all equipment and devices have been installed, remove all labels, stickers, stains, temporary covers, etc. Identification plates on all equipment c. Unless indicated otherwise on the drawings, all devices shall be mounted at the height specified. d. The Contractor shall carefully check with other Contractors to coordinate the location of electrical equipment with work of other trades. e. Verify all door swings before roughing in for switches.	
2.05	WIRING DEVICES: a. Furnish and install quality devices bearing UL label for the service and electrical rating where used. 1. Switches shall be 20 ampere, 120/277 volt A.C., rated as scheduled in legend. 2. GFCI devices shall be 20 ampere duplex w/UL ground pin.	

ELECTRICAL NOTES

N.T.S

ELECTRICAL LEGEND

LIGHTING	LIGHTING CONTROL	FIRE ALARM

ELECTRICAL LEGEND

N.T.S

REV.#	Rev. Date	REV. Notes

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Issued for Building Permit

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

MANGROVE BAY CLINIC RENOVATION & ADDITIONS

55 MANGROVE BAY SANDY'S, BERMUDA

LEGEND, DRAWING LIST & GENERAL NOTES

E100





MANGROVE BAY CLINIC RENOVATION & ADDITIONS

55 MANGROVE BAY
SANDY'S, BERMUDA

GROUND FLOOR PLAN LIGHTING

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

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

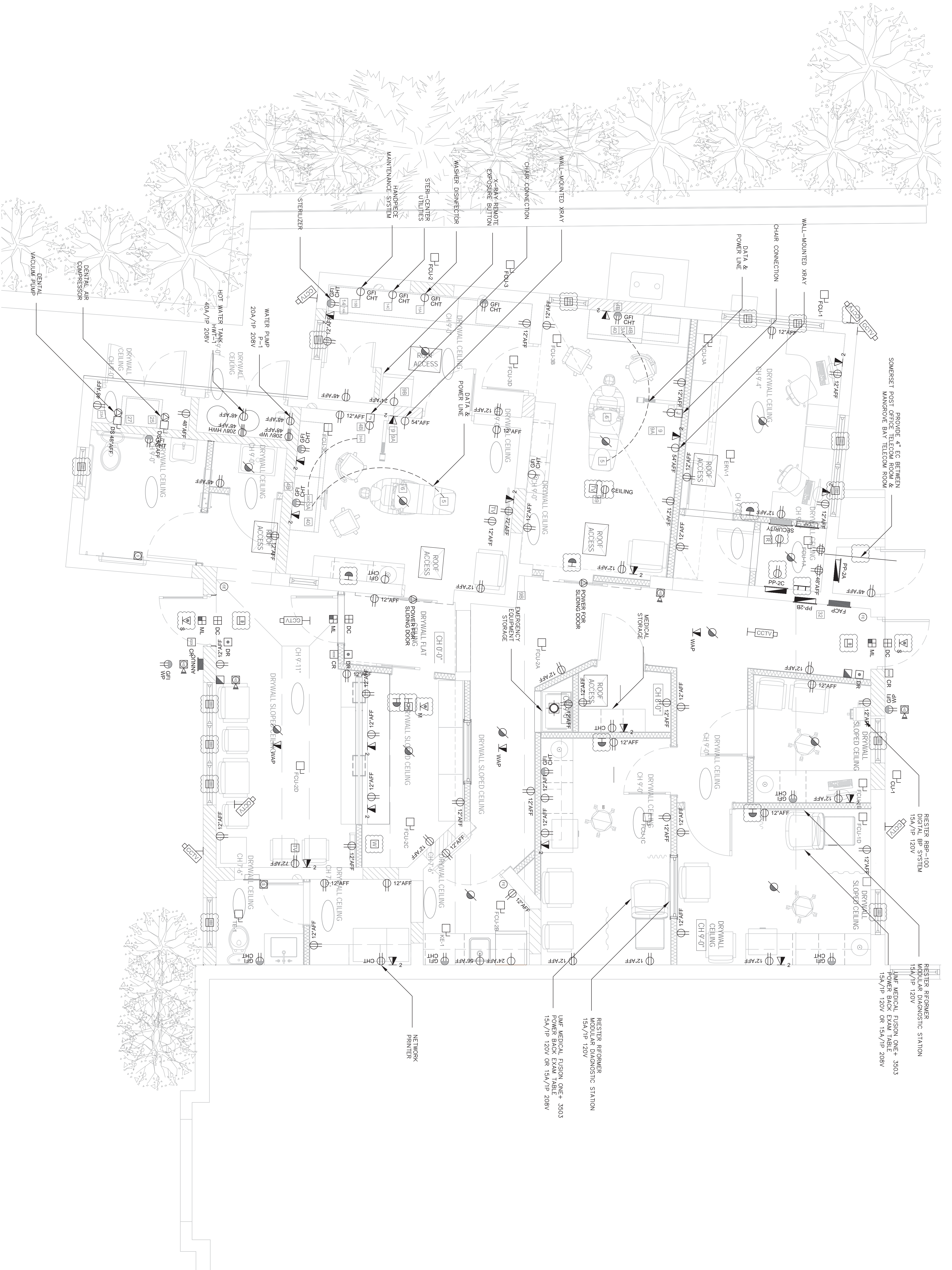
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REV.#	REV. Date	REV. Notes



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

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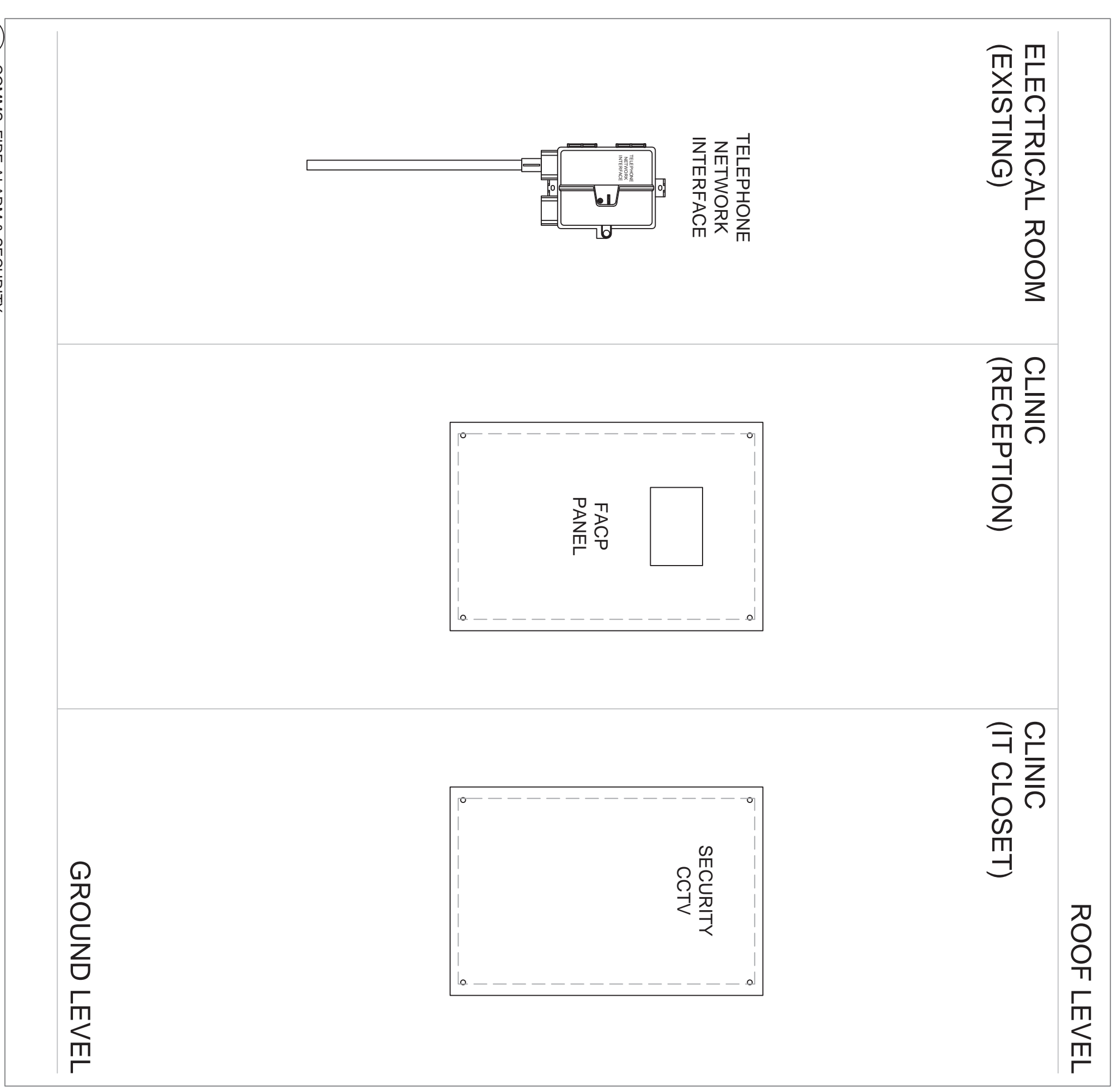
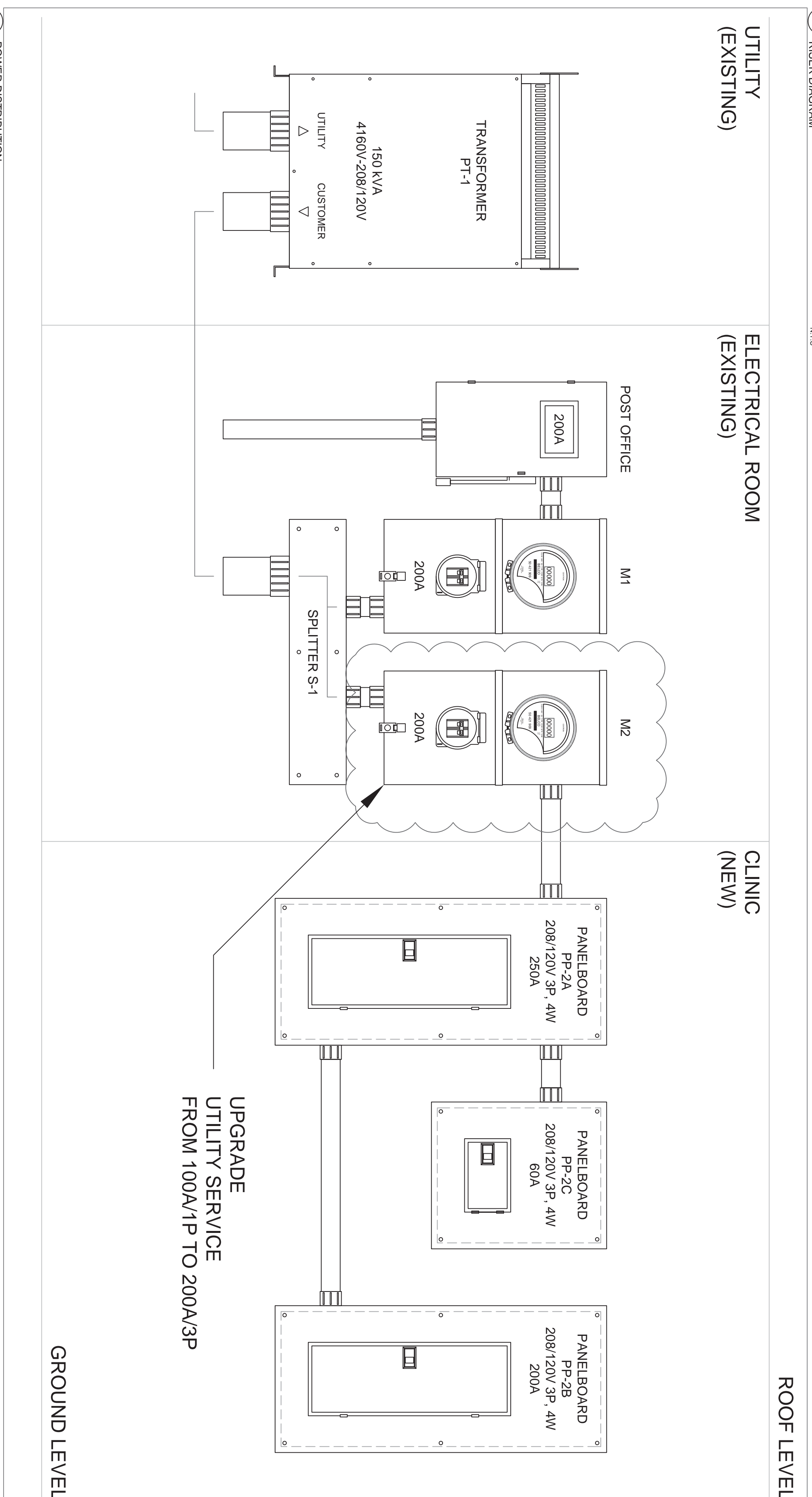
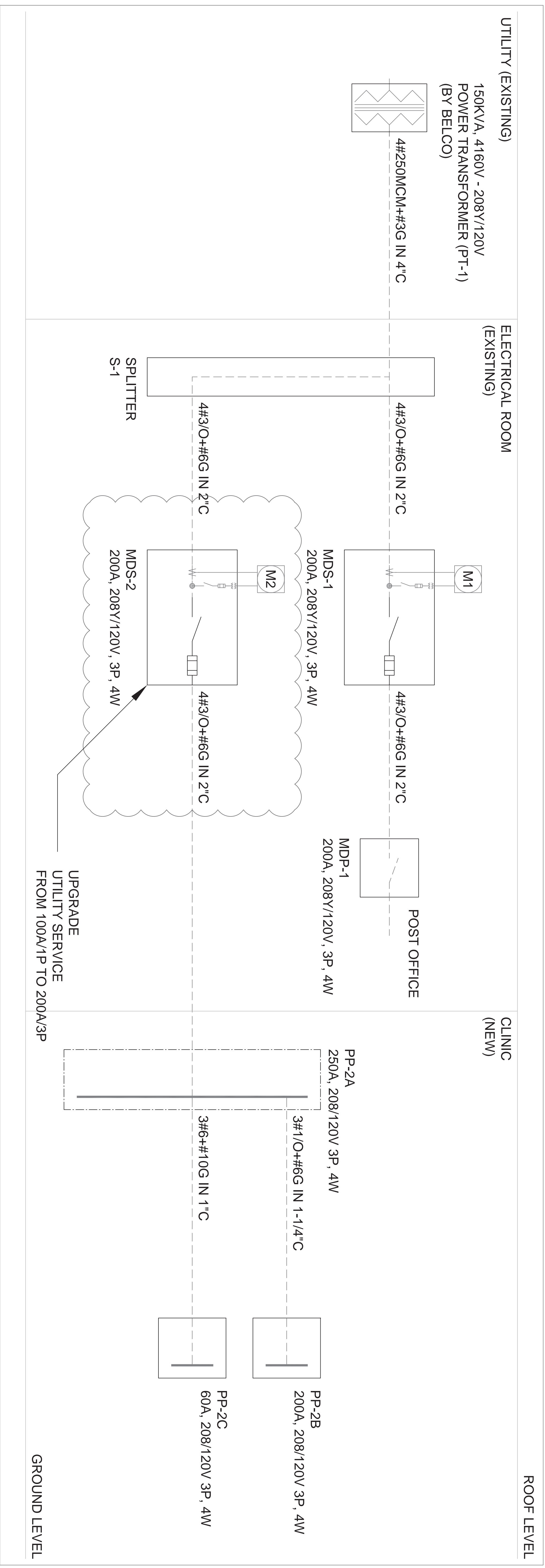


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REV.#	REV. Date	REV. Notes

E301



2 POWER DISTRIBUTION
SCHEMATIC DIAGRAM

N.T.S

3 COMMIS. FIRE ALARM & SECURITY
SCHEMATIC DIAGRAM

N.T.S

REV.#	REV. Date	REV. Notes

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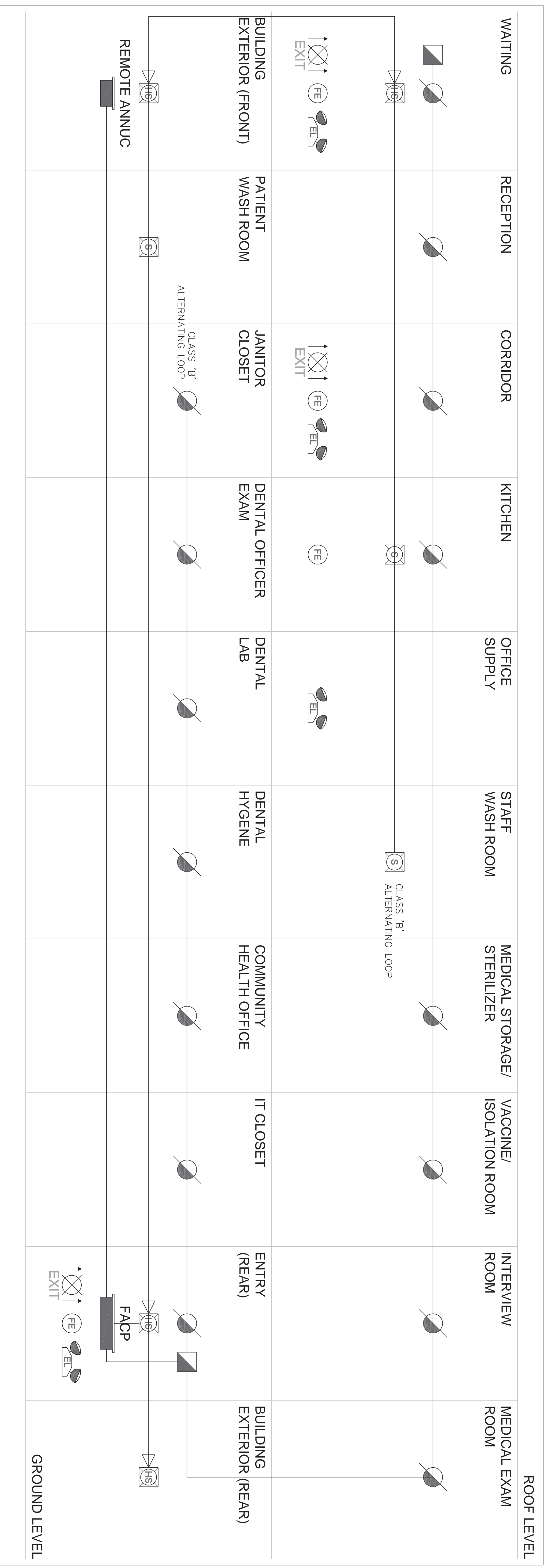
MANGROVE BAY CLINIC
RENOVATION & ADDITIONS

55 MANGROVE BAY
SANDY'S, BERMUDA

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

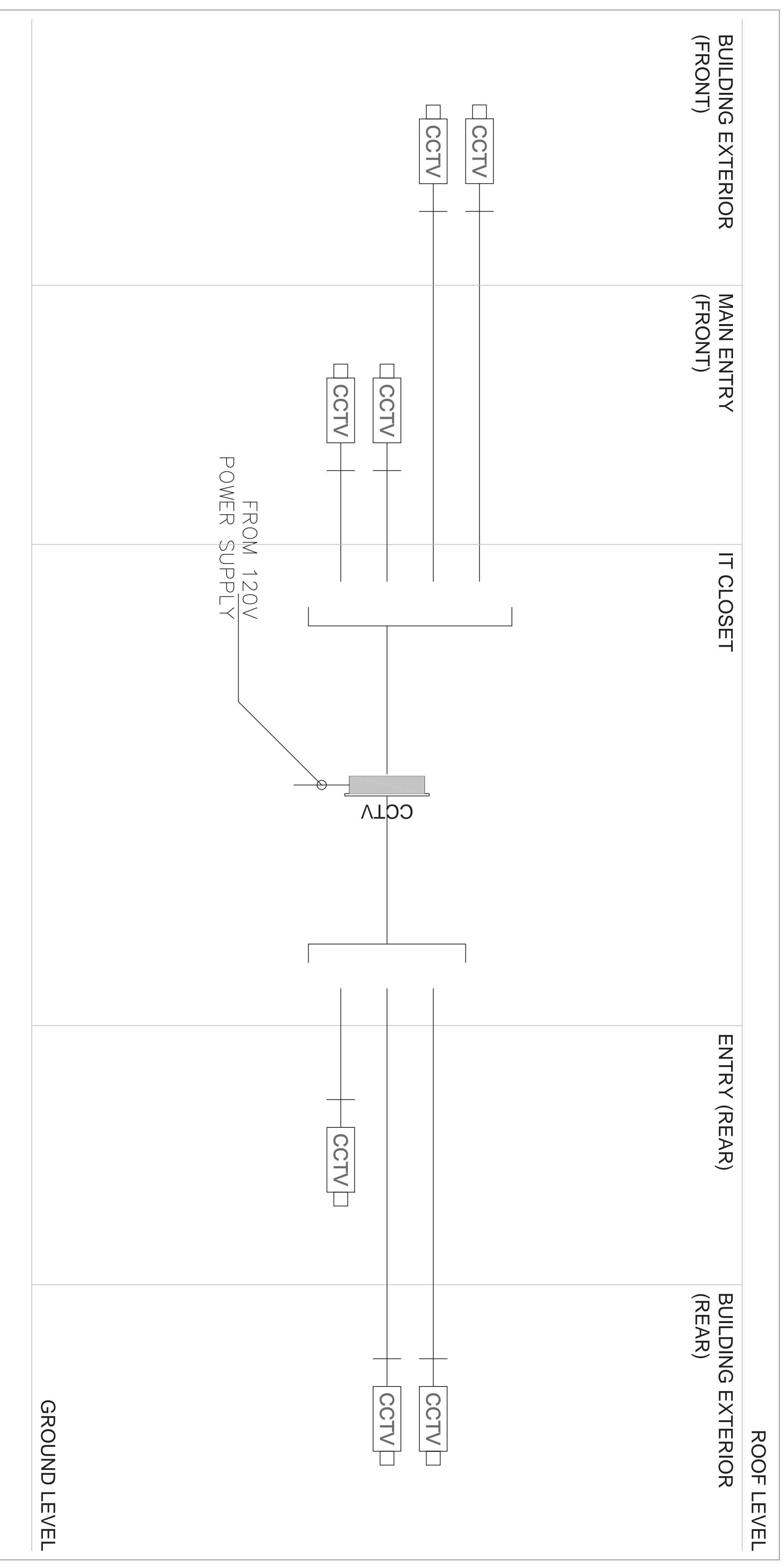
POWER DISTRIBUTION
RISER DIAGRAM

E501



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.



REV.#	REV. Date	REV. Notes

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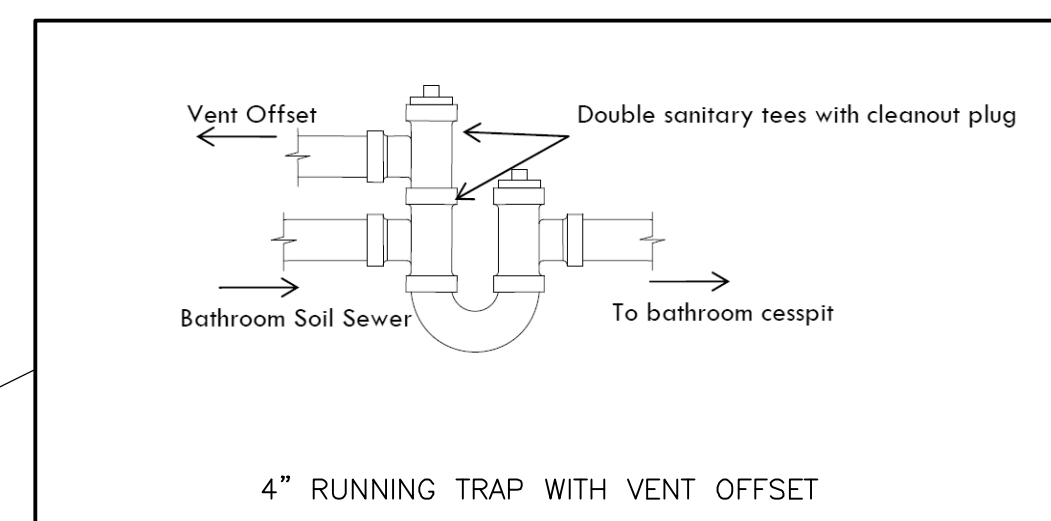
PLUMBING EQUIPMENT SCHEDULE								
DESCRIPTION	HOT WATER	COLD WATER	FILTERED COLD WATER	SANITARY	VENT	COMPRESSED AIR	VACUUM	NOTES
S-1	MODULAR SINK	1/2"	1/2"	1 1/2"	1 1/2"			
S-2	KITCHEN SINK	1/2"	1/2"	1 1/2"	1 1/2"			
JS-1	FLOOR MOUNTED JANITOR SINK	1/2"	1/2"	1 1/2"	1 1/2"			
WC-1	BARRIER FREE FLOOR MOUNTED FLUSH TANK WATER CLOSET		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"			
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"	

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



GENERAL NOTES

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- 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

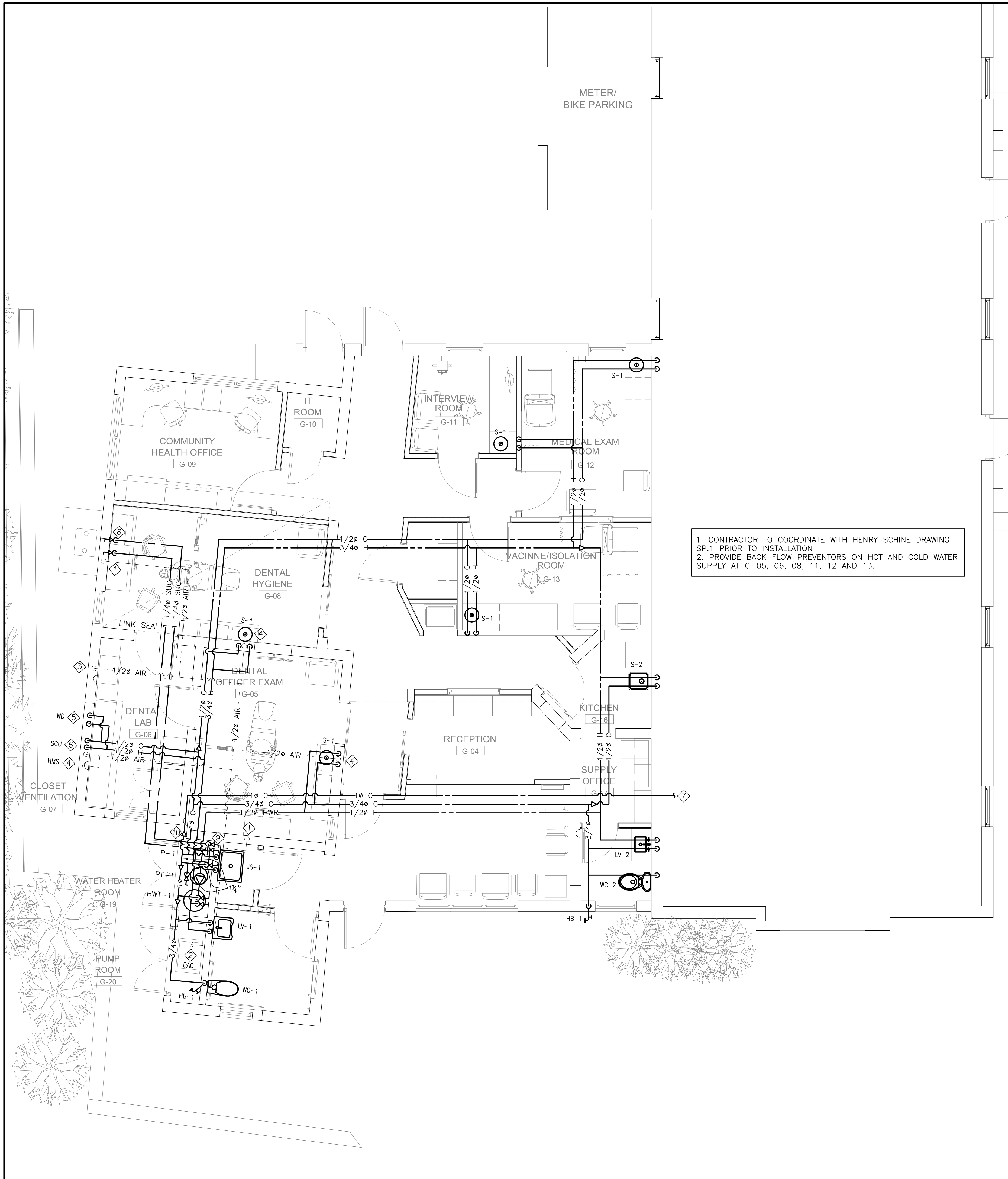
Title Sheet
GROUND FLOOR DRAINAGE PLAN

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

Sheet No.:

M-100

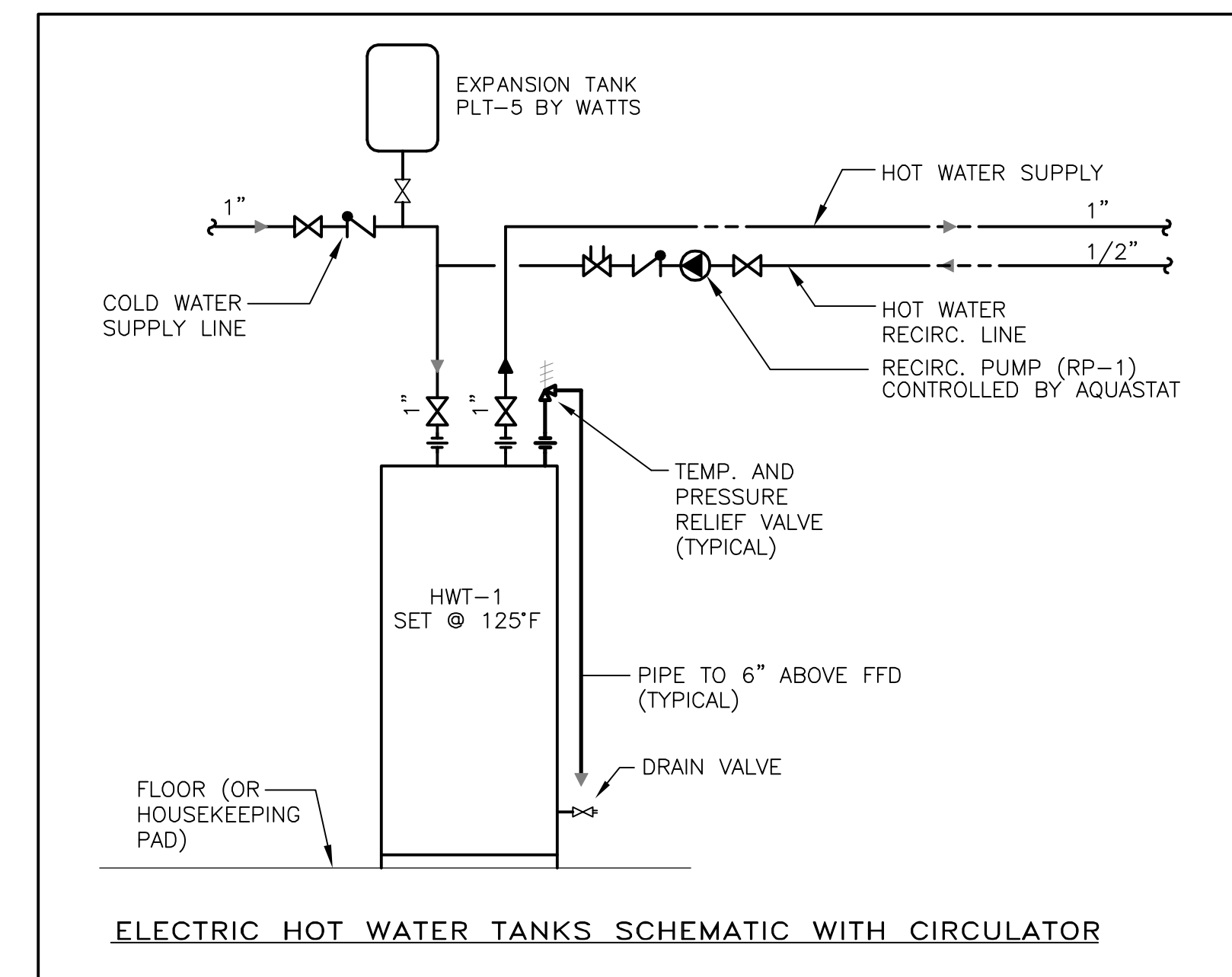
REV: -



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



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.
 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/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

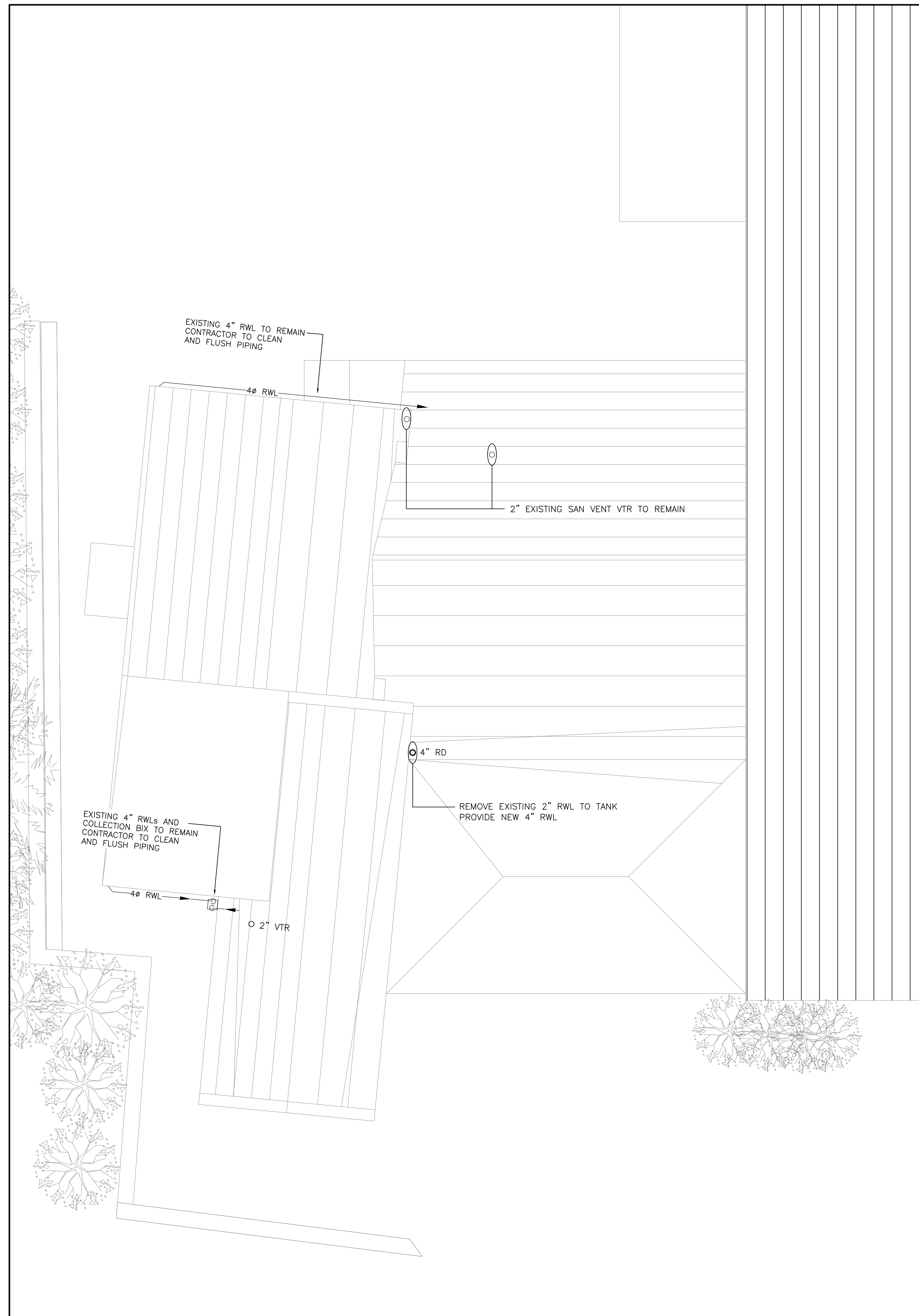
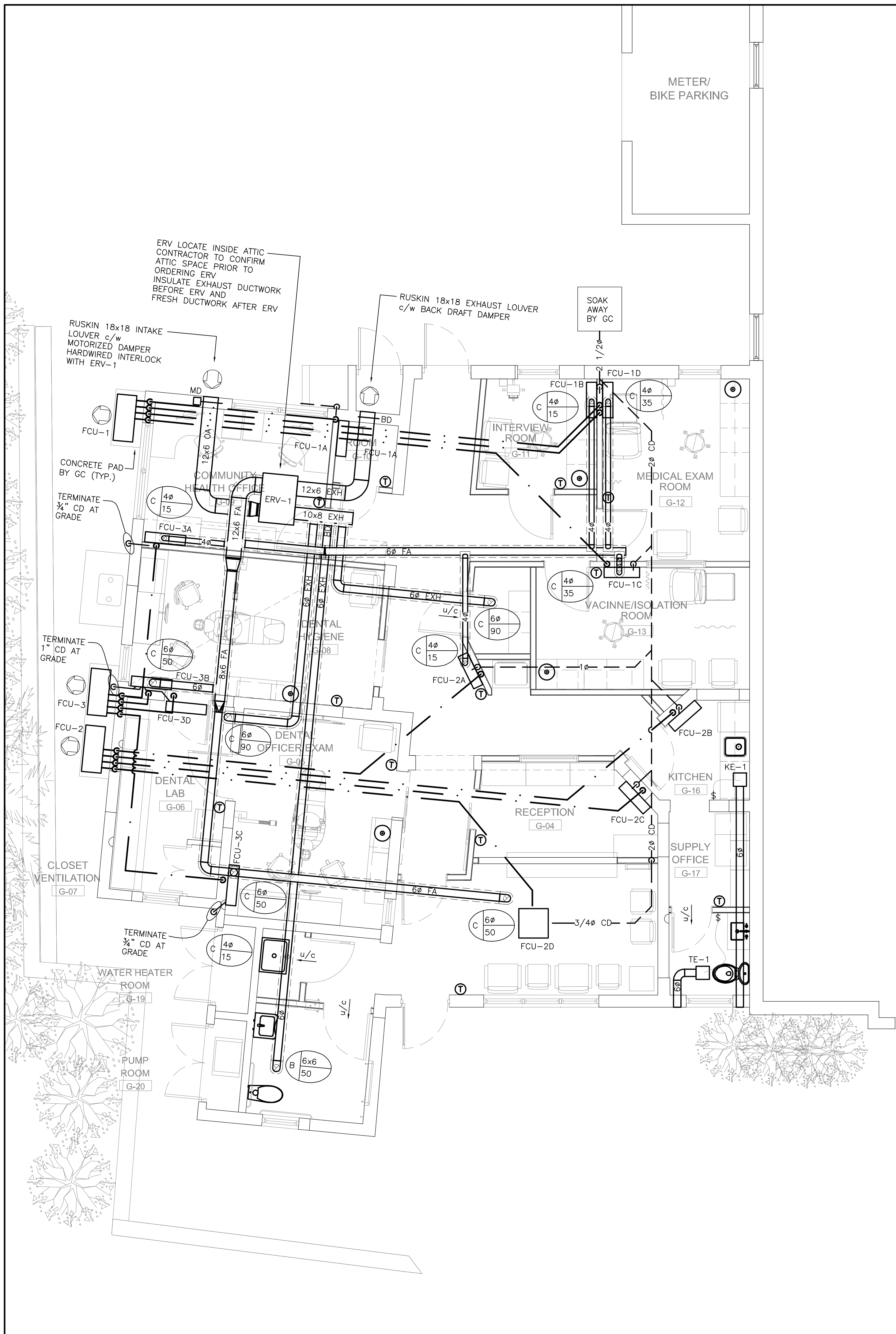
Project Address
 55 MANGROVE BAY SANDYS

Title Sheet
 GROUND FLOOR PLUMBING PLAN

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

M-101

REV:-



GENERAL NOTES

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Issue Status

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DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

Project Address
55 MANGROVE BAY SANDYS

Title Sheet
GROUND FLOOR HVAC PLAN AND ROOF MECHANICAL PLAN

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

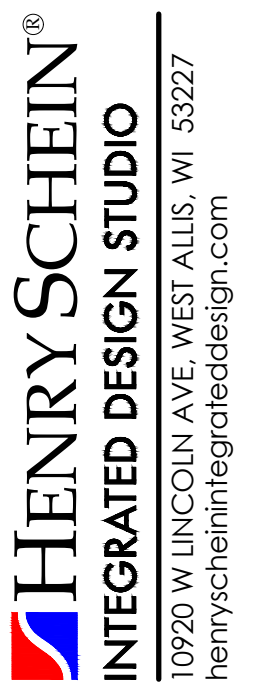
Sheet No.:

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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

GENERAL NOTES & CONDITIONS (ALL TRADES)

SHEET INDEX

Table with 4 columns containing general notes and conditions for all trades, including definitions, general contractor responsibilities, separate contracts by owner, and equipment specialist details.

Table with 2 columns: SHEET and TITLE. Lists sheets SCV, SA.0, SA.1, SP.1, SP.2, SE.1, SED.1, SED.2, SDC.1, SDC.2.

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.): WILLARD WALLACE TELEPHONE: 305-418-4101
INSTALLATION TECHNICIAN: TELEPHONE:

PROJECT:

HENRY SCHEIN REP: WILLARD WALLACE

REGION: INTERNATIONAL

PHONE #: 305-418-4101

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PROJECT NUMBER: 22-1175

PROJECT START DATE: 05/06/2022

FINALS START DATE: 07/25/2022

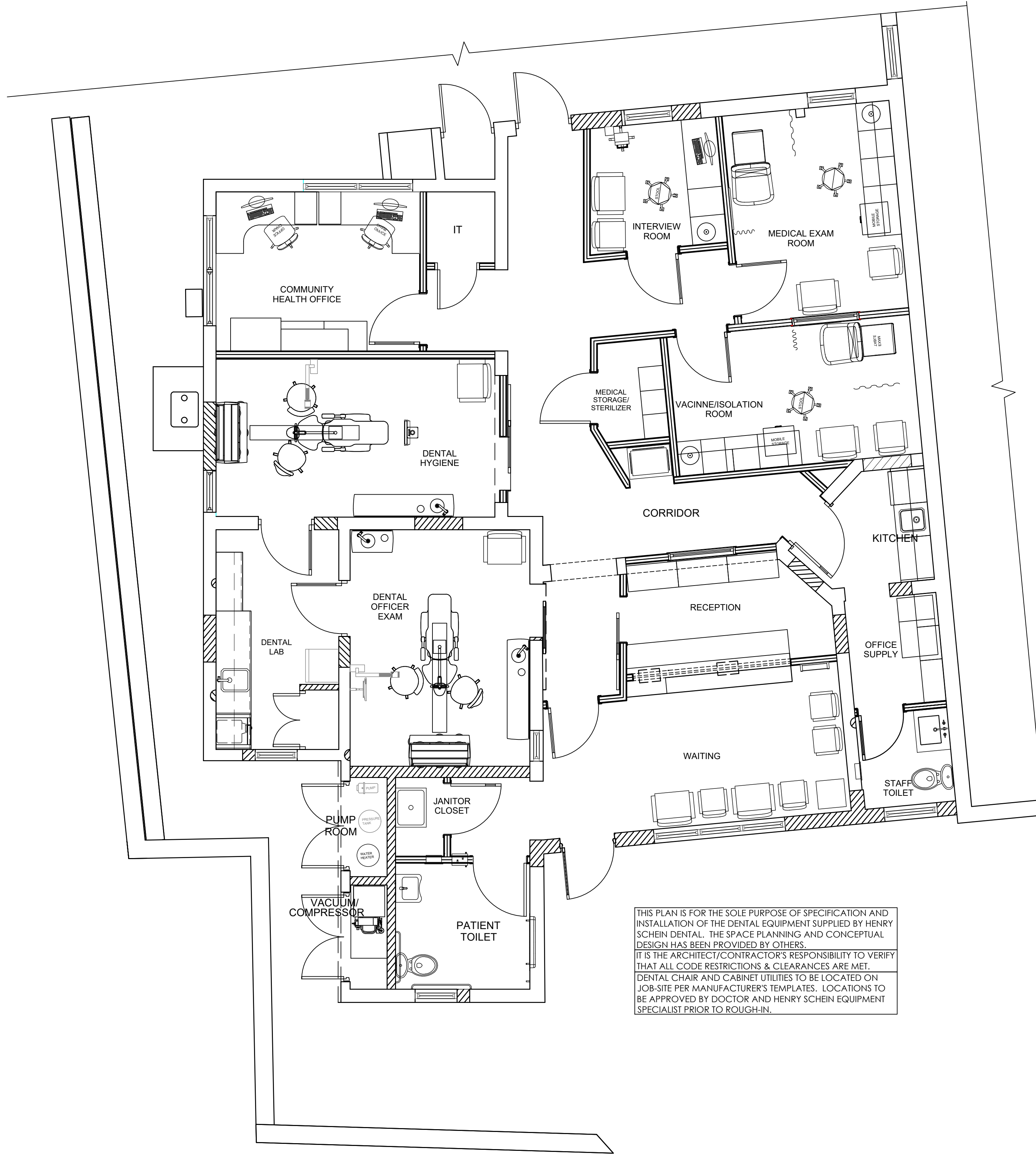
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FINALS BY: GC
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Table with 2 columns: REVISIONS, DATE, and INITIALS. Lists revision dates from 02/14/2023 to 05/04/2023.

INT.SQ.FT.= PER ARCH
SCALE: N/A SHT. SIZE: 24 x 36

COVER SHEET





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"

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

HENRY SCHEIN REP: WILLARD WALLACE

REGION: INTERNATIONAL

PHONE #: 305-418-4101

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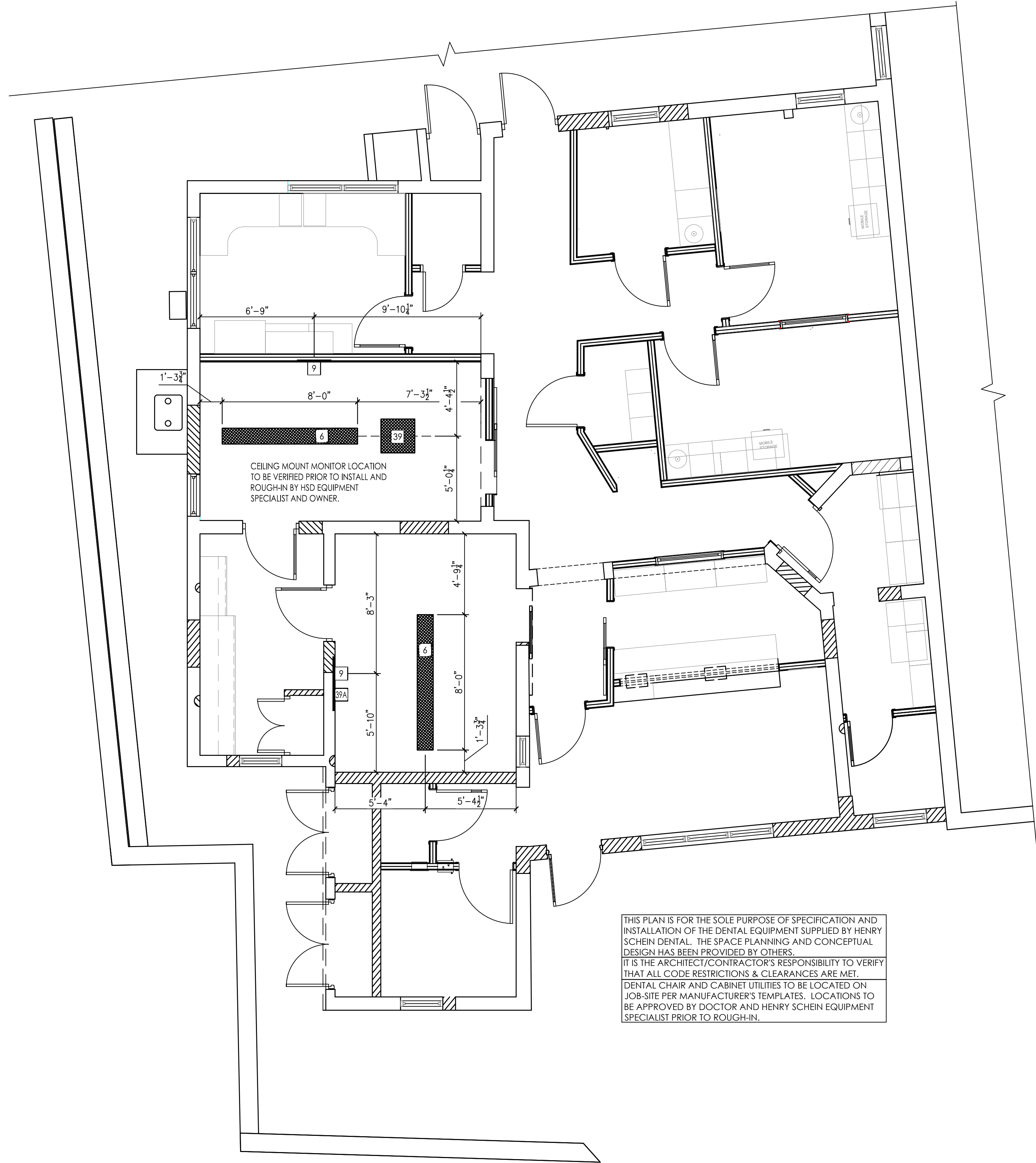
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04/12/2023	GC
05/04/2023	GC
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INT.SQ.FT.= PER ARCH

SCALE: 1/4"=1'-0" SHT. SIZE: 24 x 36

FLOOR PLAN

SA.O



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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

PLEASE NOTE: A LICENSED CONTRACTOR IS RESPONSIBLE FOR PROVIDING EQUIPMENT BLOCKING. ALL REQUIREMENTS TO BE VERIFIED BY MANUFACTURER'S SPEC SHEETS PROVIDED BY HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST. MANUFACTURER'S SPECS SUPERSEDE ANY AND ALL INFORMATION CONTAINED HEREIN.

CONSTRUCTION NOTES

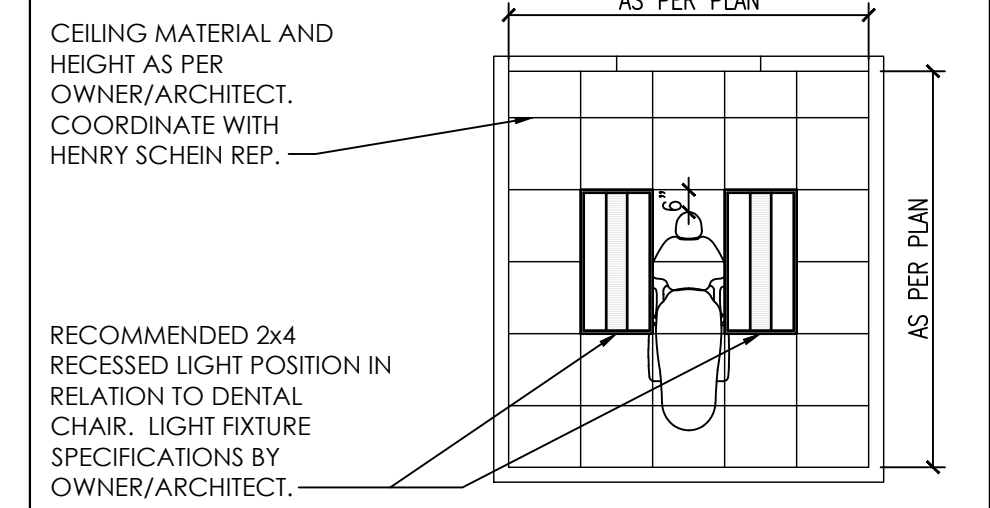
- THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.
- VERIFY ALL DIMENSIONS WITH HENRY SCHEIN DENTAL REP. ON JOBSITE. ON SITE MODIFICATIONS MAY NEED TO BE DONE BY 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"

PROJECT:

HENRY SCHEIN REP: WILLARD WALLACE

REGION: INTERNATIONAL

PHONE #: 305-418-4101

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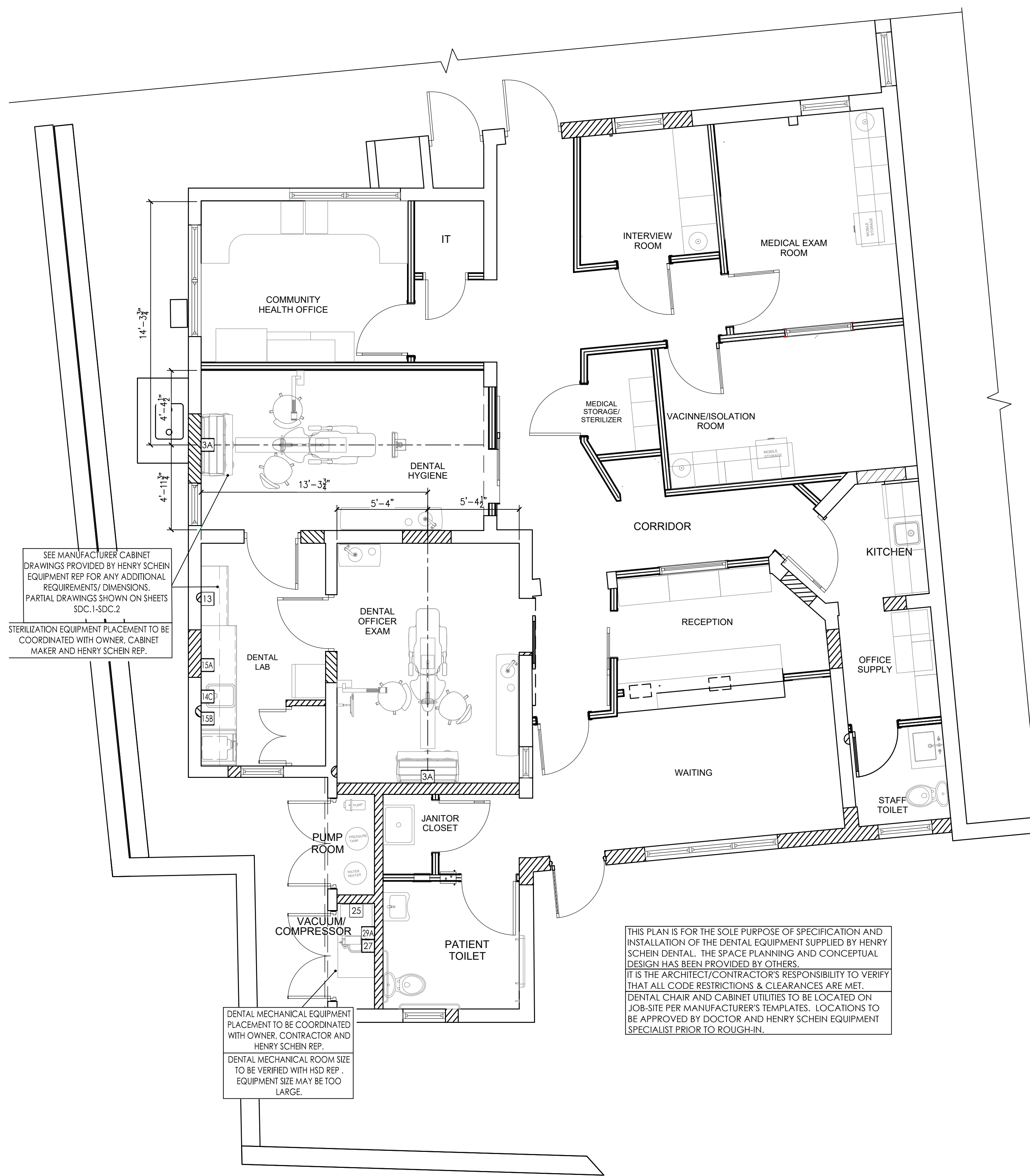
REVISIONS:

DATE	BY	DESCRIPTION
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04/12/2023	GC	
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INT.SQ.FT.= PER ARCH

SCALE: 1/4"=1'-0" SHT. SIZE: 24 x 36

REINFORCEMENT PLAN



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.

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 PS1 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). 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).				•				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

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CHECKED BY: LBS

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INT.SQ.FT.= PER ARCH

SCALE: 1/4"=1'-0" SHT. SIZE: 24 x 36

DENTAL PLUMBING PLAN

SP.1

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

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.

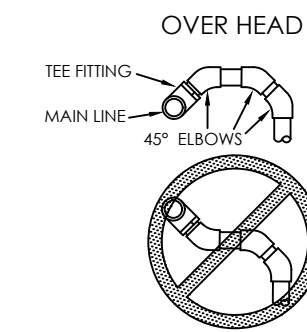
TO ENSURE OPTIMUM VACUUM PERFORMANCE, INSTALL MAIN LINE DIRECTLY BELOW THE DENTAL CHAIR, CABINET OR WALL JUNCTION BOX TO REDUCE OR ELIMINATE BRANCH LINE RUNS WHEREVER POSSIBLE.

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 ENCROACH ON EITHER A WALL OR COLUMN FOOTING, USE 45 DEGREE ELBOWS TO PIPE AROUND FOOTING SO PIPE REACHES PROPER LOCATION.

PLUMBING NOTES

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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

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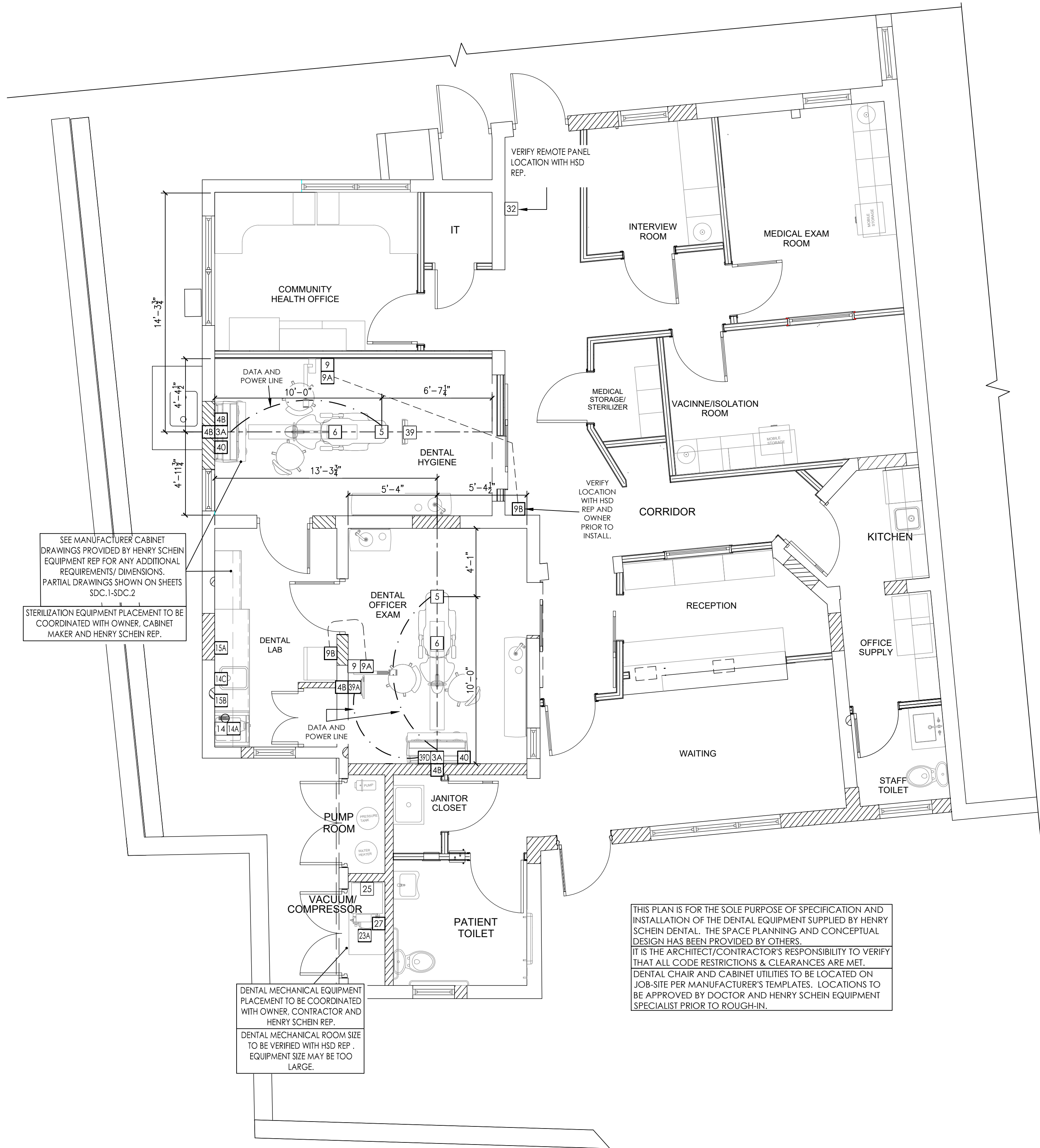
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03/30/2023	GC
04/12/2023	GC
05/04/2023	GC
--/--	--
--/--	--
--/--	--

INT.SQ.FT.= PER ARCH

SCALE: NTS
SHT. SIZE: 24 x 36

DENTAL VACUUM PLAN

SP.2



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

ELECTRICAL SPECIFICATIONS		UTILITIES					
QUANTITY	SPEC. NUMBER	DESCRIPTION	POWER	DEDICATED CIRCUIT	LOW VOLTAGE CONTROL		
					DATA DROP	DETAIL	
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.					9A
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.				14A
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				23A
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				39A
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			40

ELECTRICAL 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. 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.
5. ADDITIONAL CONVENIENCE OUTLETS REQUIRED ON JOBSITE ARE THE RESPONSIBILITY OF ELECTRICAL CONTRACTORS. FOLLOW LOCAL CODE RESTRICTIONS.
6. CONDUIT LOCATIONS (4, 4A, 4B, 4C) SHOULD BE VERIFIED WITH OWNER AND HENRY SCHEIN REP PRIOR TO ROUGH-IN.
7. 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.
8. CONTRACTOR TO PROVIDE AND INSTALL ALL EXIT SIGNS, EMERGENCY LIGHTING AND FIRE SUPPRESSION & DETECTION SYSTEMS AS PER ARCHITECT'S DRAWINGS AND LOCAL CODE.
9. 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

-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

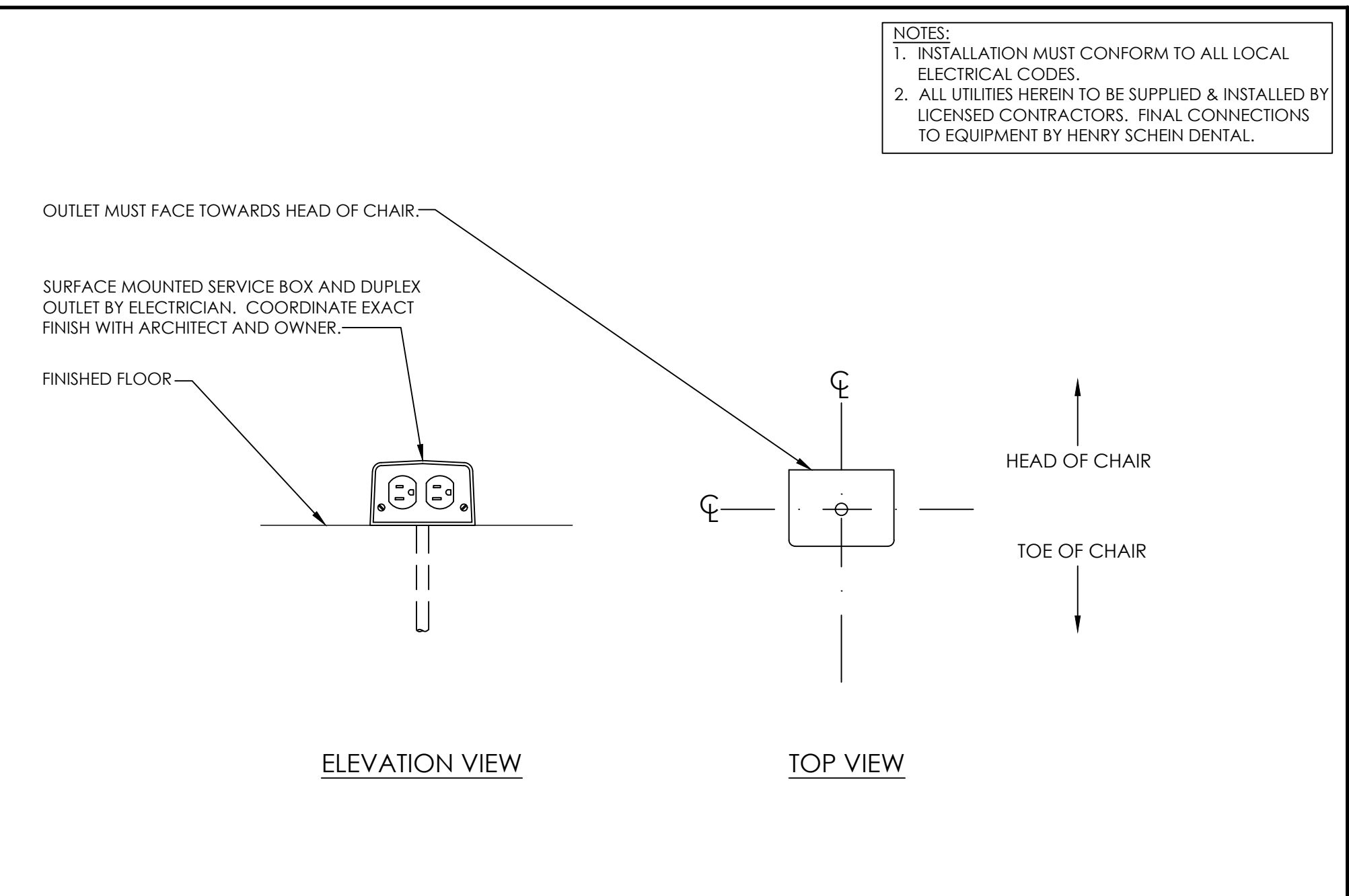
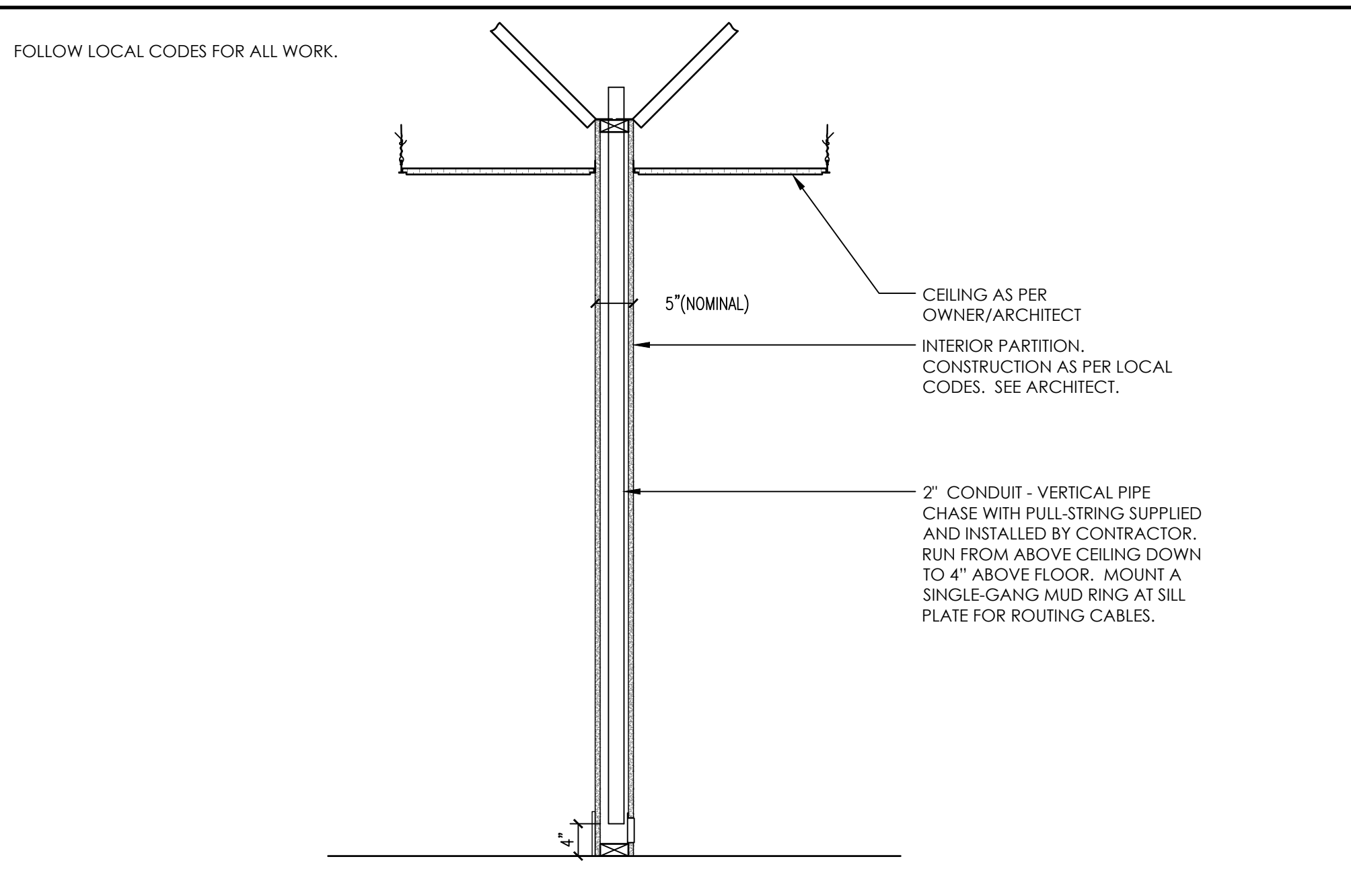
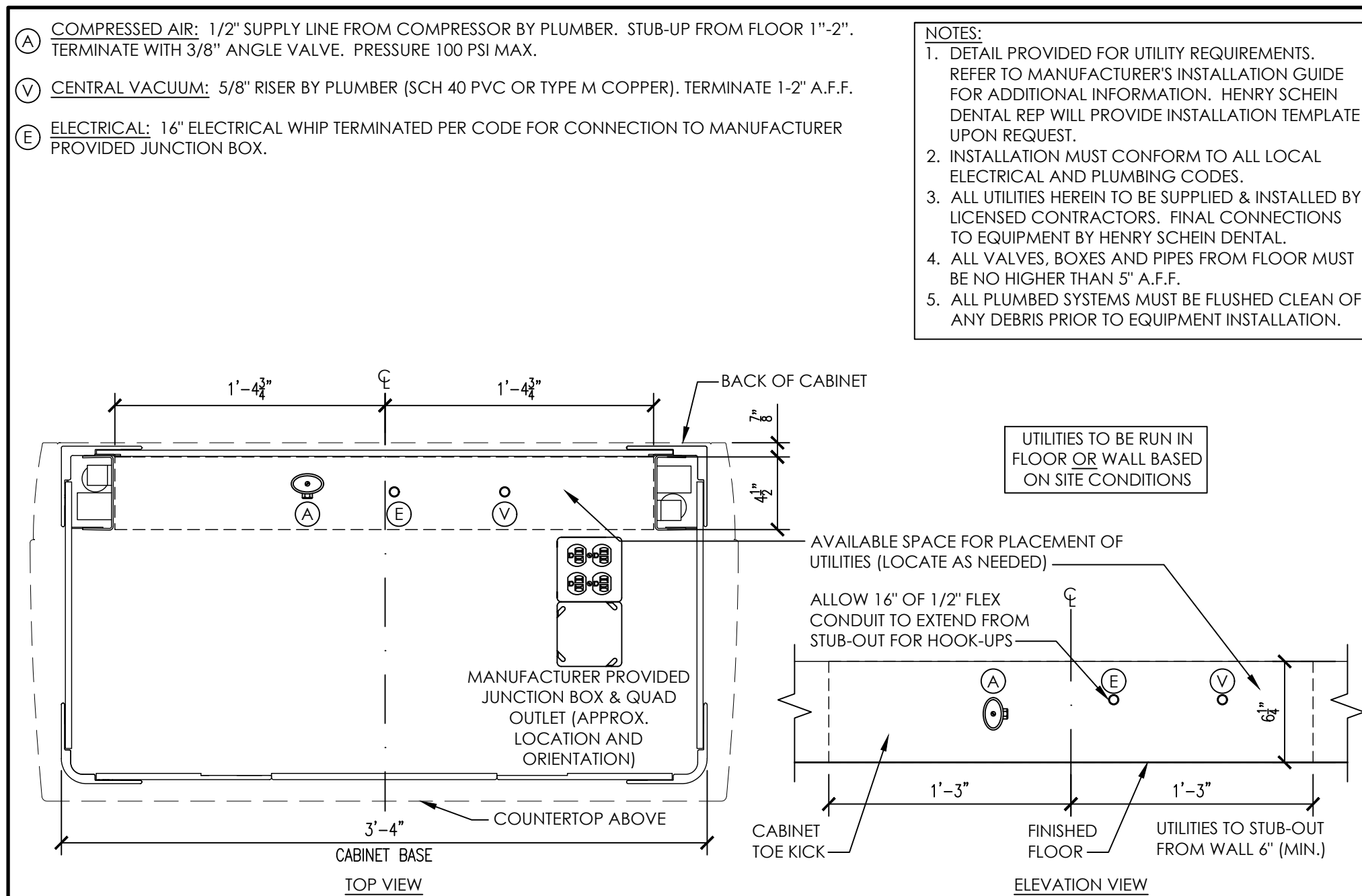
REVISIONS:

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

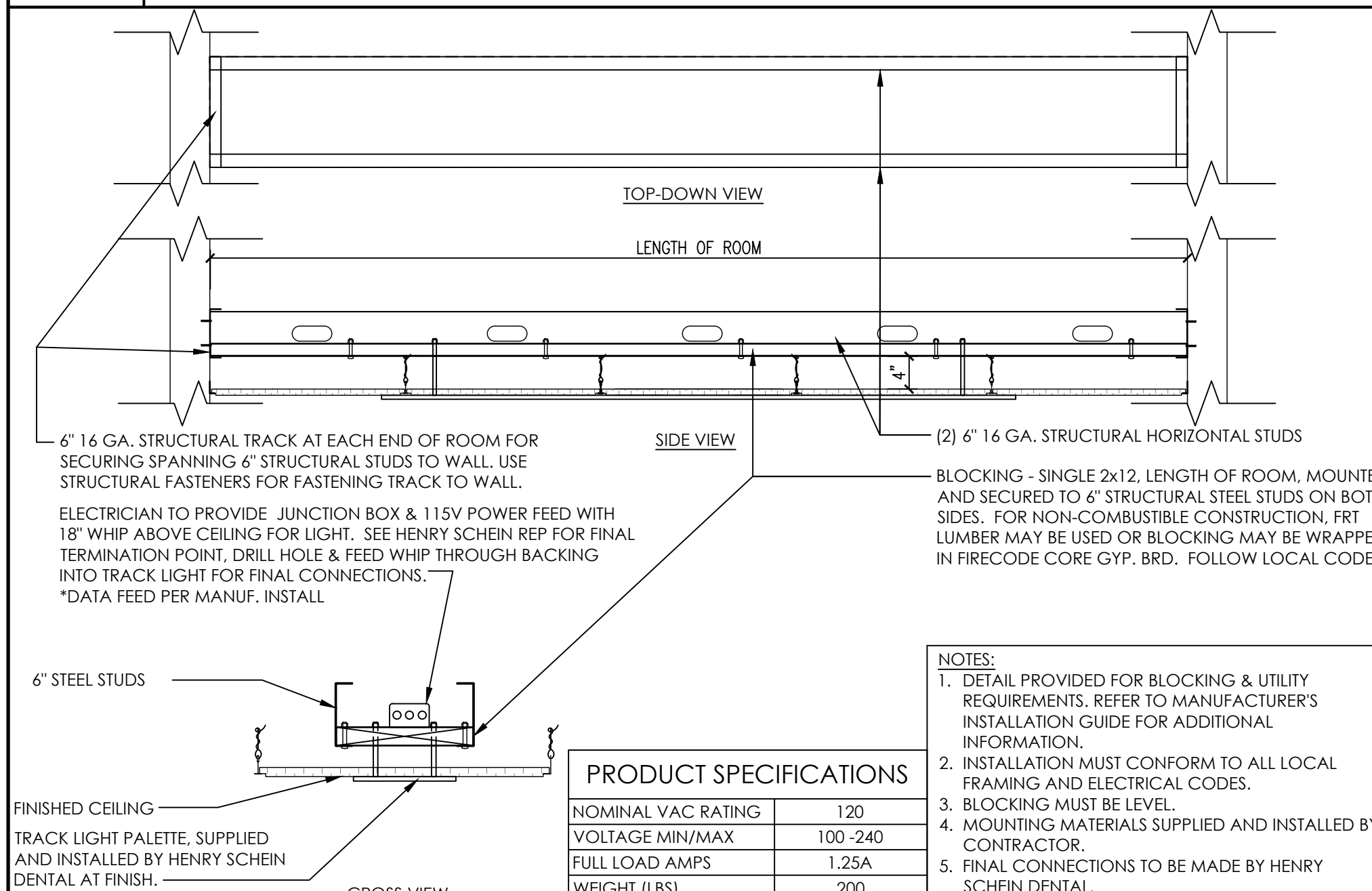
INT.SQ.FT.= PER ARCH
SCALE: 1/4"=1'-0" SHT. SIZE: 24 x 36

DENTAL ELECTRICAL PLAN

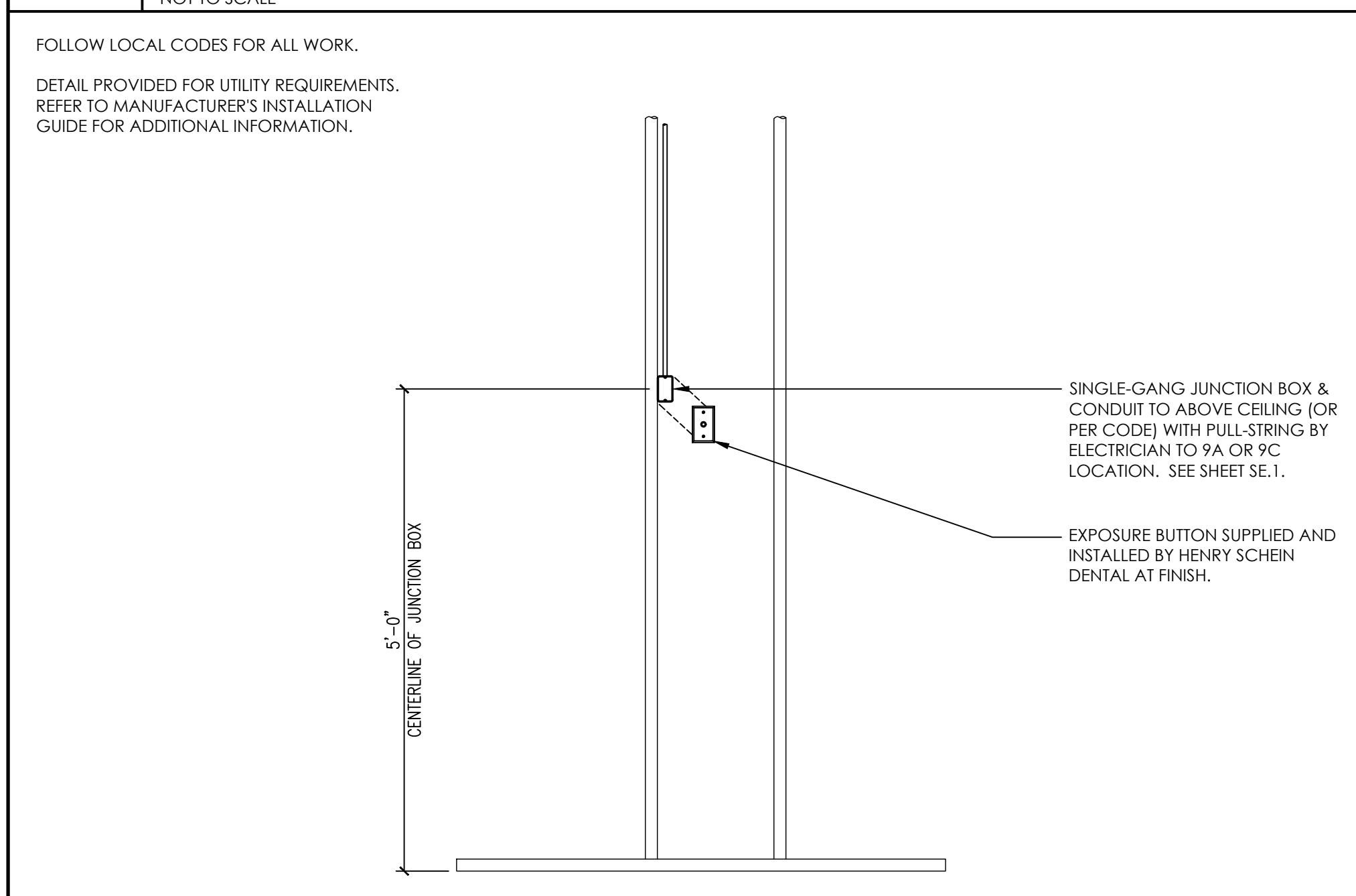
SE.1



3A ADEC INSPIRE 591 CABINET UTILITIES
NOT TO SCALE

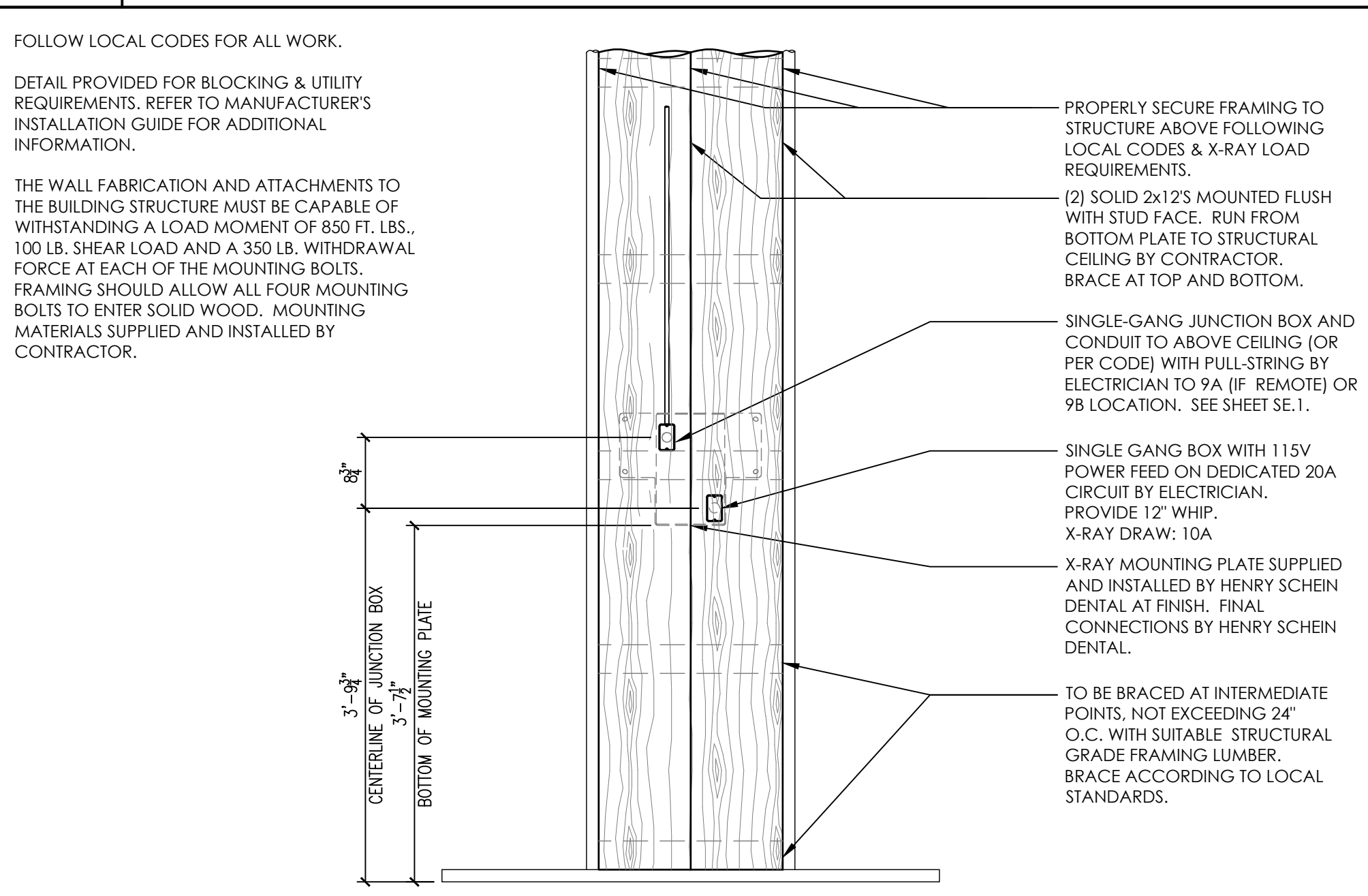


6 TRACK DENTAL LIGHT: METAL BRACING
NOT TO SCALE

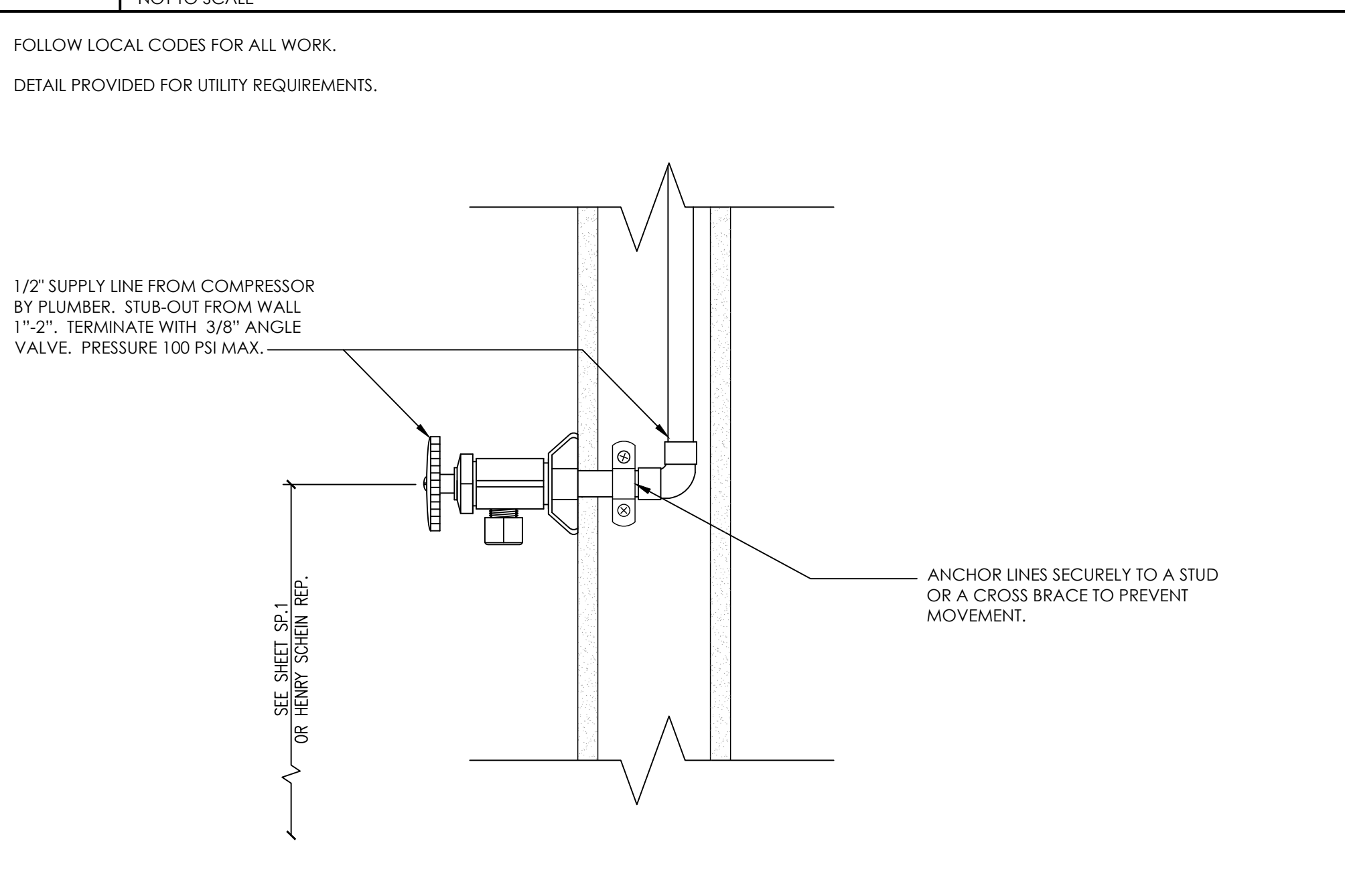


9B X-RAY EXPOSURE BUTTON
NOT TO SCALE

4B VERTICAL CHASE
NOT TO SCALE

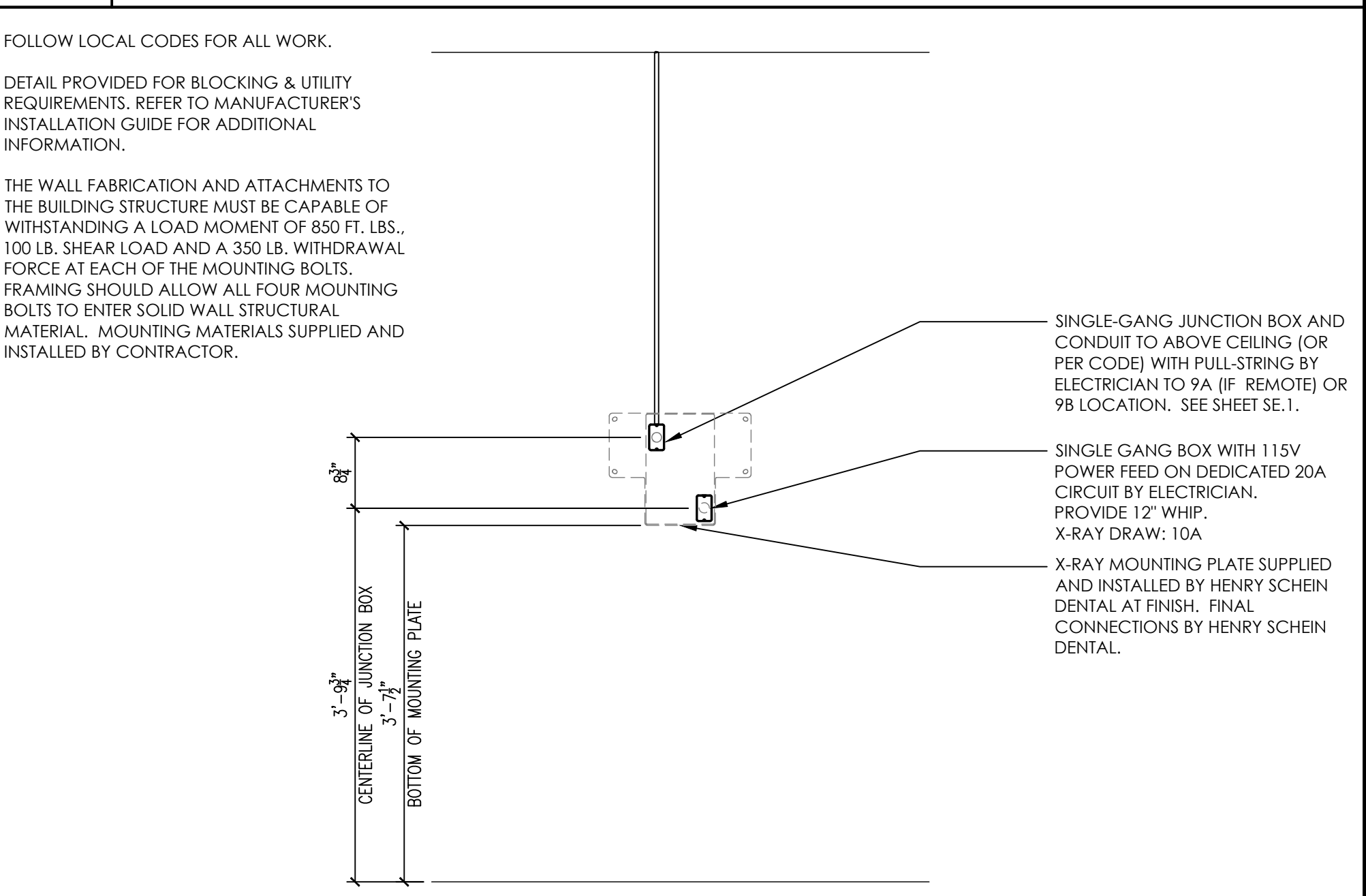


9 SIRONA HELIODENT PLUS X-RAY
NOT TO SCALE

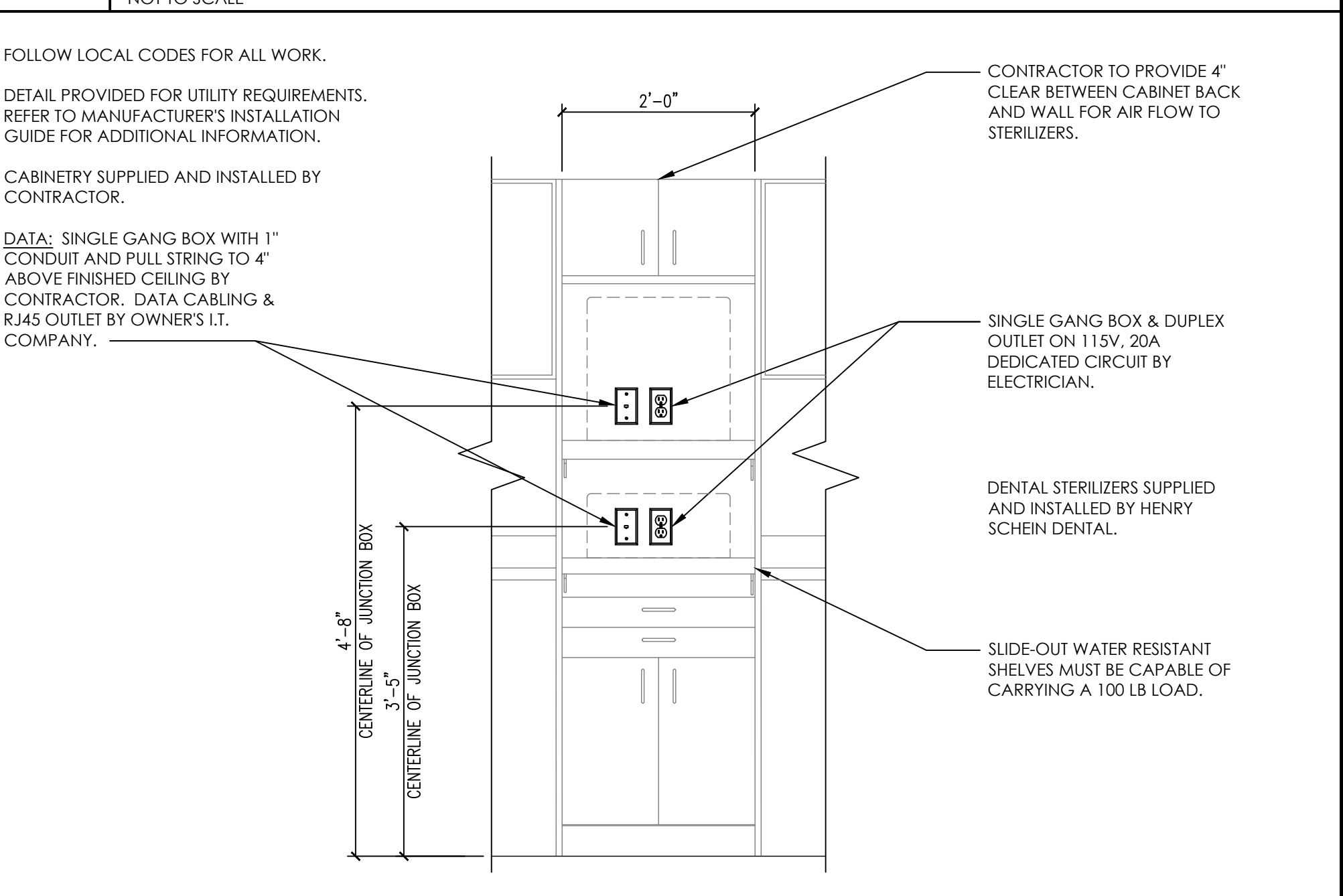


13 DENTAL AIR LINE
NOT TO SCALE

5 SURFACE MOUNTED CHAIR OUTLET
NOT TO SCALE



9 SIRONA HELIODENT PLUS X-RAY
NOT TO SCALE



14A STERILIZER TOWER
NOT TO SCALE

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

MANGROVE BAY CLINIC
MINISTRY OF HEALTH, GOV. OF BERMUDA

PROJECT: WILLARD WALLACE

REGION: INTERNATIONAL

PHONE #: 305-418-4101

LOCATION: 67 VICTORIA ST. HAMILTON HM12, BERMUDA

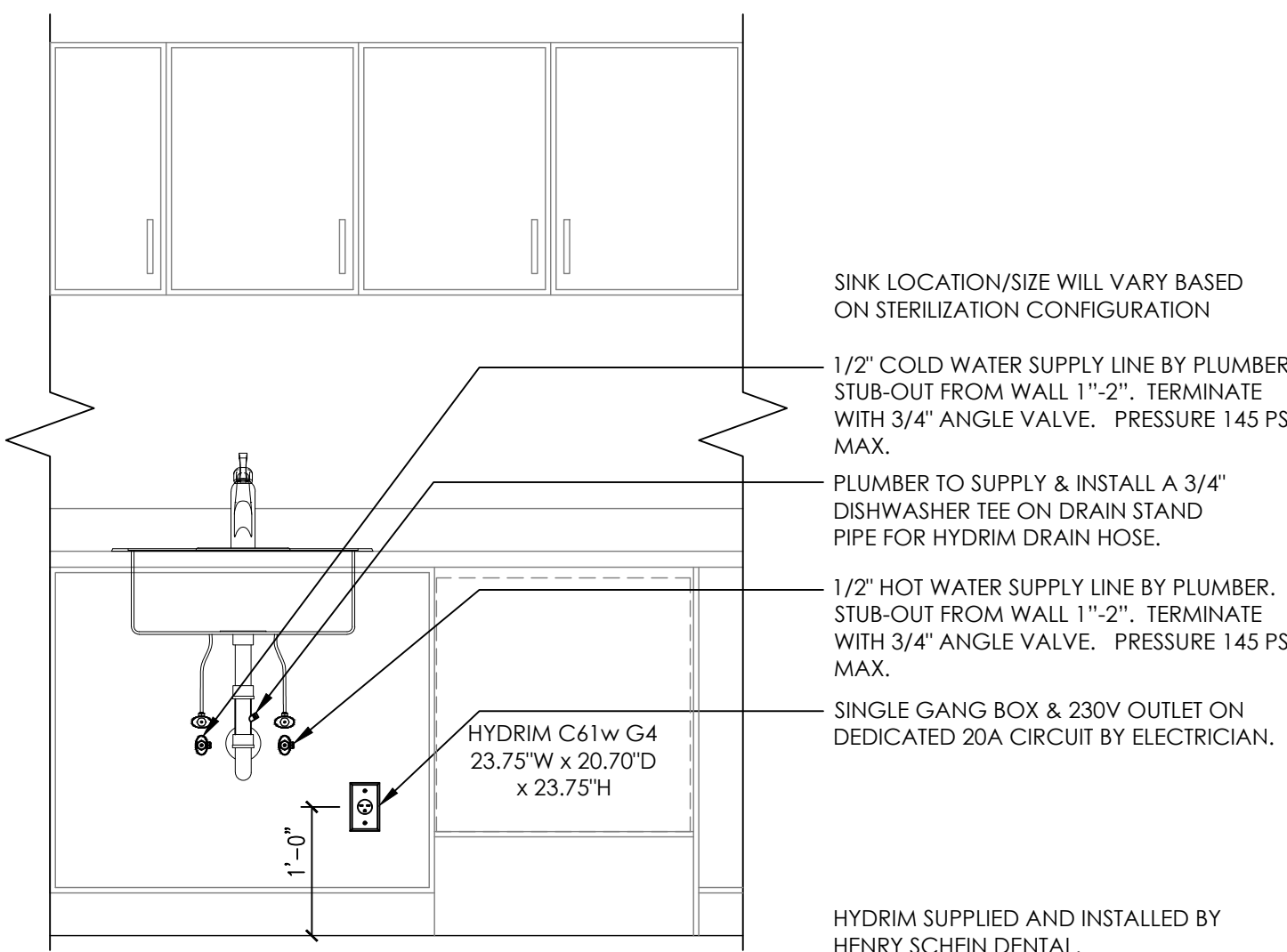
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PROJECT NUMBER:	22-1175
PROJECT START DATE:	05/06/2022
FINALS START DATE:	07/25/2022
DRAWN BY:	ARCH GC
CHECKED BY:	LBS
REVISIONS:	
02/14/2023	GC
02/20/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	C
--/--	--
--/--	--
INT.SQ.FT.=	PER ARCH
SCALE:	SHT. SIZE: 24 x 36
SEE DETAIL	
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.



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.

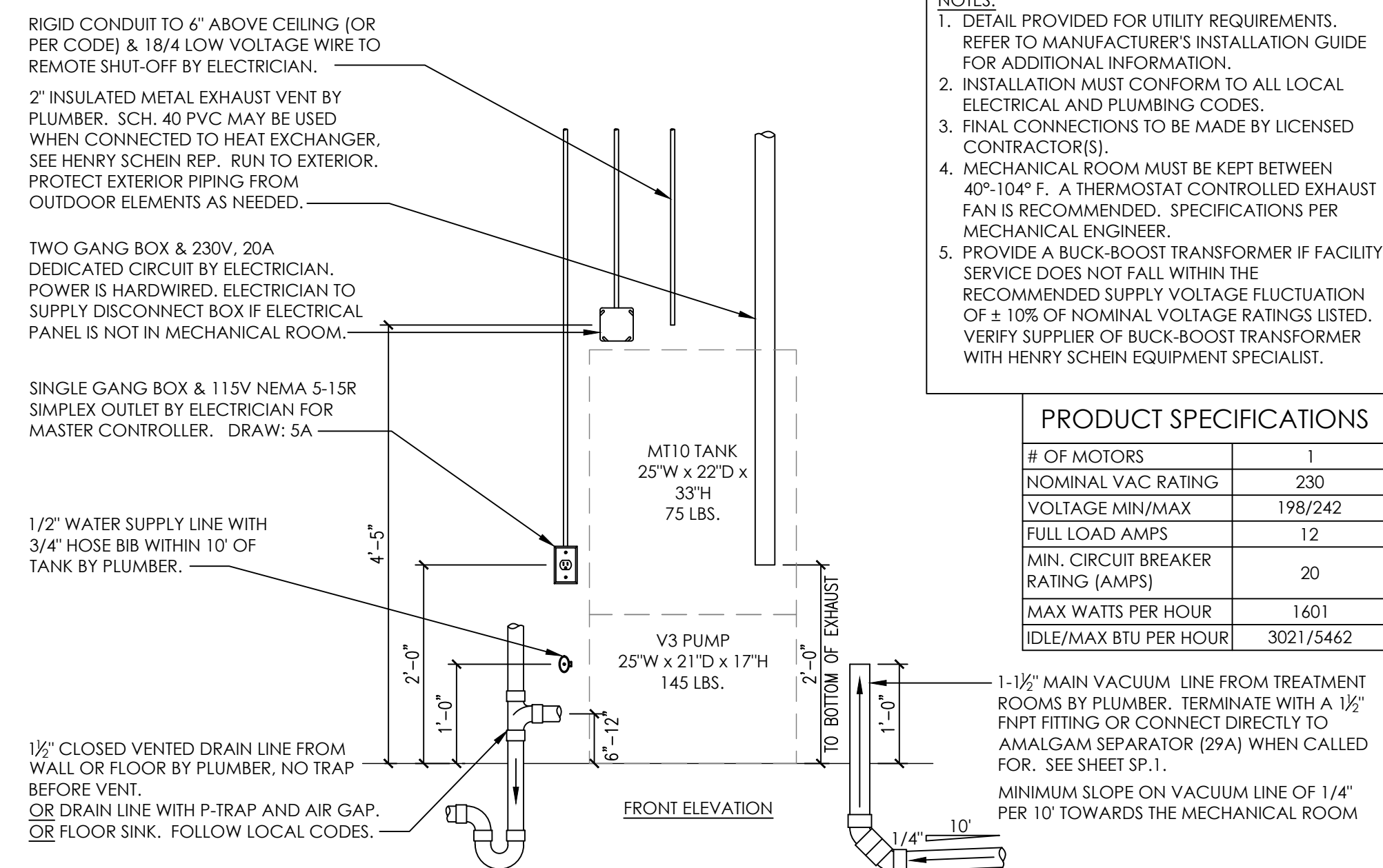
1/2" HOT WATER SUPPLY LINE BY PLUMBER. STUB-OUT FROM WALL 1"-2". TERMINATE WITH 3/4" ANGLE VALVE. PRESSURE 145 PSI MAX.

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

HYDRIM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

15A SCICAN HYDRIM C61w G4 WASHER DISINFECTOR

NOT TO SCALE



NOTES:

- DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.
- INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.
- FINAL CONNECTIONS TO BE MADE BY LICENSED CONTRACTOR(S).
- MECHANICAL ROOM MUST BE KEPT BETWEEN 40°-104° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.
- 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.

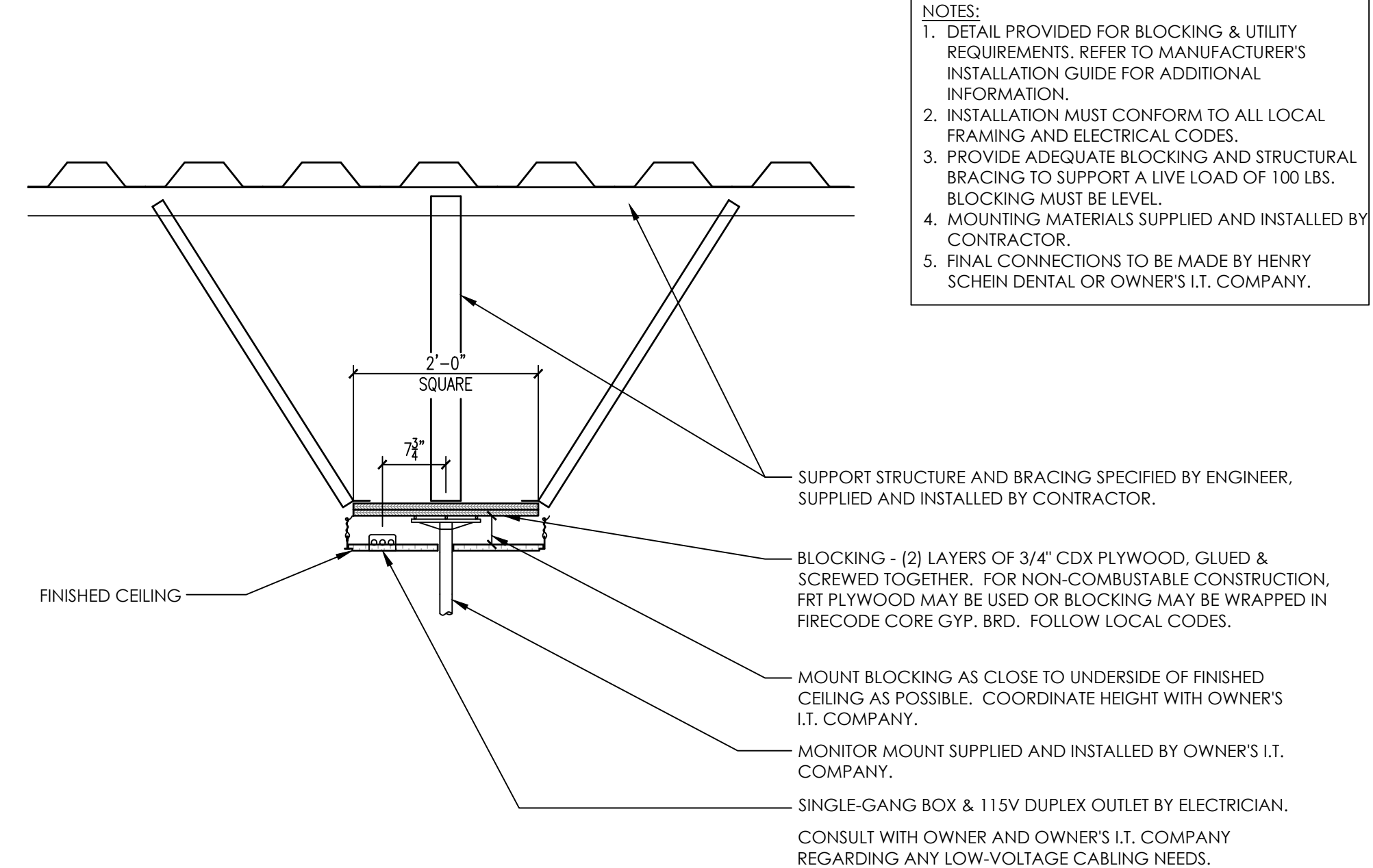
PRODUCT SPECIFICATIONS	
# OF MOTORS	1
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	12
MIN. CIRCUIT BREAKER RATING (AMPS)	20
MAX WATTS PER HOUR	1601
IDLE/MAX BTU PER HOUR	3021/5462

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

27 AIRTECHNIQUES MOJAVE V3 VACUUM

NOT TO SCALE



NOTES:

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

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

SINGLE-GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN.

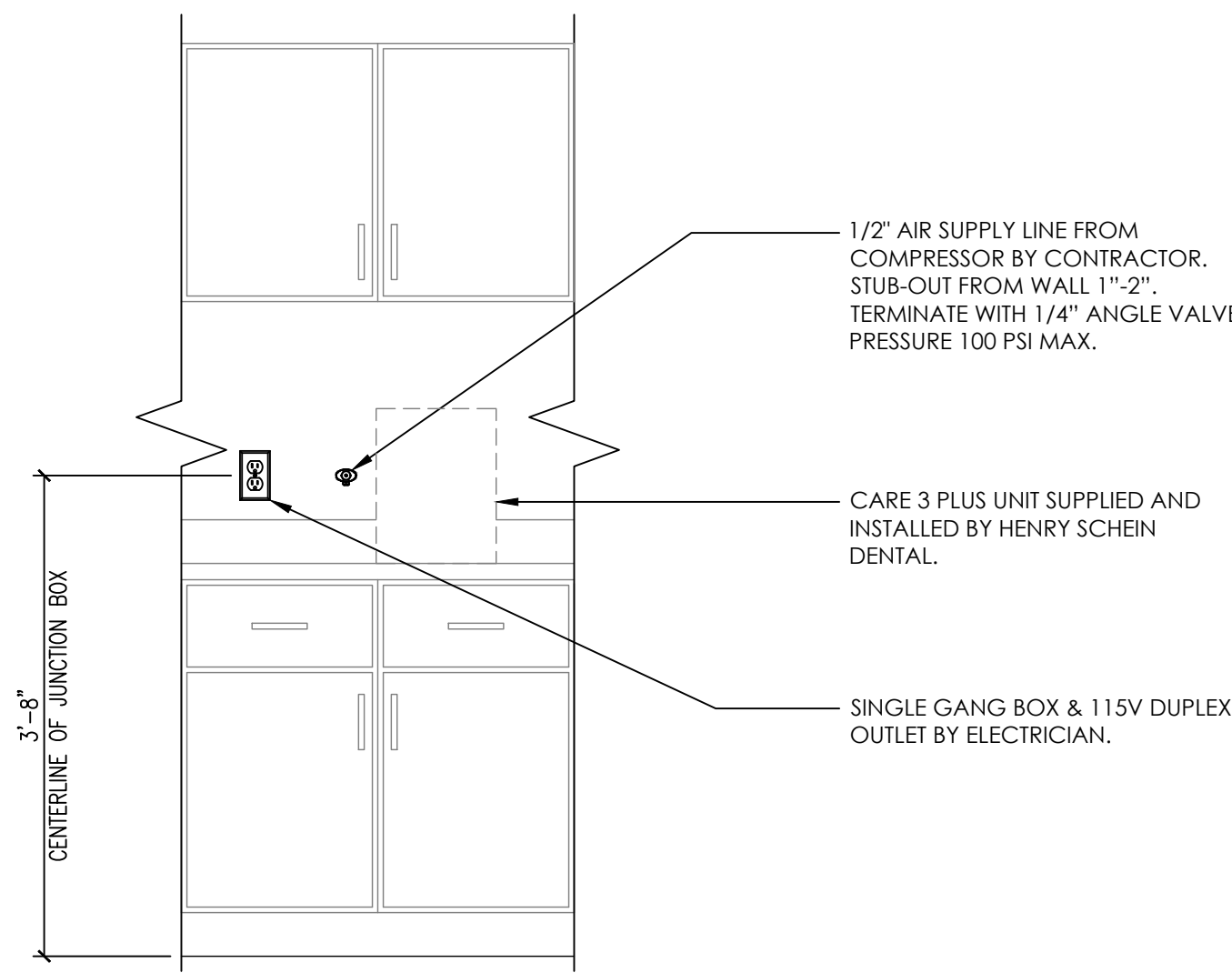
CONSULT WITH OWNER AND OWNER'S I.T. COMPANY REGARDING ANY LOW-VOLTAGE CABLING NEEDS.

39 TYPICAL CEILING MOUNTED MONITOR

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

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



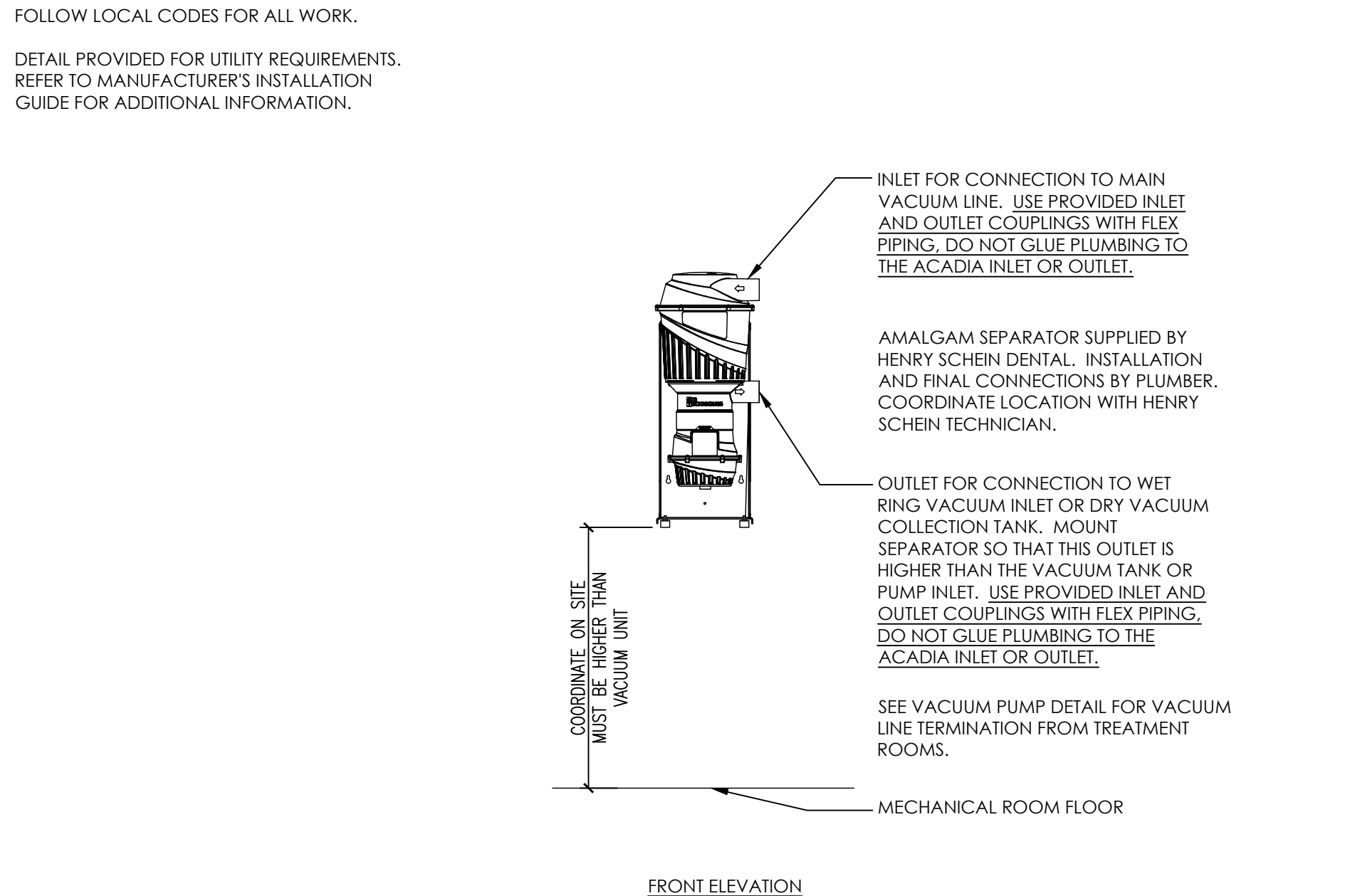
1/2" AIR SUPPLY LINE FROM COMPRESSOR BY CONTRACTOR. STUB-OUT FROM WALL 1"-2". TERMINATE WITH 1/4" ANGLE VALVE. PRESSURE 100 PSI MAX.

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

SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN.

15B NSK CARE 3 PLUS MAINTENANCE SYSTEM

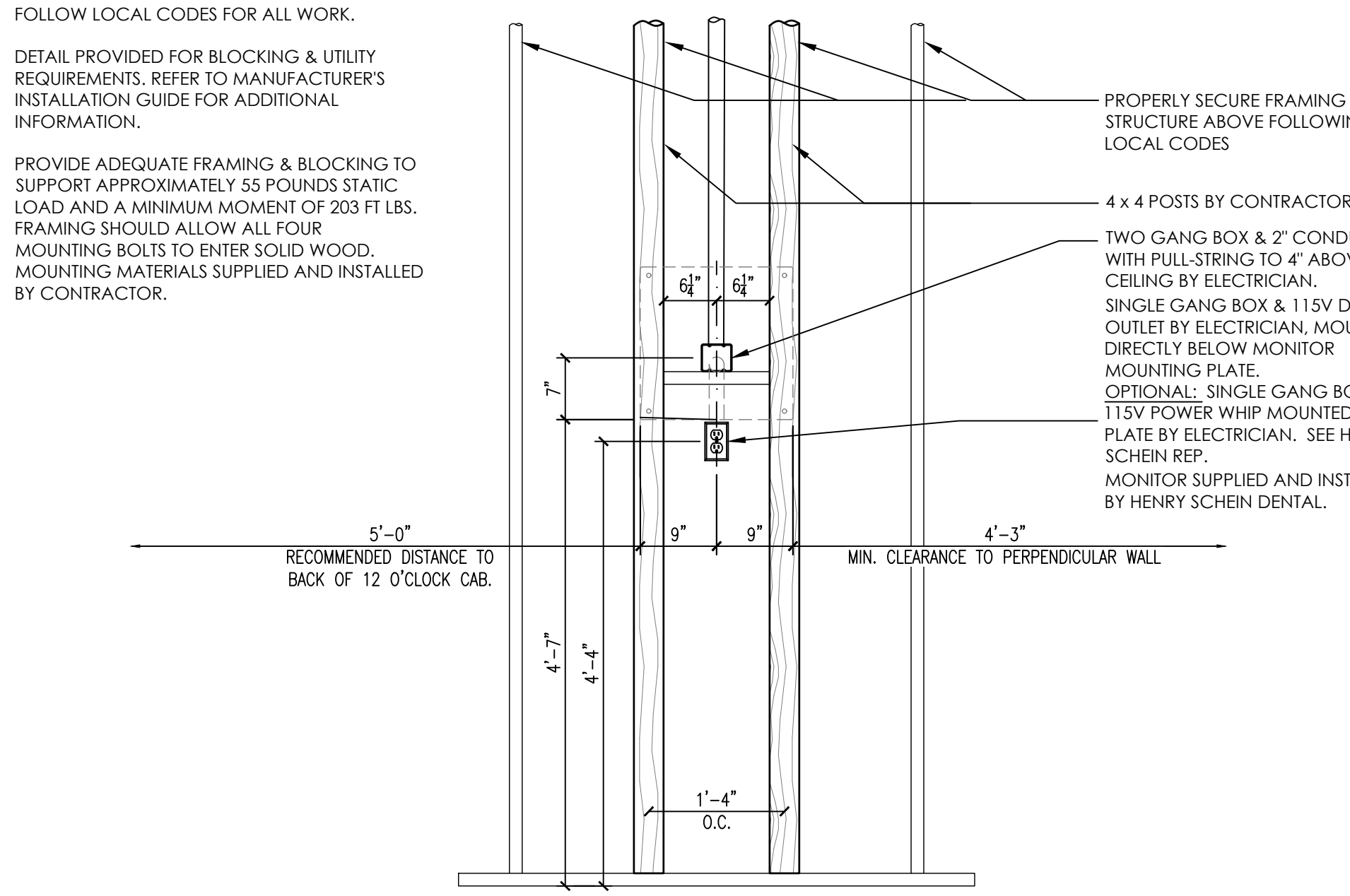
NOT TO SCALE



FRONT ELEVATION

29A AIRTECHNIQUES ACADIA AMALGAM SEPARATOR

NOT TO SCALE



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

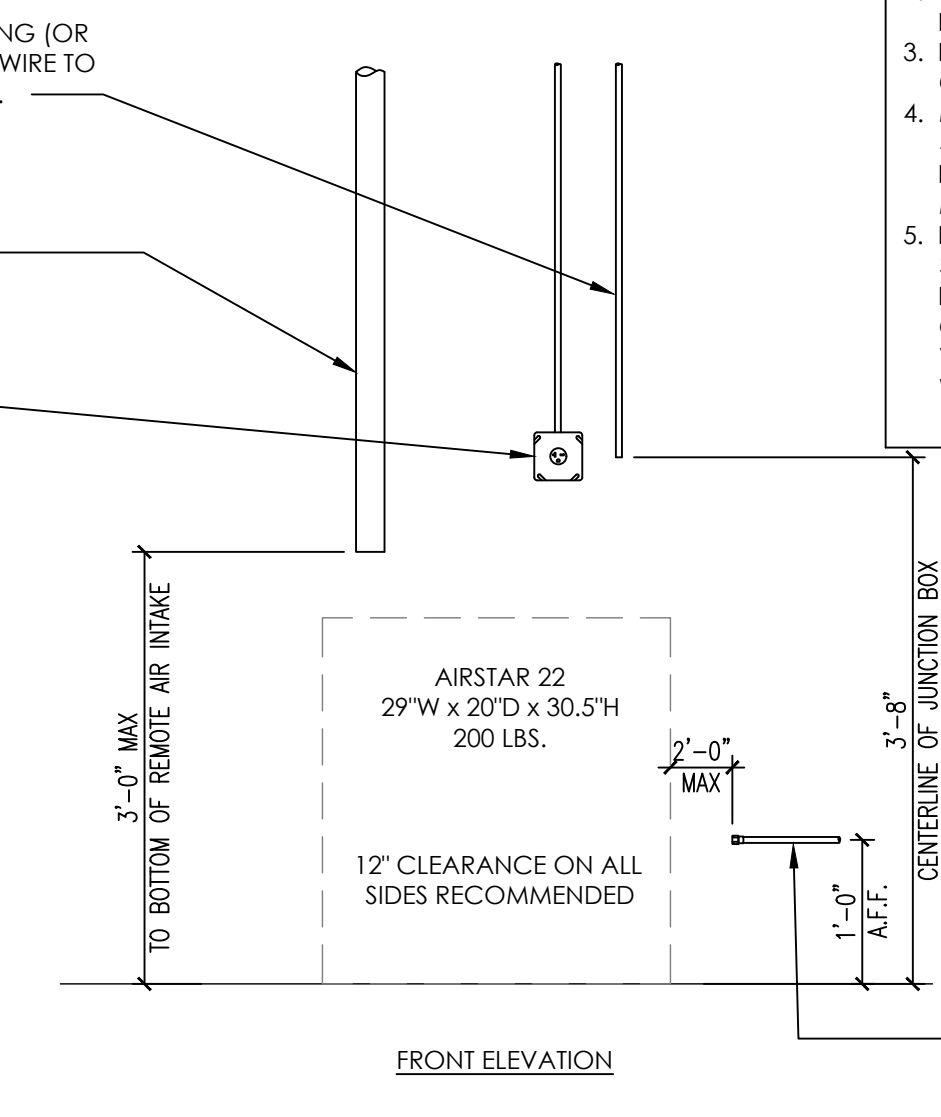
NOT TO SCALE

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 REMOTE 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 & 18/4 LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.



NOTES:

- DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.
- INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.
- FINAL CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.
- MECHANICAL ROOM MUST BE KEPT BETWEEN 41°-105° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.
- 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.

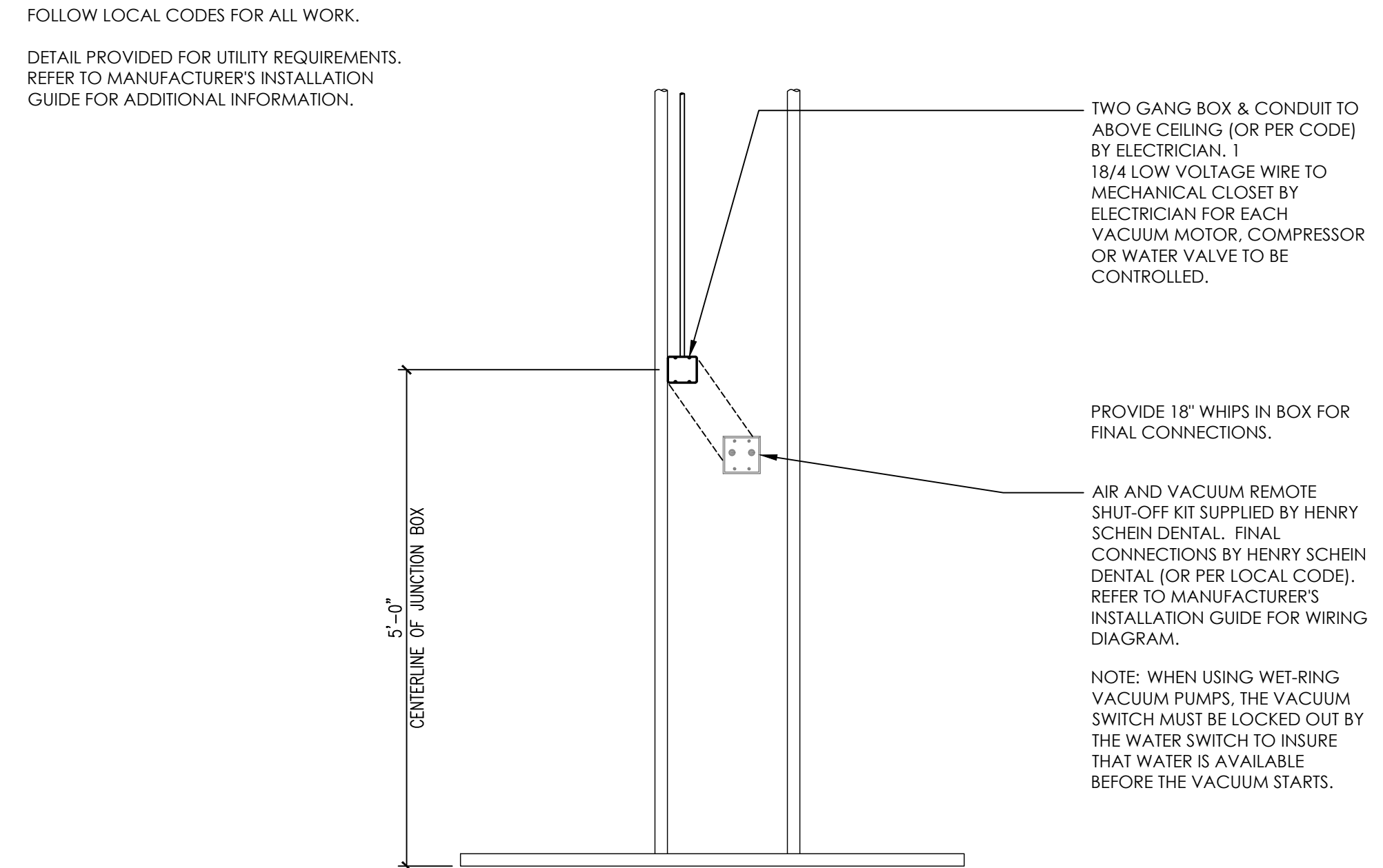
PRODUCT SPECIFICATIONS

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.

25 AIRTECHNIQUES AIRSTAR 22 COMPRESSOR

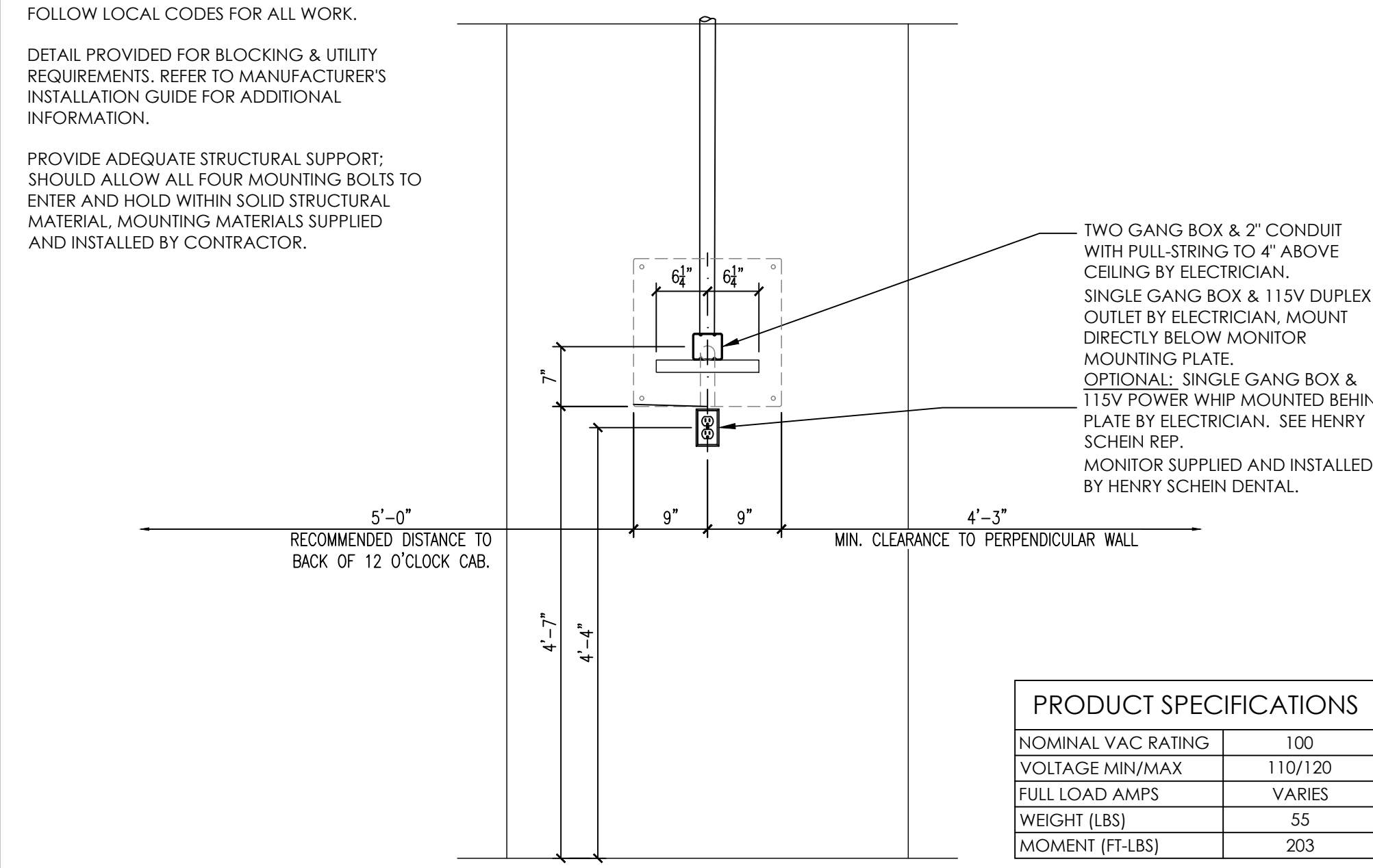
NOT TO SCALE



FRONT ELEVATION

32 MECHANICAL REMOTE SHUT-OFF (2 SWITCH)

NOT TO SCALE



PRODUCT SPECIFICATIONS

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

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

NOT TO SCALE

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



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



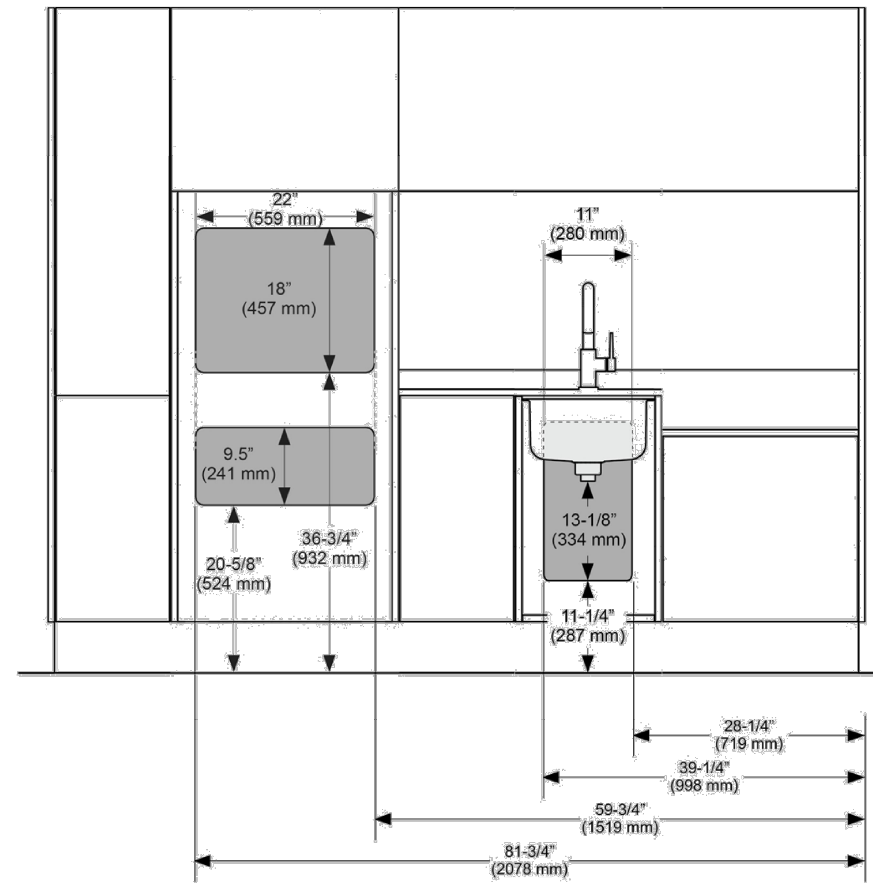
Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



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
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--/--	--
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Visual Document

Line	Item	Label
7	594	

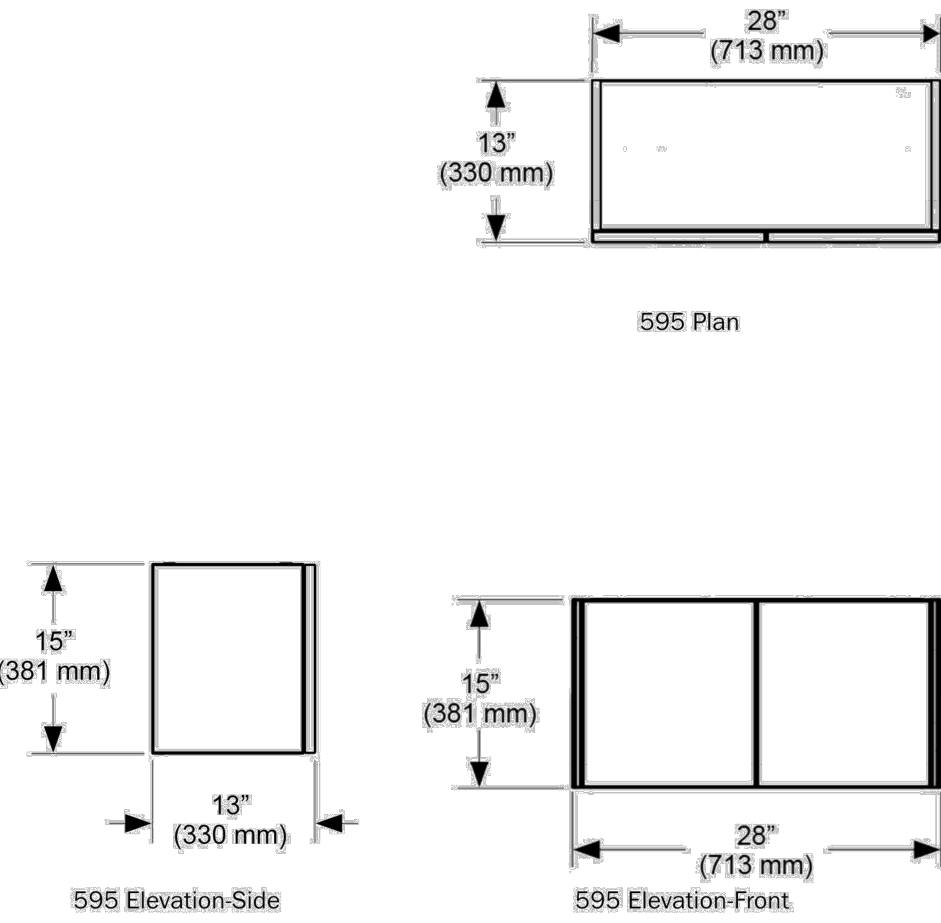


Utility Cutout Locations - As Viewed From Front (May Not Include Cutouts)

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, SUBJECT TO INCO TERMS 2010, UCP 600 AND APPLICABLE US LAWS.

Technical Document

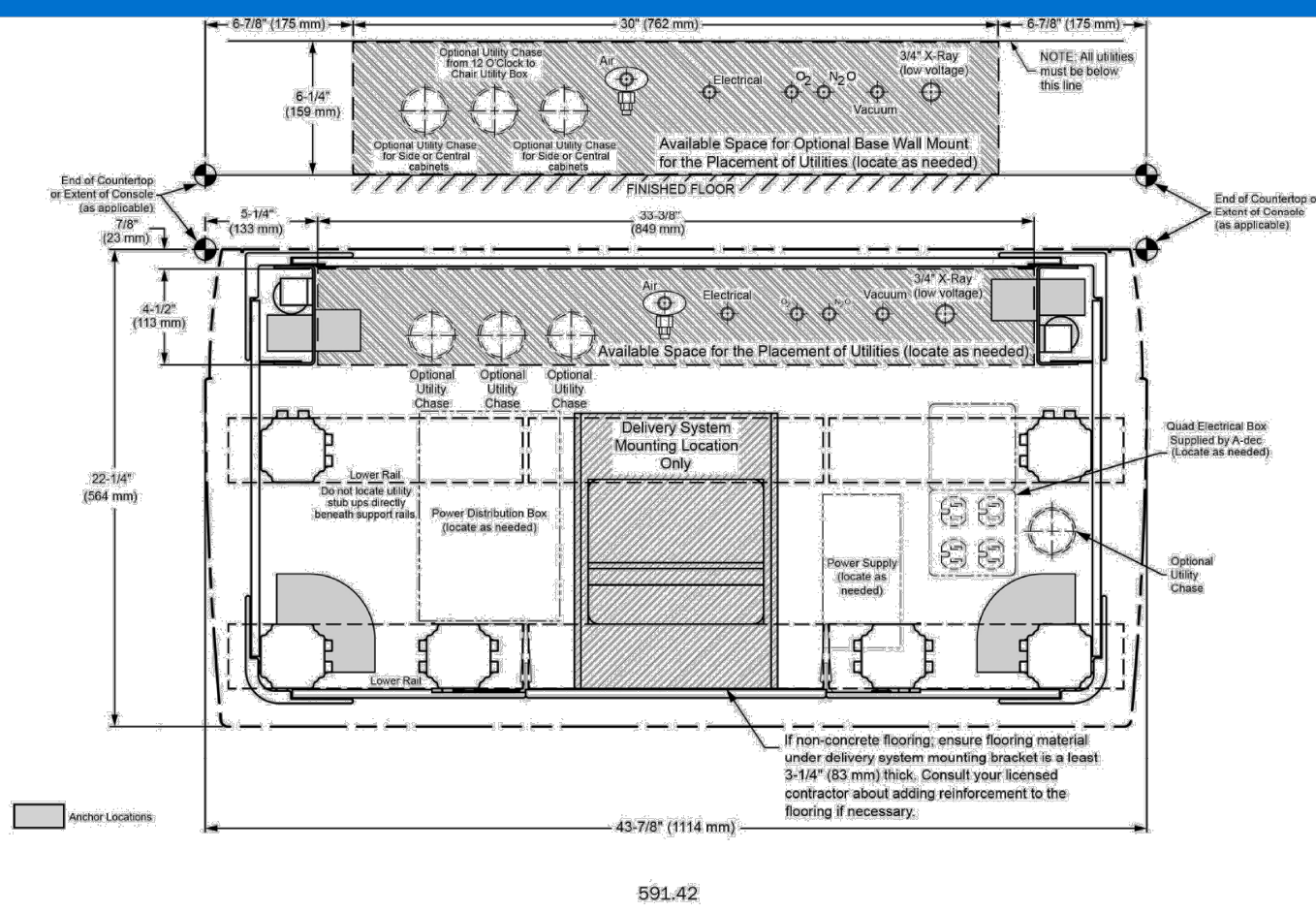
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I hereby certify that the information on the proforma invoice is true and correct and that the contents and value of this invoice are as stated. Any changes to product configuration or quantity may result in a change of the project discount. Delivery 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, SUBJECT TO INCO TERMS 2010, UCP 600 AND APPLICABLE US LAWS.

Technical Document

Line	Item	Label
3	591	
4	591	
13	591	



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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

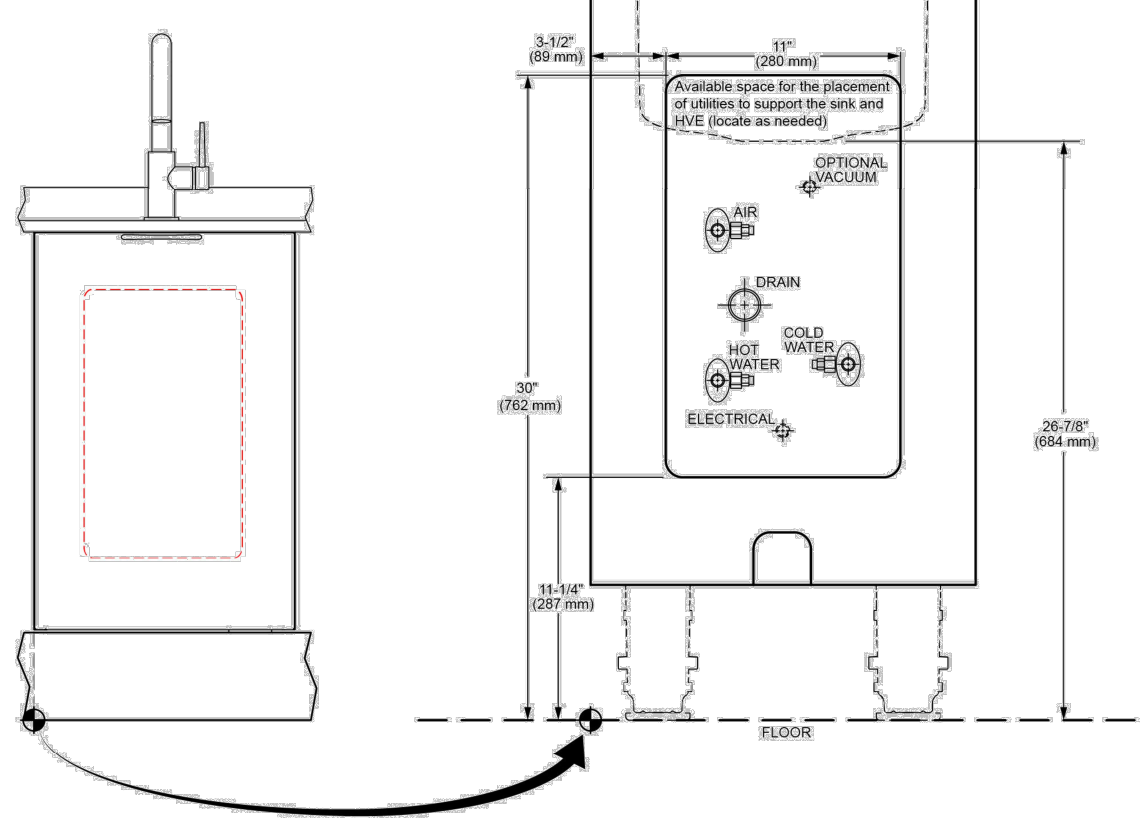


Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
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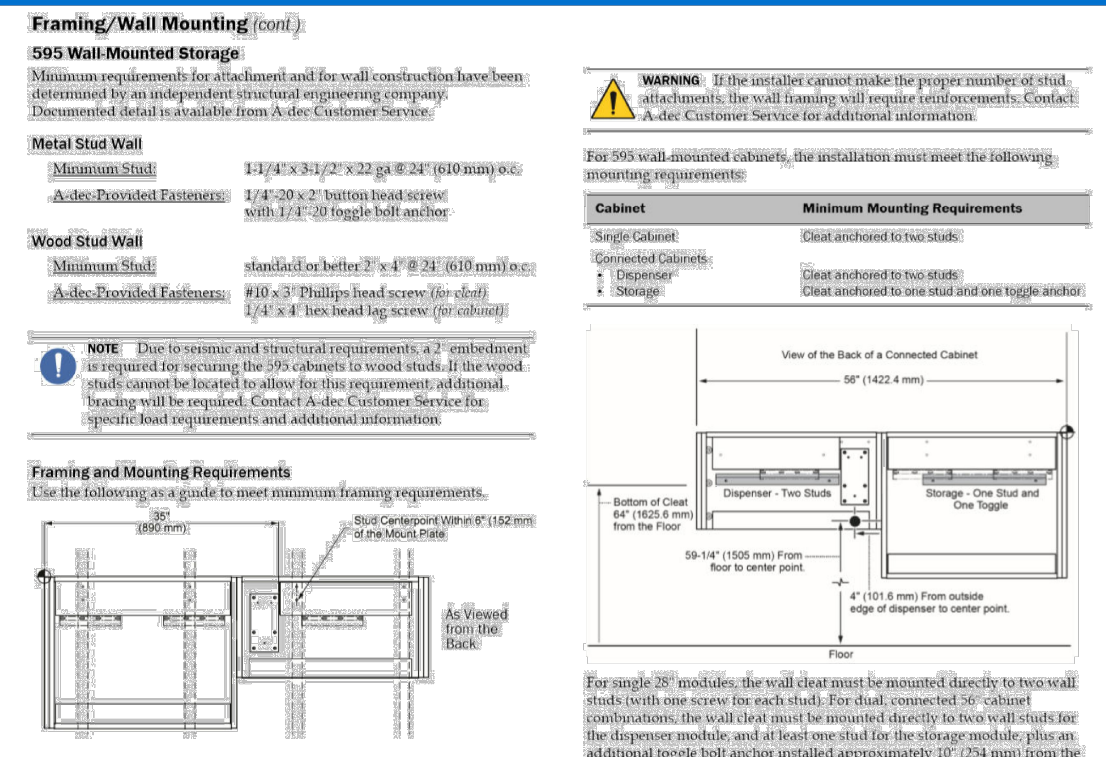


Utility Layout Detail - Sink Module

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, SUBJECT TO INCO TERMS 2010, UCP 600 AND APPLICABLE US LAWS.

Technical Document

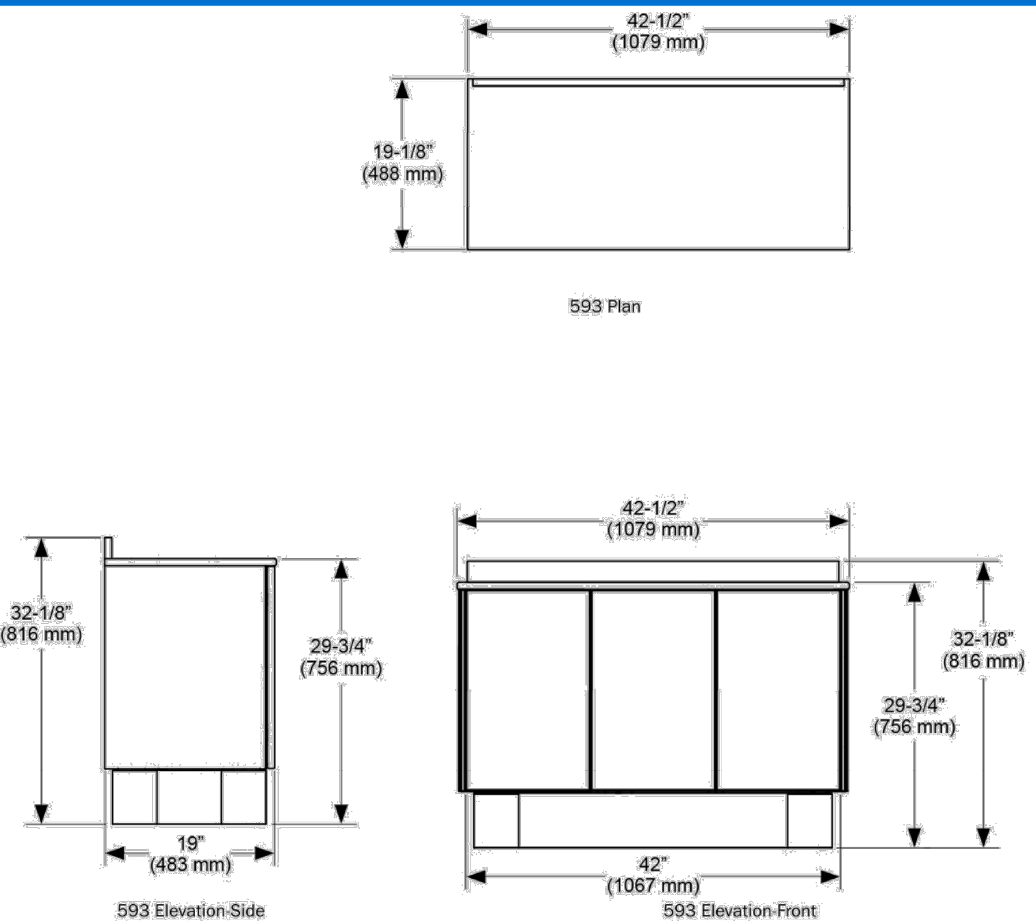
Line	Item	Label
5	595	



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Technical Document

Line	Item	Label
14	593	



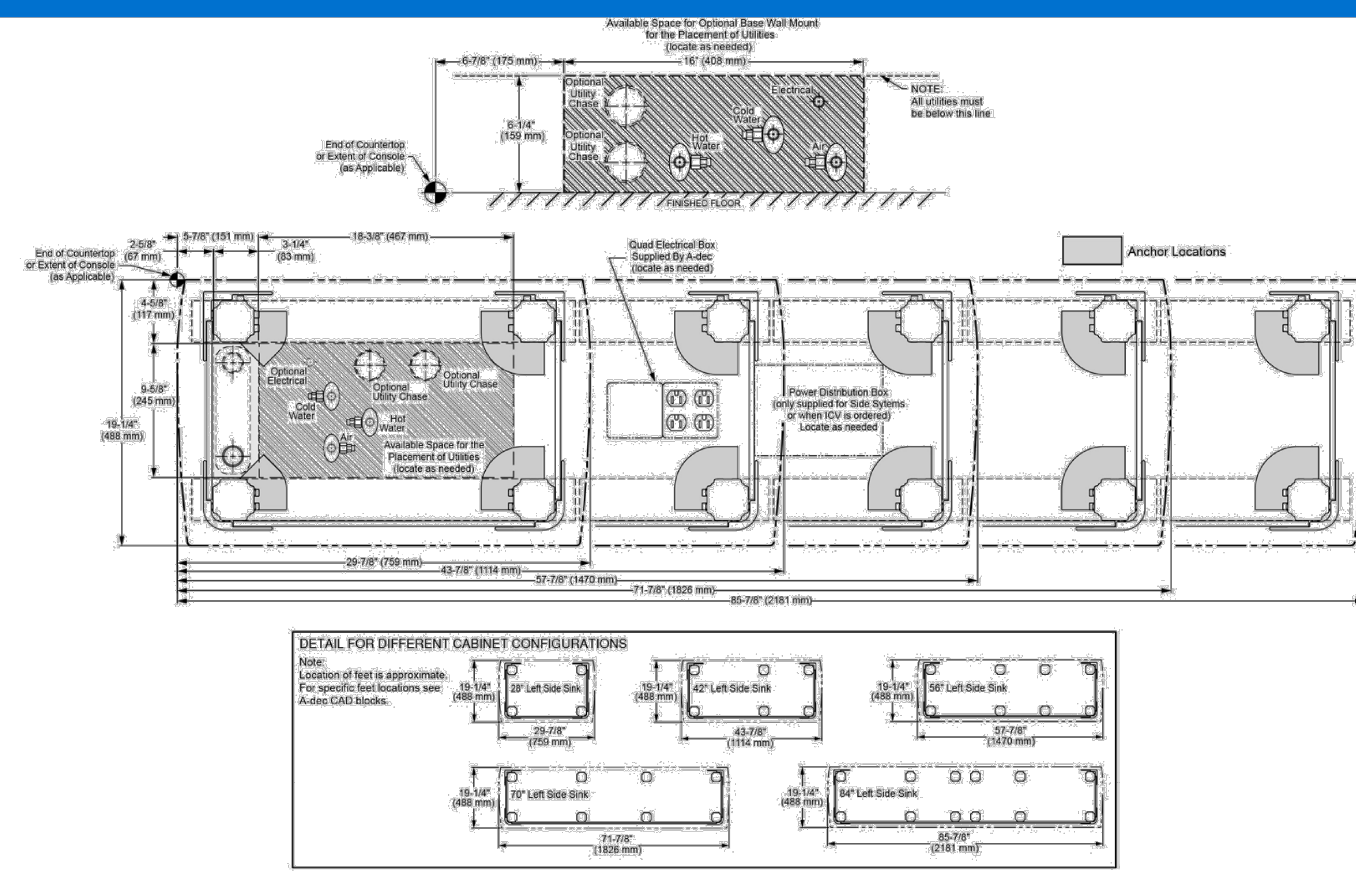
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
12	593	



593 Sink Left

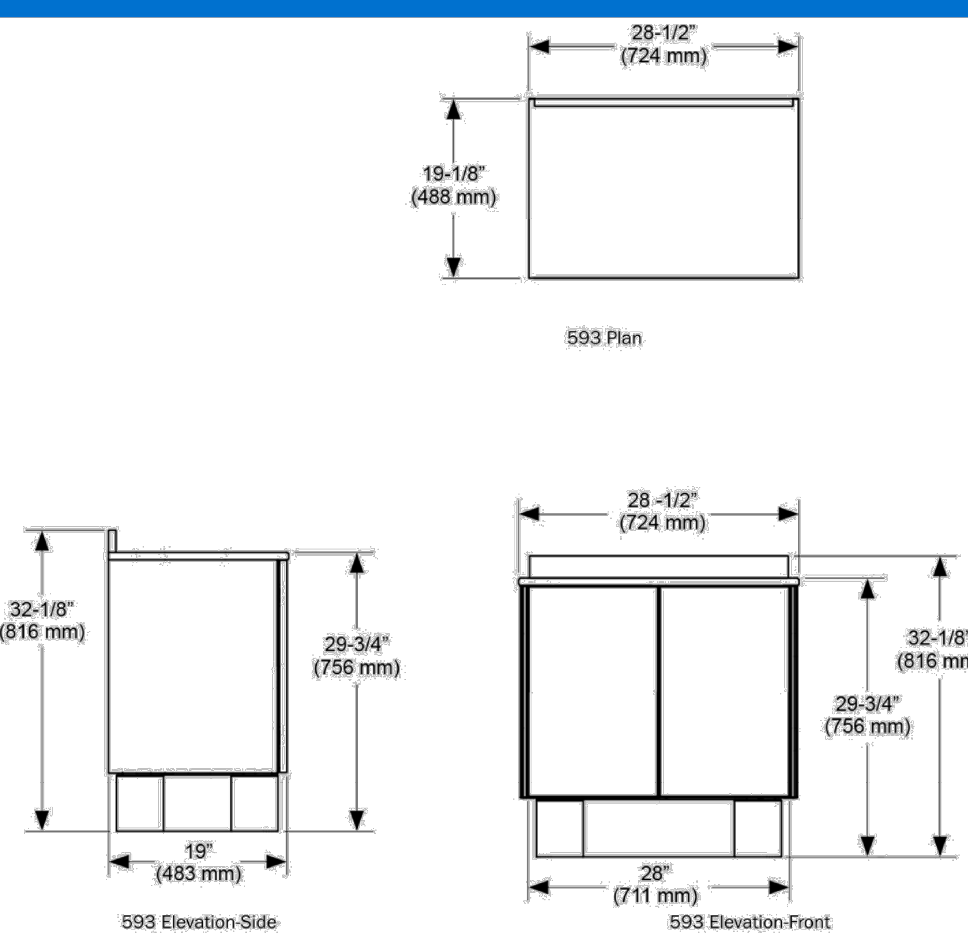
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
15	593	



593 Elevation Side

593 Elevation Front

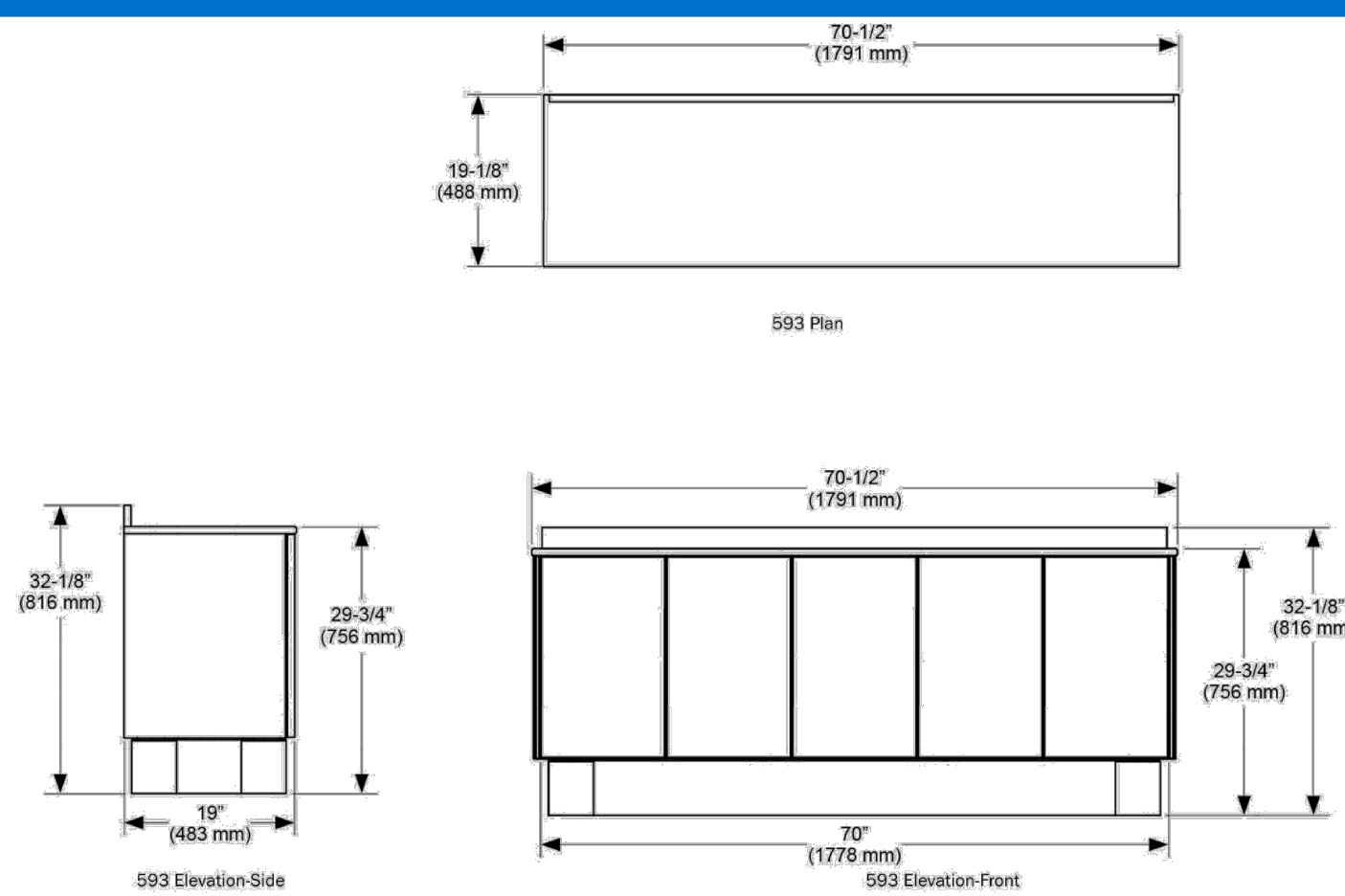
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
12	593	



593 Elevation Side

593 Elevation Front

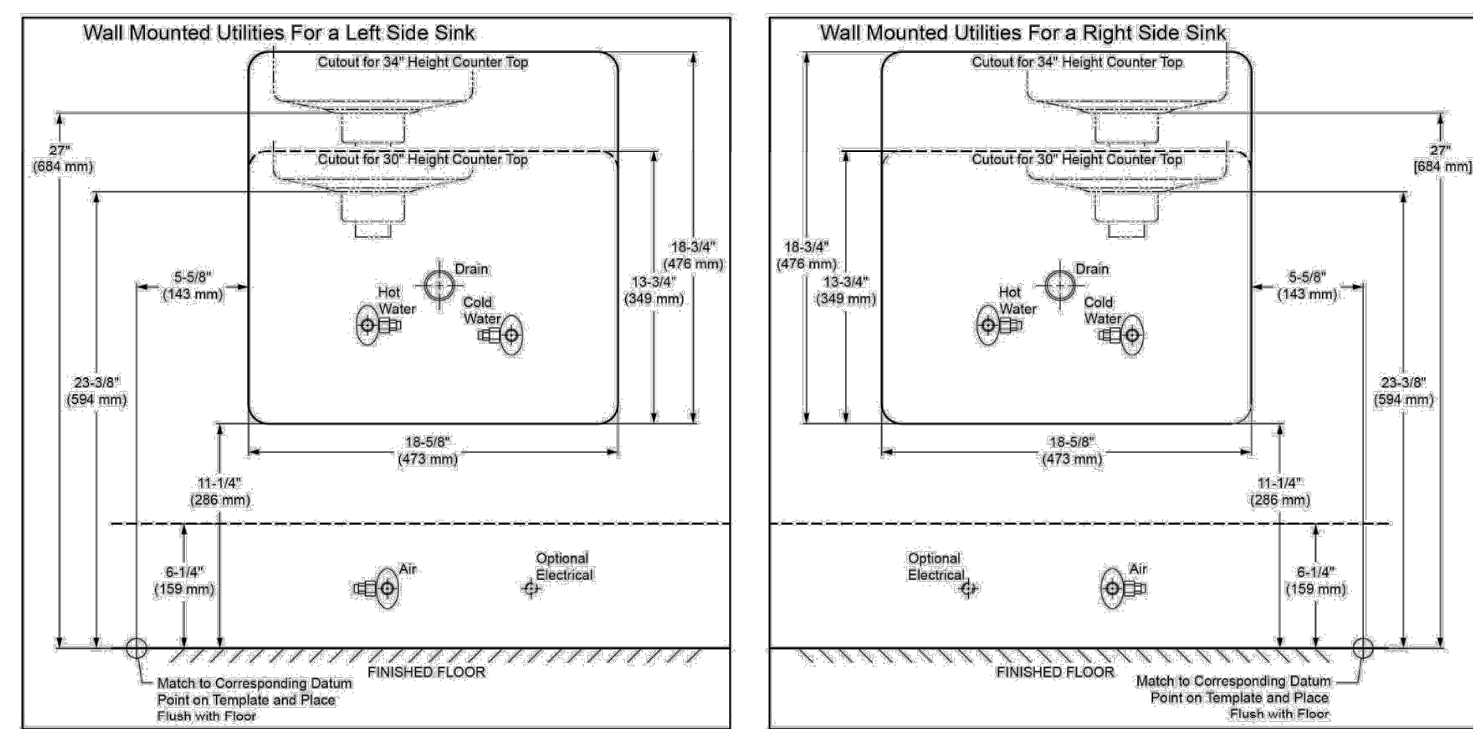
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
12	593	



593 Back Panel Cut Out

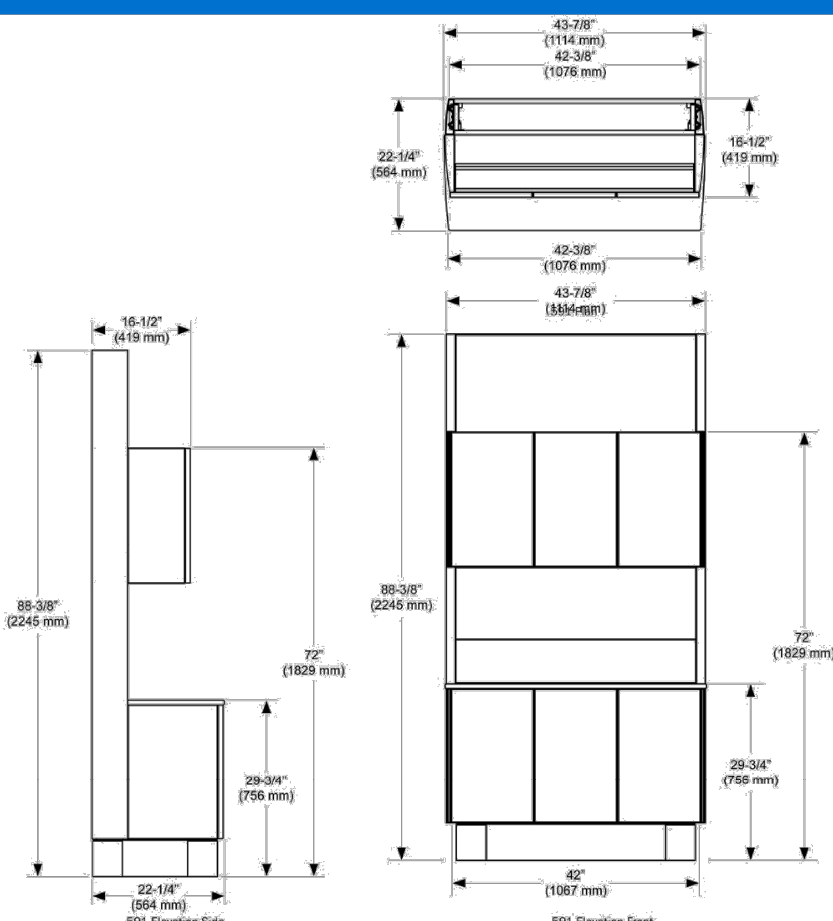
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
3	591	
4	591	
13	591	



591 Elevation Side

591 Elevation Front

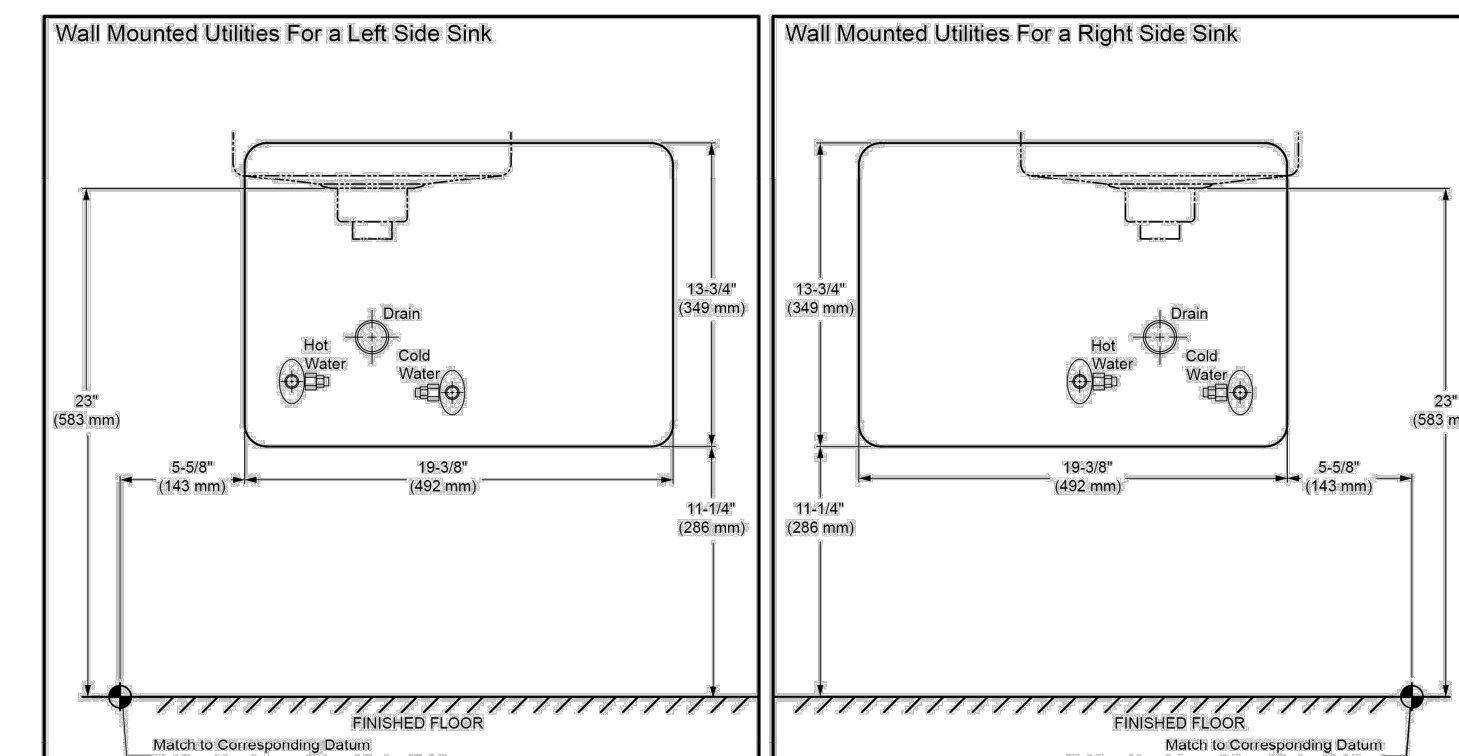
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Customer Name: Direct Henry Schein Caribbean
 Reference: Somerset Clinic
 Quote #: WQBSP000248-1



Technical Document

Line	Item	Label
3	591	
4	591	
13	591	



591 Rear Panel Cut Out

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, SUBJECT TO INCO TERMS 2010, UCP 600 AND APPLICABLE US LAWS.

PROJECT: MANGROVE BAY CLINIC
 HENRY SCHEIN
 INTEGRATED DESIGN STUDIO
 10920 W LINCOLN AVE. WEST ALLIS, WI 53227
 henryscheinintegrateddesign.com

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. 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

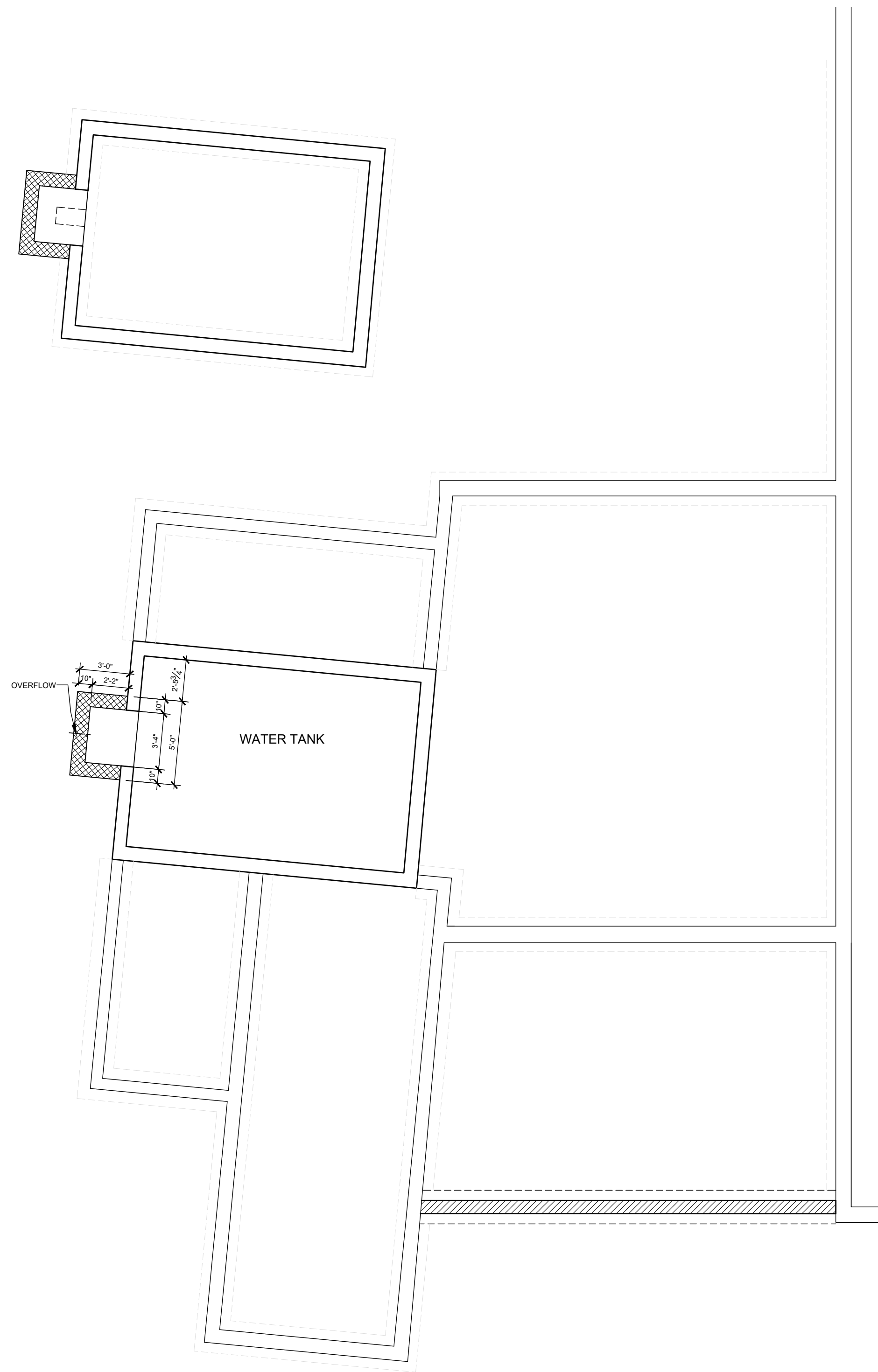
REVISIONS:	
02/14/2023	GC
02/20/2023	GC
03/14/2023	GC
03/30/2023	GC
04/12/2023	GC
05/04/2023	C
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INT.SQ.FT.= PER ARCH

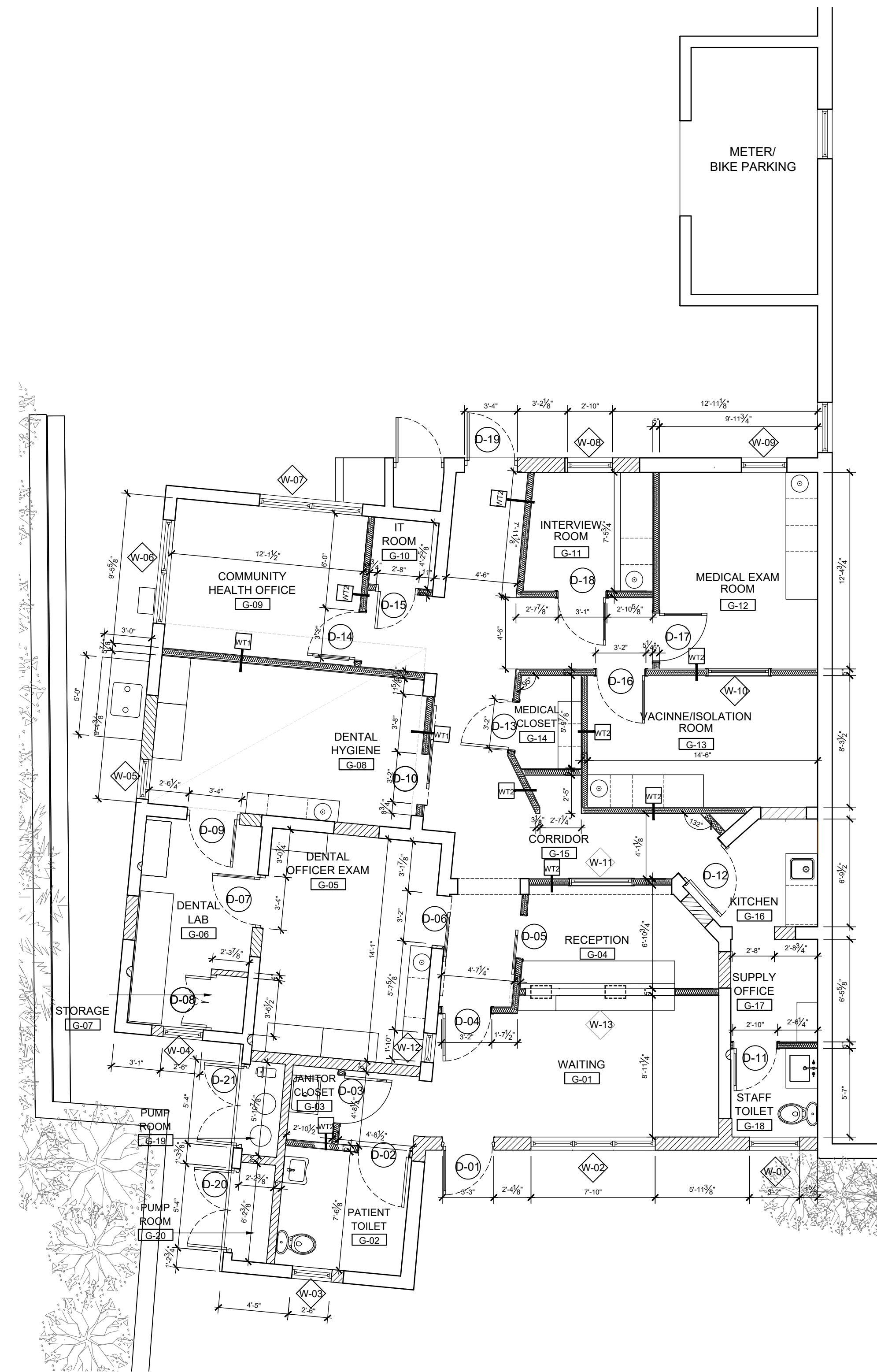
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DENTAL CABINET DRAWINGS

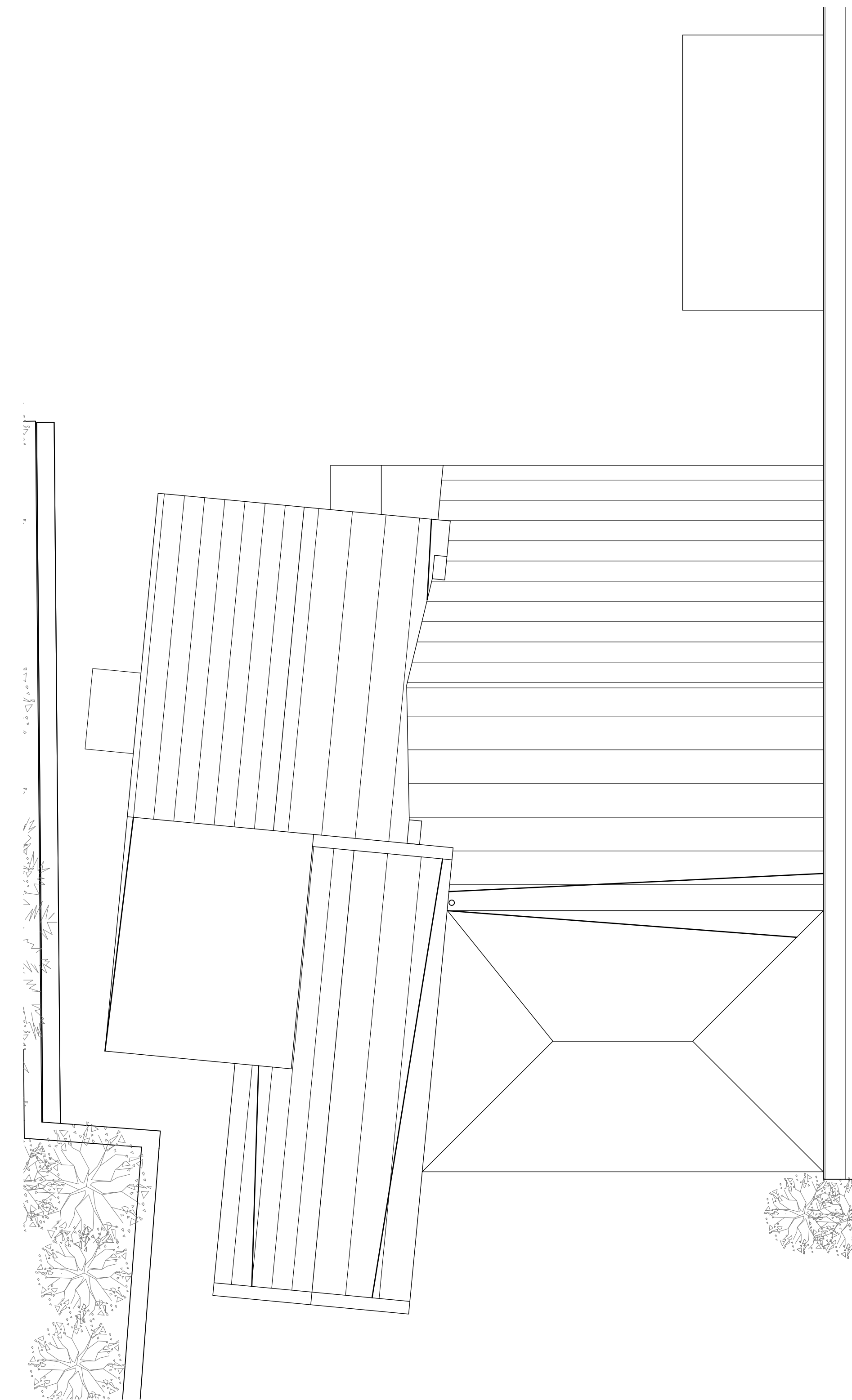
SDC.2



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 BERMUDA 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/MILDREW 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

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
A	23.06.06	FOUNDATION PLAN AND TANK DIMENSIONS

Issue Status
BUILDING CONTROL

Client
DEPARTMENT OF HEALTH

Project
MANGROVE BAY CLINIC RENOVATIONS & ADDITIONS

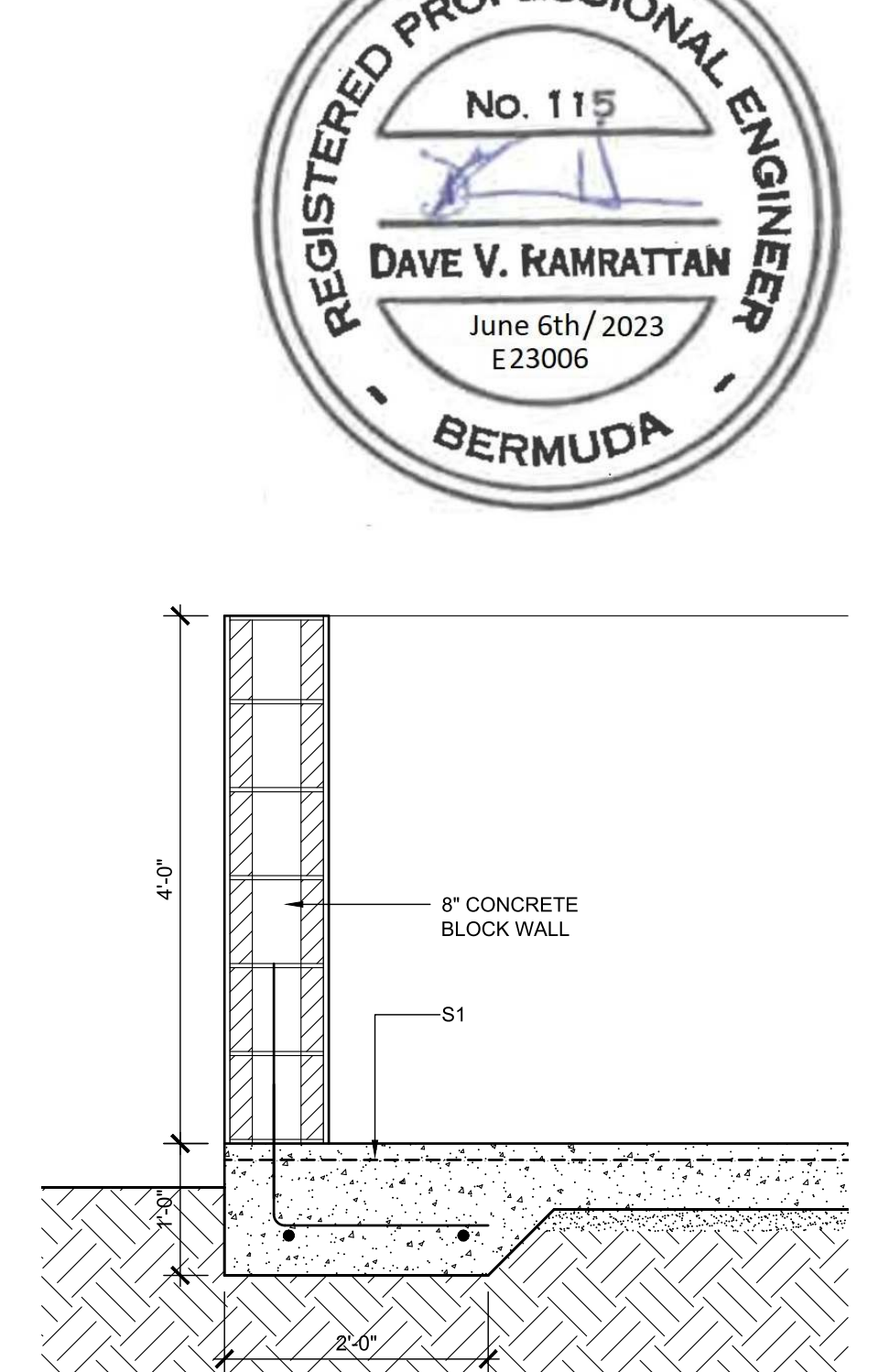
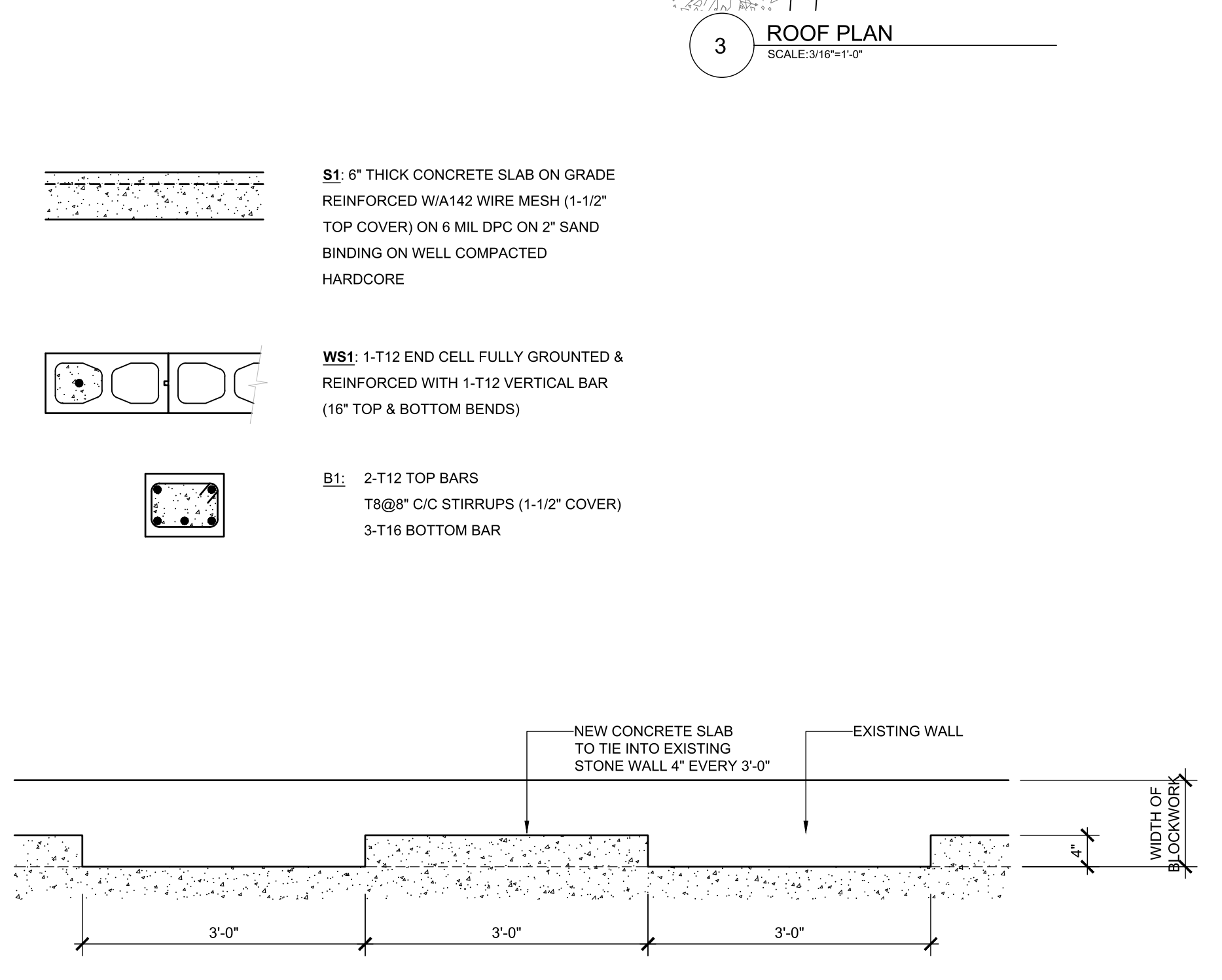
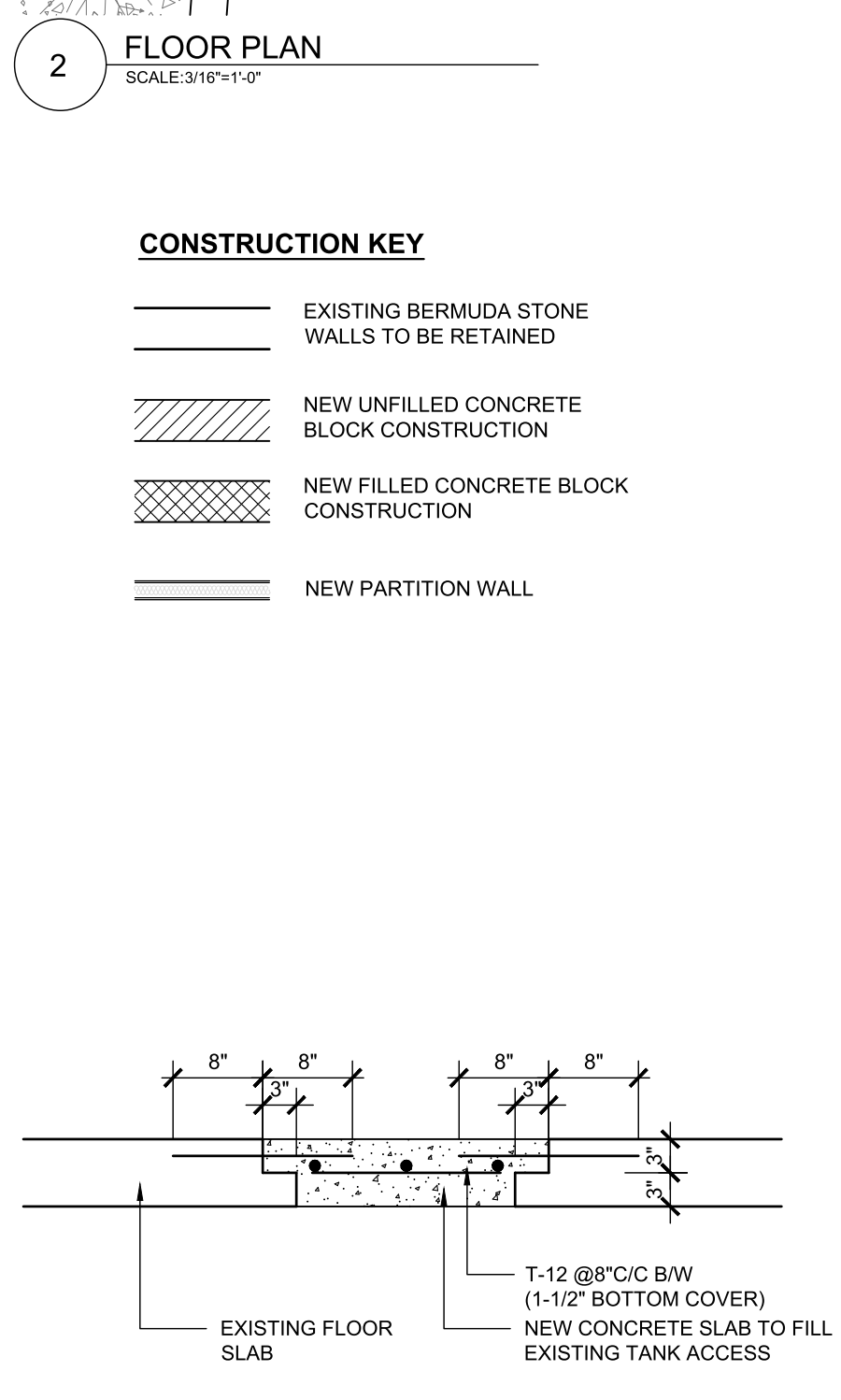
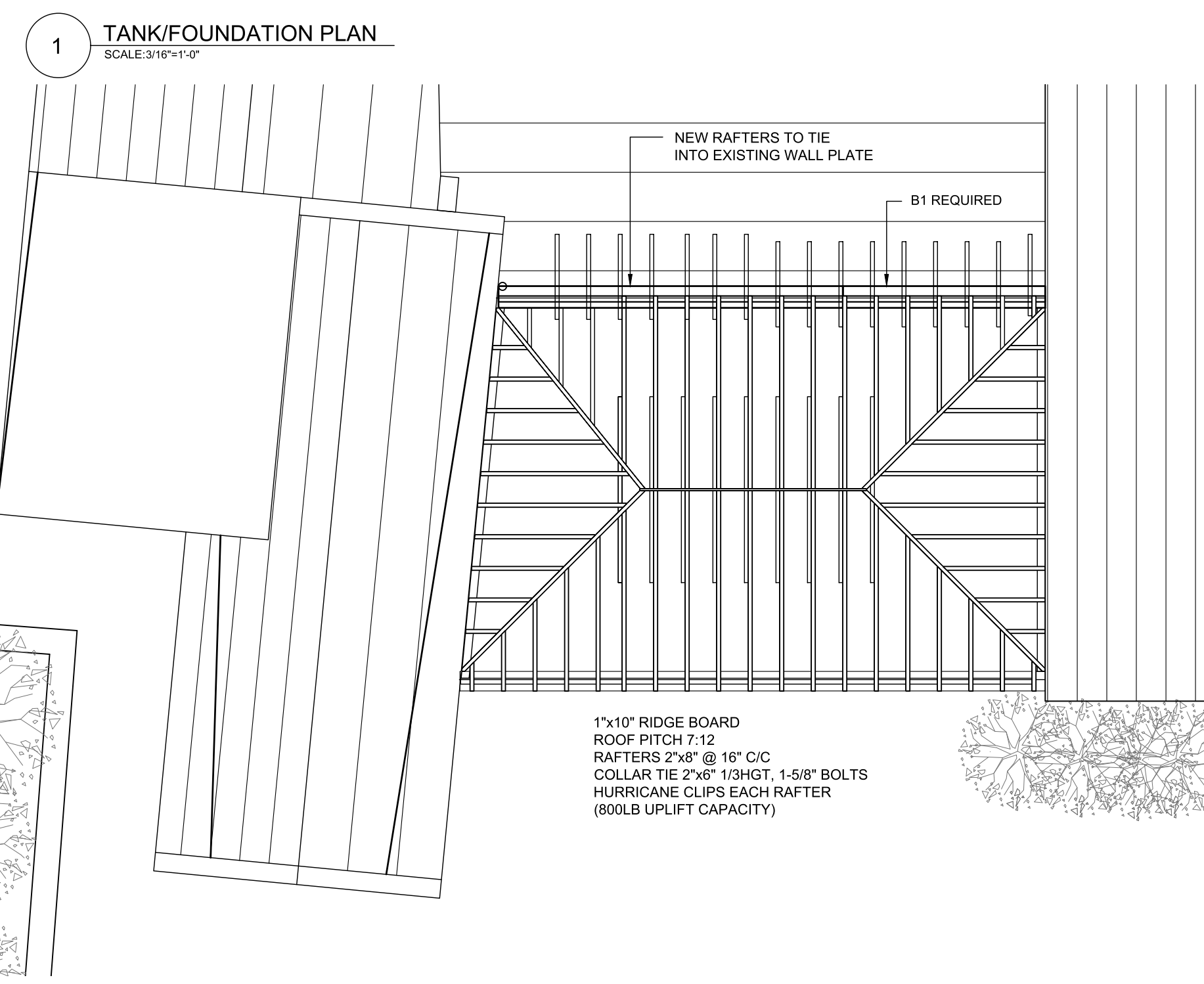
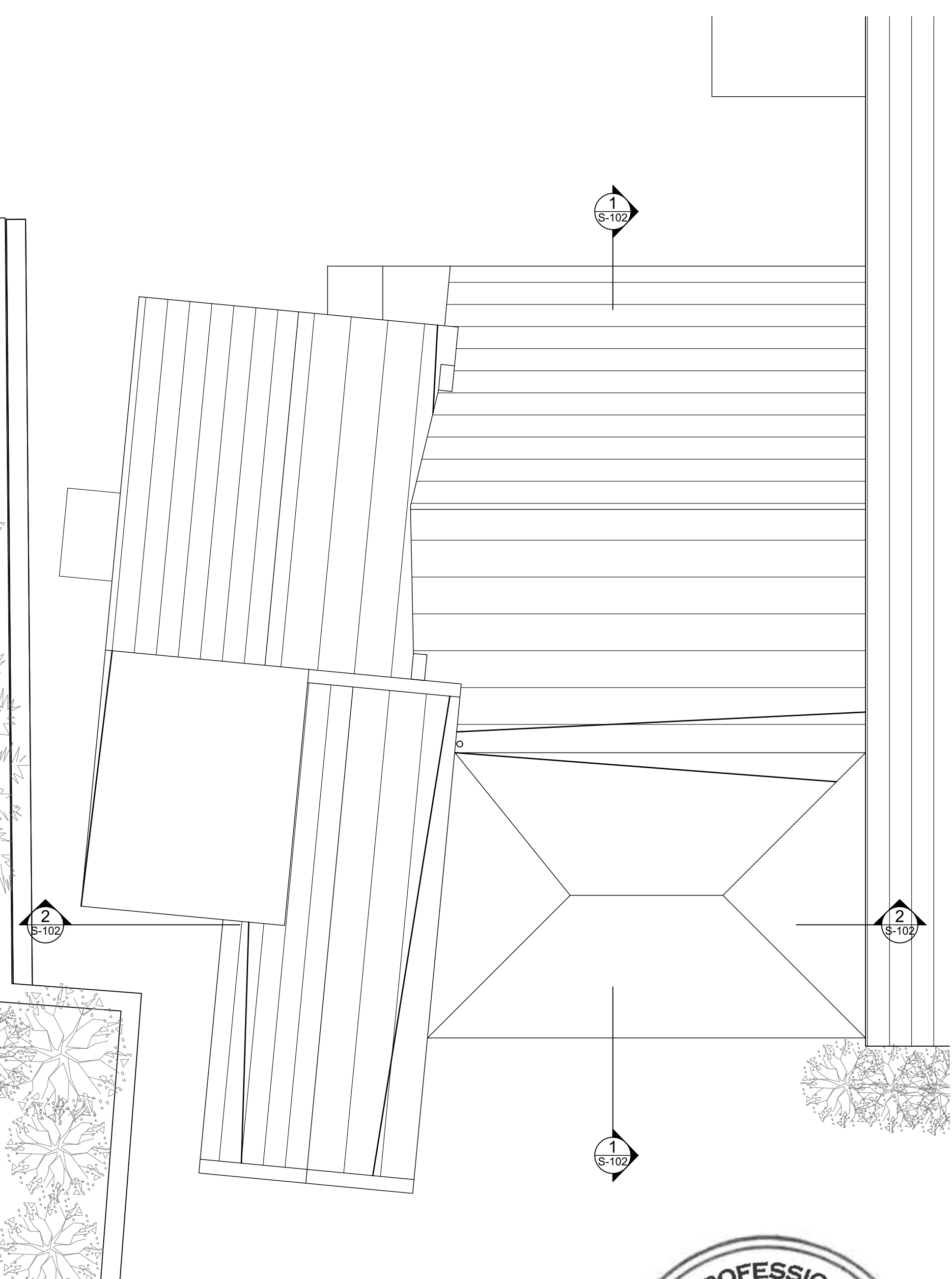
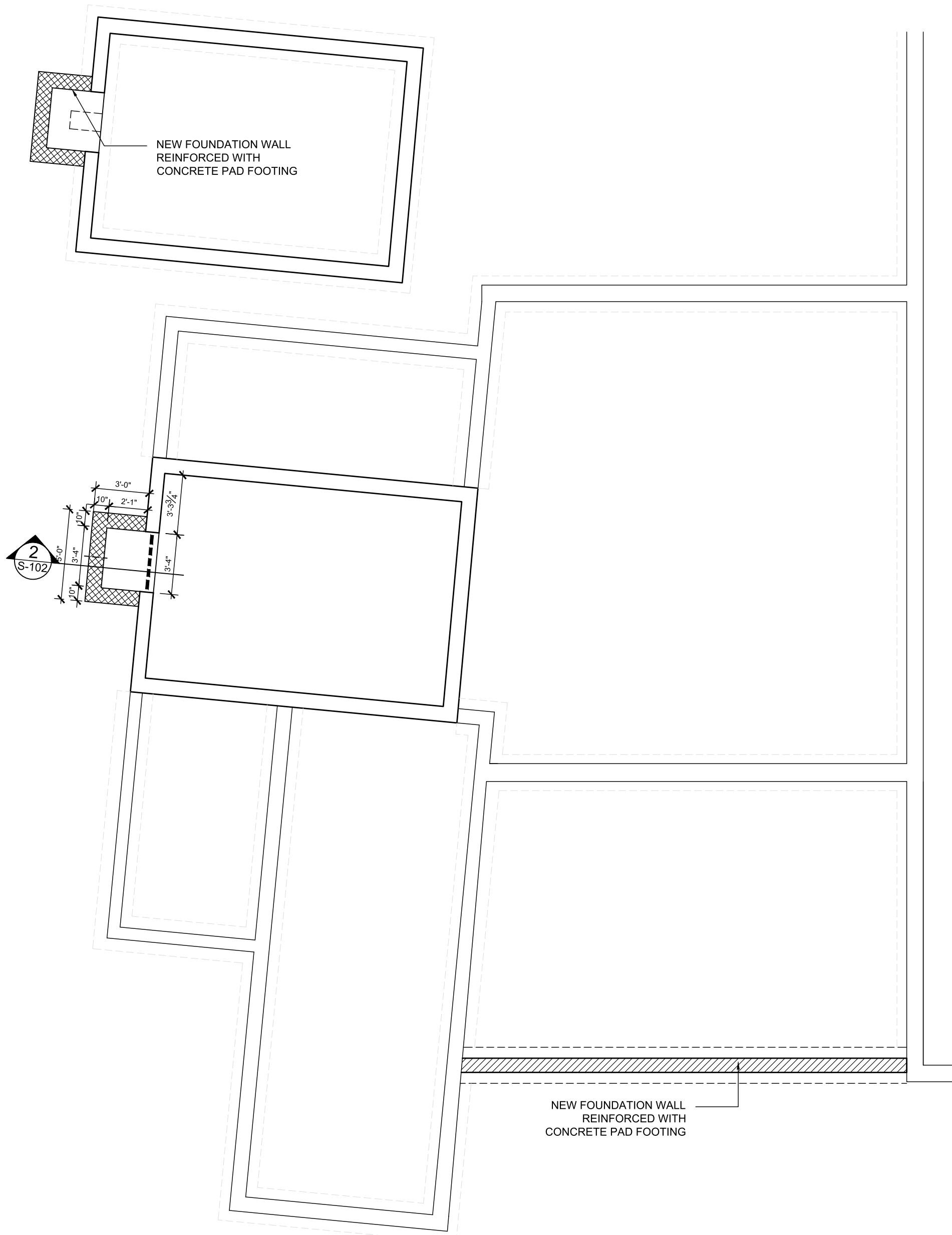
Project Address
55 MANGROVE BAY SANDYS

Title Sheet
PROPOSED PLANS

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

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/ #14 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 GROUTED & 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



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
STRUCTURAL PLANS

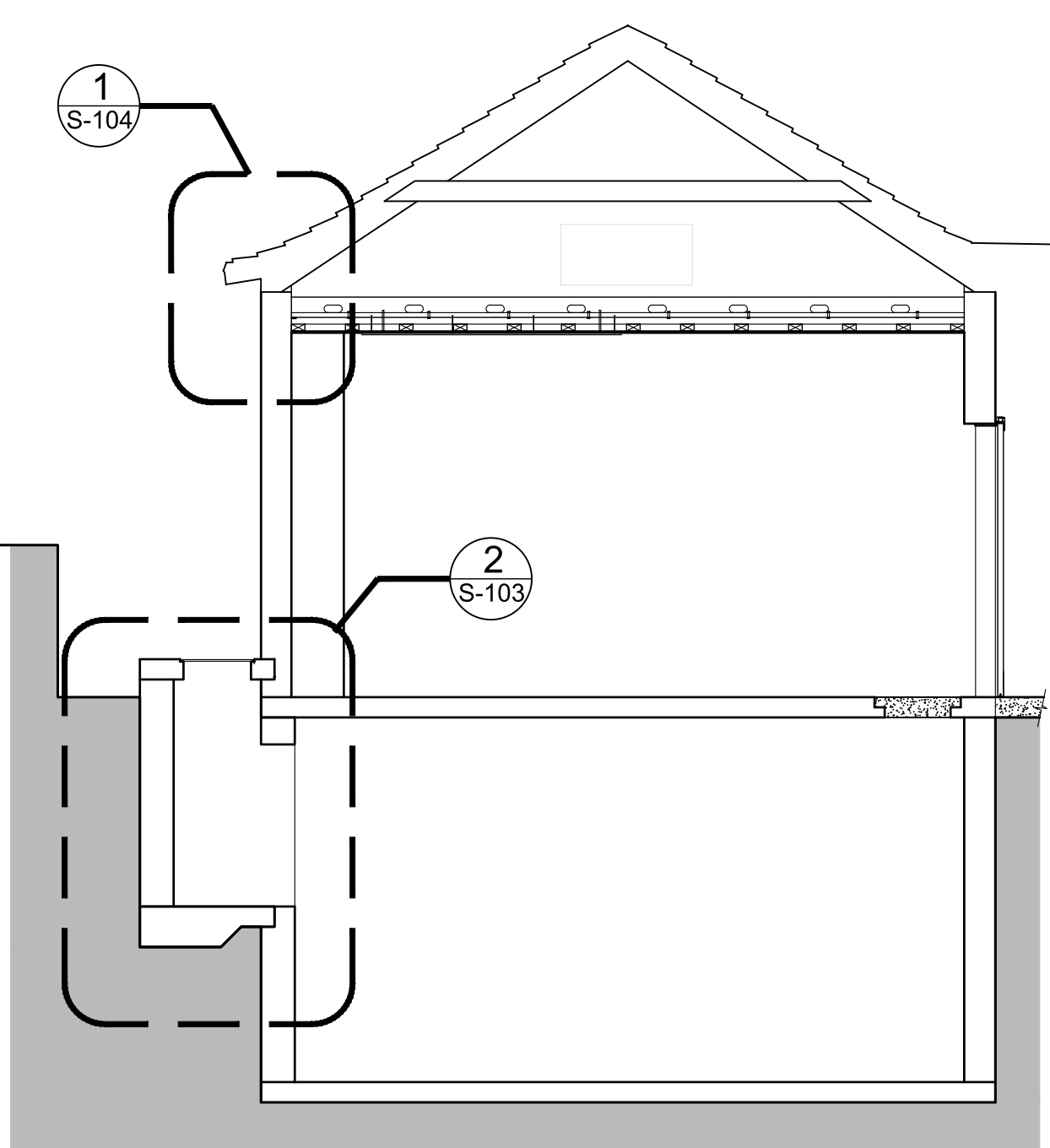
Project No. 2021 15
Date: 17.03.23 Scale: AS NOTED

Drawn: TG Chk'd: TG

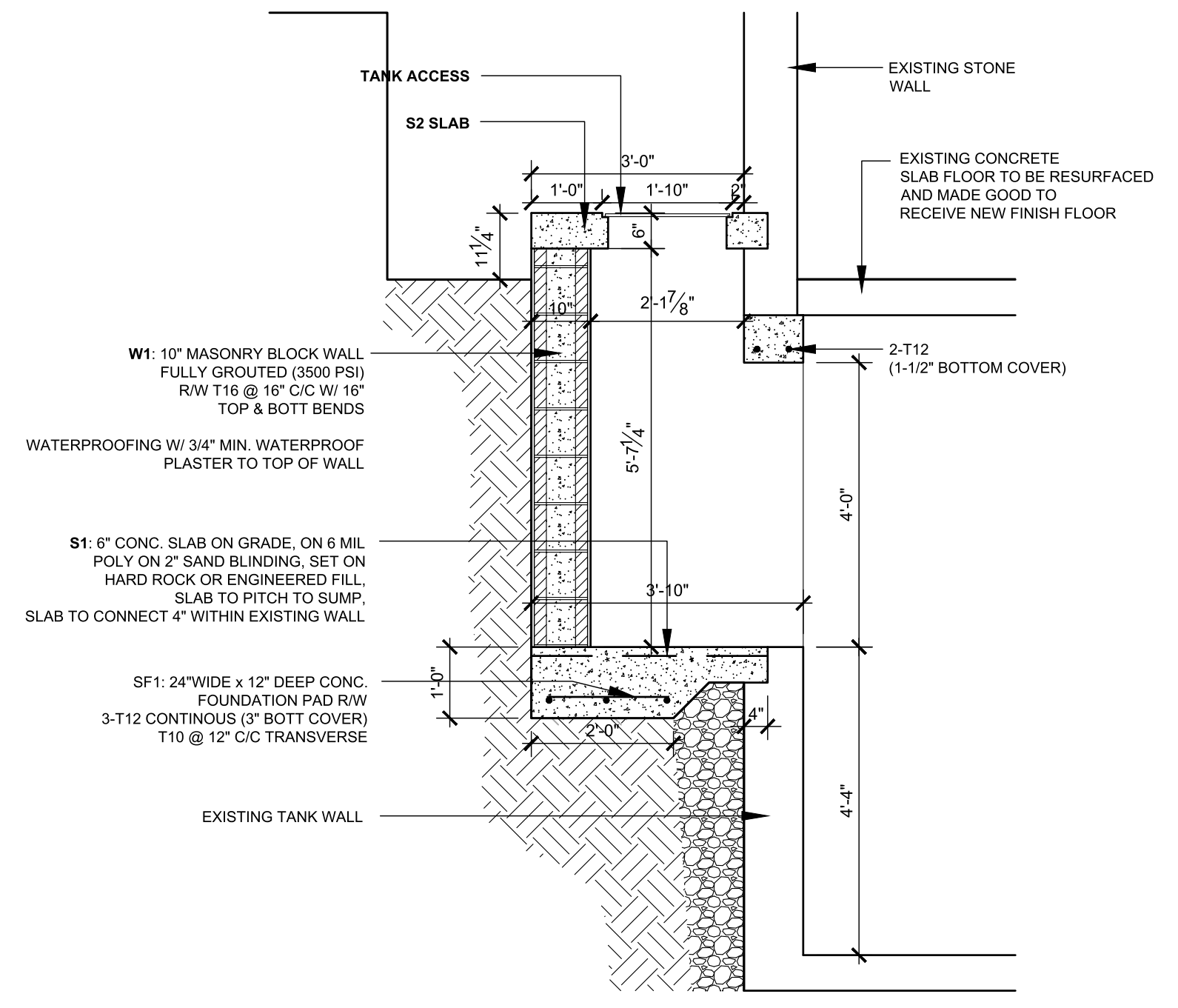
Sheet No.:

S-101

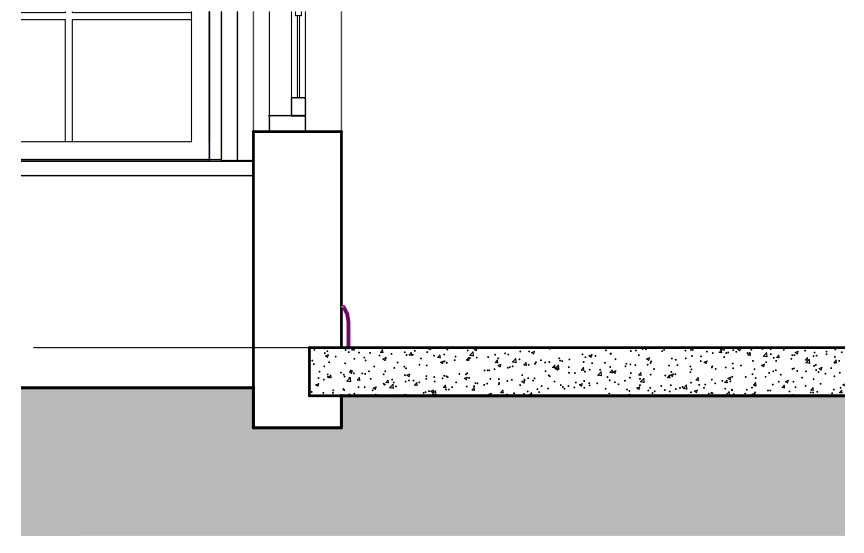
REV. -



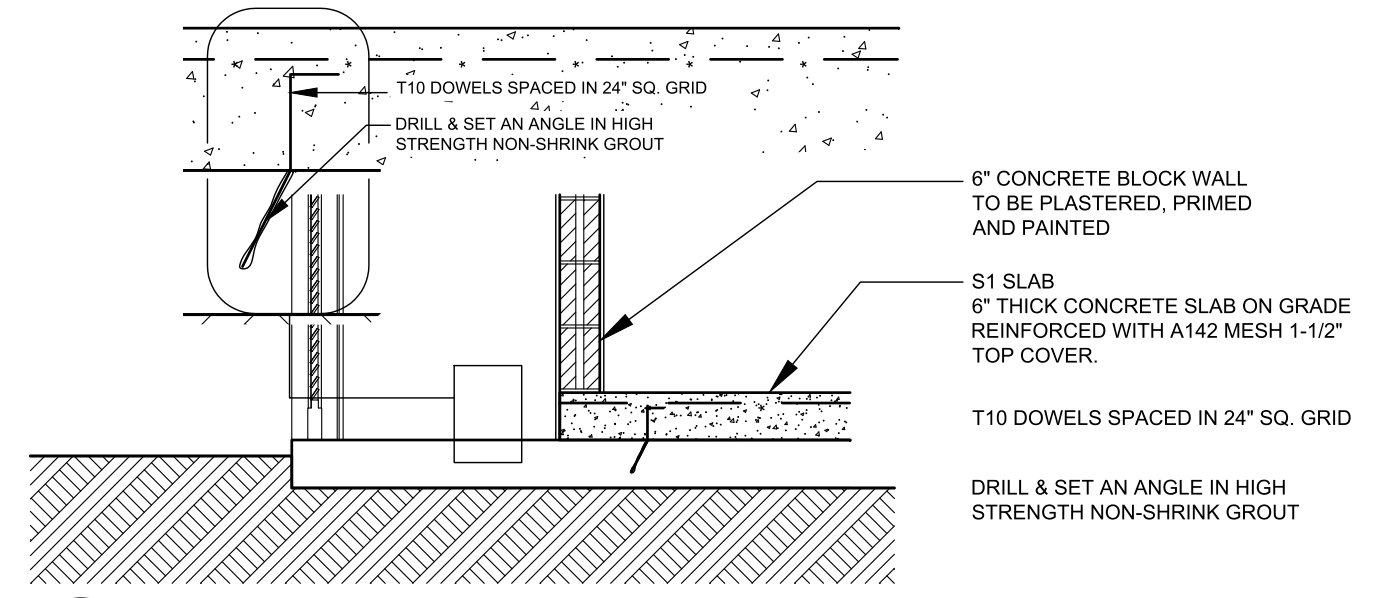
1 BUILDING SECTION
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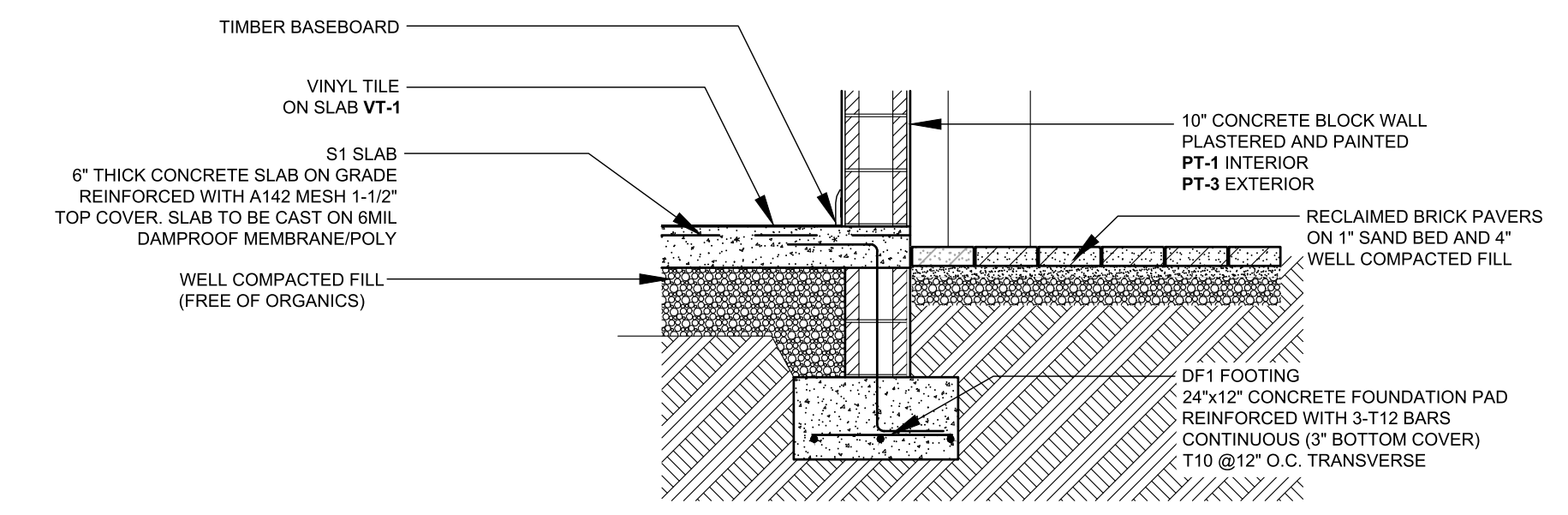
2 TANK ACCESS SECTION
SCALE: 1/2"=1'-0"



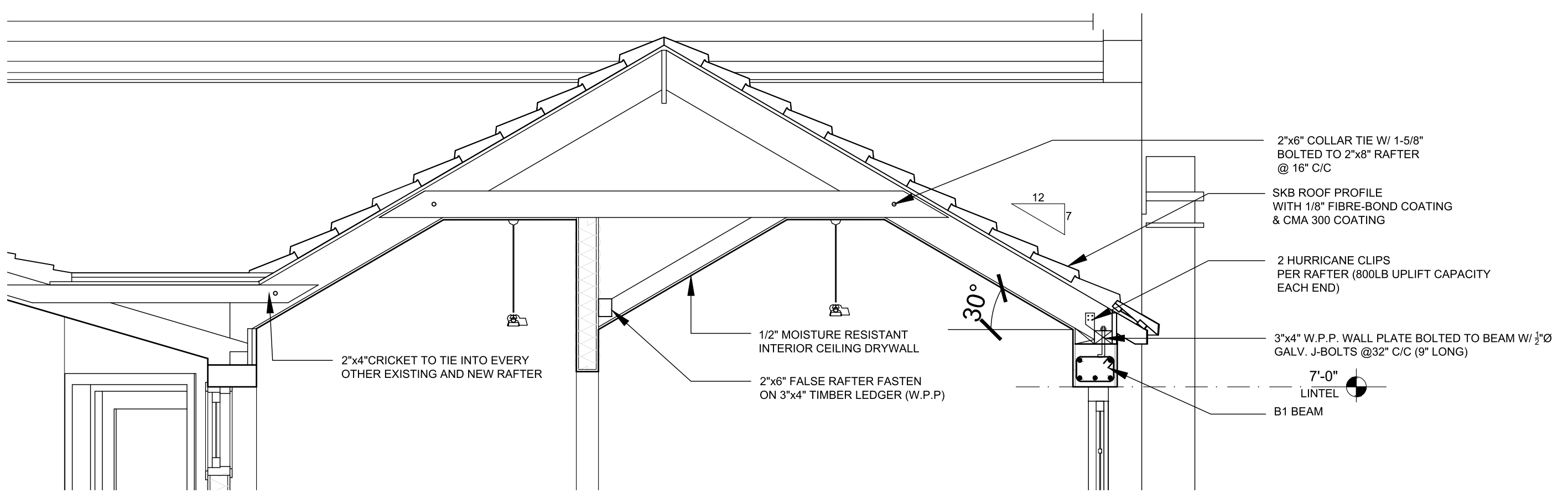
3 SLAB CONNECTION TO EXISTING WALL
SCALE: 1/4"=1'-0"



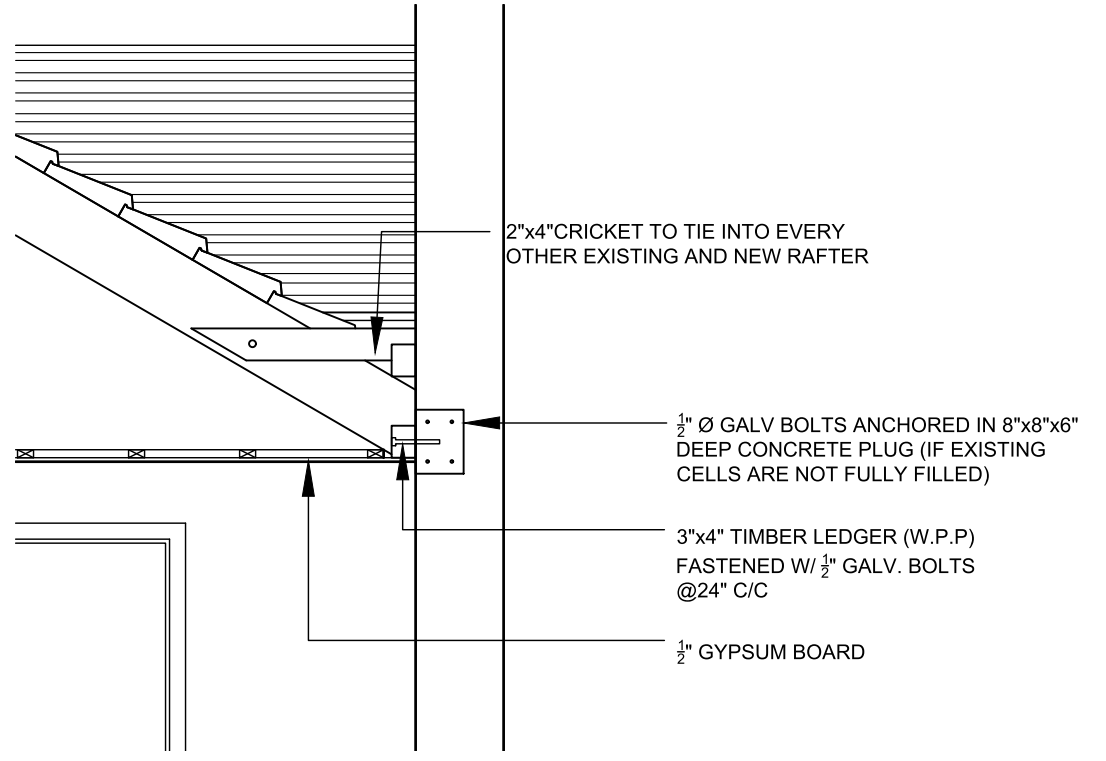
4 TYPICAL RAISED SLAB DETAIL
SCALE: 1/2"=1'-0"



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.:

S-103

REV: -