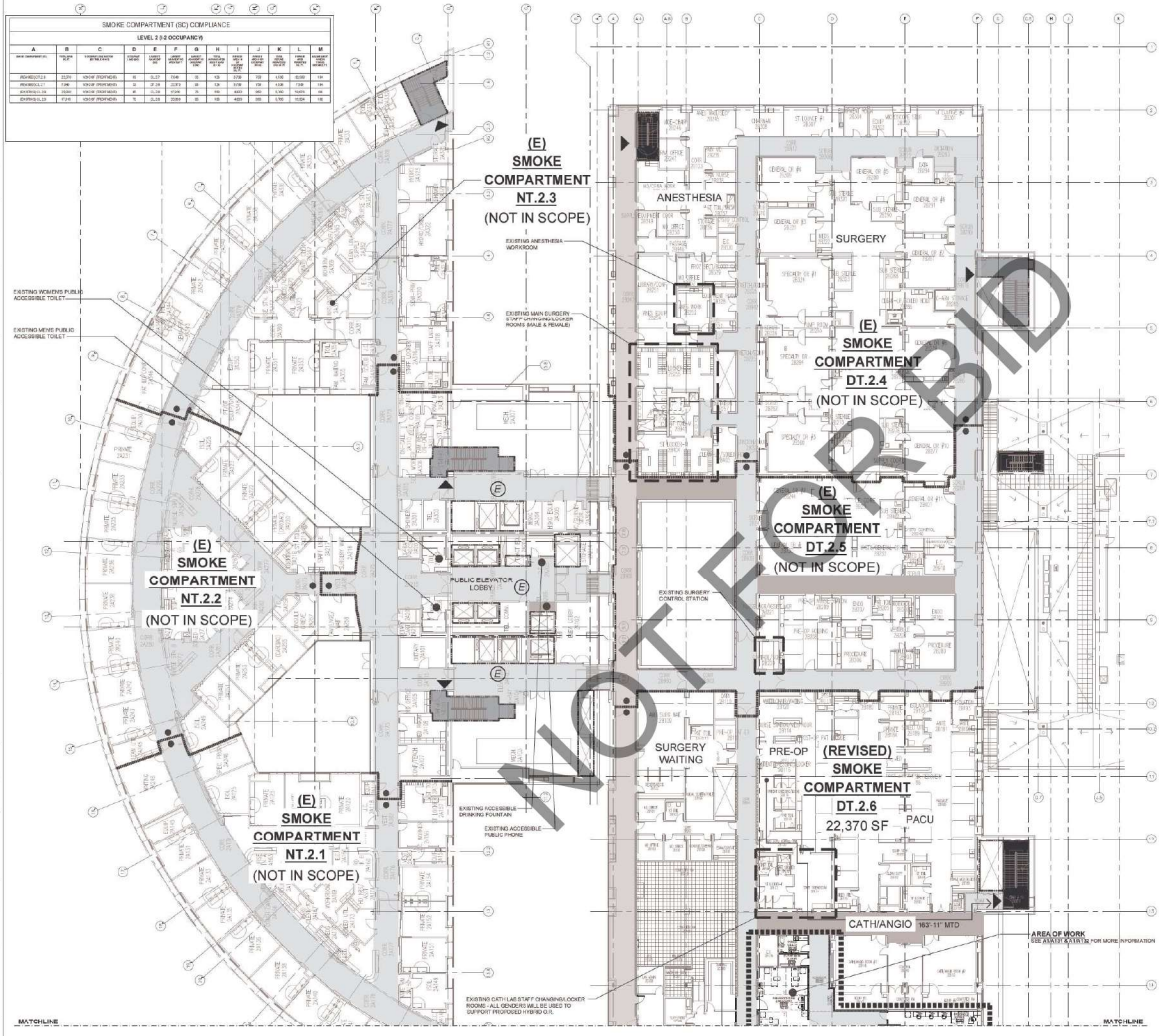


SMOKE COMPARTMENT (SC) COMPLIANCE

LEVEL: 2ND OCCUPANCY

TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	
SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT	SMOKE COMPARTMENT



GENERAL NOTES

LEGEND

- 1. UNFINISHED SMOKE NUMBER OR UNFINISHED OPENINGS
- 2. UNFINISHED FIRE BARRIER OR UNFINISHED OPENINGS
- 3. UNFINISHED FIRE BARRIER OR UNFINISHED OPENINGS
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- 98. UNFINISHED FIRE BARRIER OR UNFINISHED OPENINGS
- 99. UNFINISHED FIRE BARRIER OR UNFINISHED OPENINGS
- 100. UNFINISHED FIRE BARRIER OR UNFINISHED OPENINGS

NO. DATE REVISIONS

03.11.2024 BACK CHECK SUBMITTAL #2

PROFESSIONAL SEALS

AGENCY APPROVAL

REVIEWED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CALIFORNIA FIRE CODE APPROVED WITH COMMENTS

Office of California State Fire Marshal

03/11/2024

Allen Chang

DRAWN BY: FM CHECKED BY: GL DATE: 03/11/2024

PROJECT NUMBER: SHA # 2024-09 HCA # S22148-18-05

SHEET TITLE: FIRE LIFE SAFETY COMPLIANCE - ENLARGED SECOND FLOOR - NORTH

SHEET NUMBER: A102.1

SAVELY HEALTHCARE ARCHITECTS

ARCHITECTURE + PLANNING + DESIGN

505 Technology Drive, Suite 175  
Irvine, CA 92618  
(949) 431-0071

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER  
400 N. PEPPER AVE.  
COLTON, CALIFORNIA 92334

HYBRID OPERATING ROOMS

NO. DATE REVISIONS

03.11.2024 BACK CHECK SUBMITTAL #2

PROFESSIONAL SEALS

AGENCY APPROVAL

REVIEWED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CALIFORNIA FIRE CODE APPROVED WITH COMMENTS

Office of California State Fire Marshal

03/11/2024

Allen Chang

DRAWN BY: FM CHECKED BY: GL DATE: 03/11/2024

PROJECT NUMBER: SHA # 2024-09 HCA # S22148-18-05

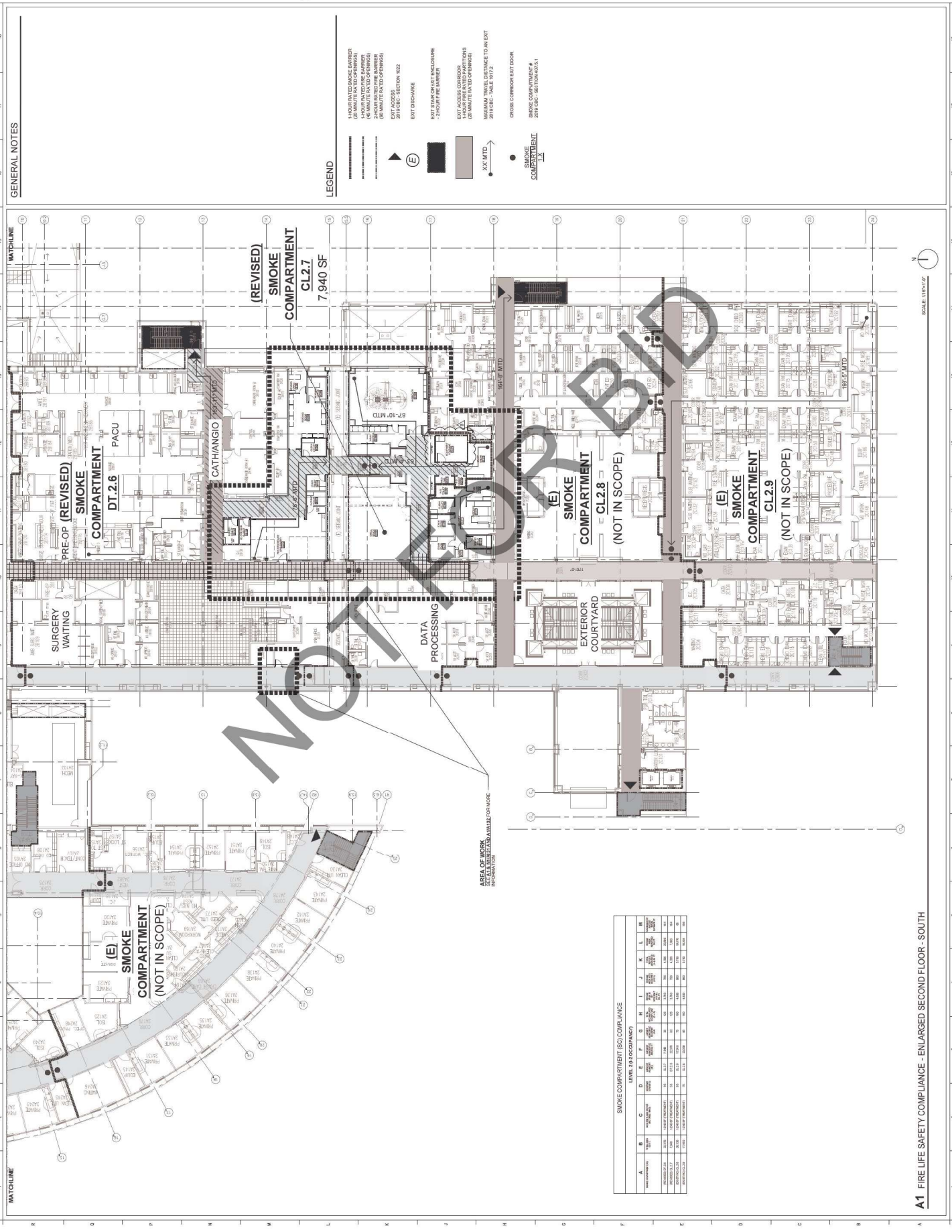
SHEET TITLE: FIRE LIFE SAFETY COMPLIANCE - ENLARGED SECOND FLOOR - NORTH

SHEET NUMBER: A102.1

A1 FIRE LIFE SAFETY COMPLIANCE - ENLARGED SECOND FLOOR - NORTH



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**ARCHITECT**  
**Savely Healthcare Architects**  
 ARCHITECTURE + PLANNING + DESIGN  
 505 Technology Drive, Suite 175  
 San Jose, CA 95128  
 (408) 431-8071

**PROJECT**  
**ARROWHEAD REGIONAL MEDICAL CENTER**  
 400 N. PEPPER AVE.  
 COLTON, CALIFORNIA 92324

**HYBRID OPERATING ROOMS**

**NO. DATE REVISIONS**  
 1 03.11.2024 BACK-CHECK SUBMITTAL #2  
 2 05.09.2024 BACK-CHECK SUBMITTAL #3

**PROFESSIONAL SEALS**



**AGENCY APPROVAL**

**DRAWN BY** | **CHECKED BY** | **DATE**  
 MW | CL | 03.11.2024

**PROJECT NUMBER** | **SCALE**  
 000 | 1/8" = 1'-0"

**SHEET TITLE**  
**FIRE LIFE SAFETY COMPLIANCE - ENLARGED SECOND FLOOR - SOUTH**

**SHEET NUMBER**  
**A103.1**

**LEGEND**

1. HOUR IN-TYPE FIRE BARRIER (30 MINUTE IN-TYPE FIRE BARRIER)  
 2. HOUR IN-TYPE FIRE BARRIER (60 MINUTE IN-TYPE FIRE BARRIER)  
 3. HOUR IN-TYPE FIRE BARRIER (120 MINUTE IN-TYPE FIRE BARRIER)  
 4. HOUR IN-TYPE FIRE BARRIER (240 MINUTE IN-TYPE FIRE BARRIER)  
 5. HOUR IN-TYPE FIRE BARRIER (360 MINUTE IN-TYPE FIRE BARRIER)  
 6. HOUR IN-TYPE FIRE BARRIER (720 MINUTE IN-TYPE FIRE BARRIER)  
 7. HOUR IN-TYPE FIRE BARRIER (1440 MINUTE IN-TYPE FIRE BARRIER)  
 8. HOUR IN-TYPE FIRE BARRIER (2880 MINUTE IN-TYPE FIRE BARRIER)  
 9. HOUR IN-TYPE FIRE BARRIER (5760 MINUTE IN-TYPE FIRE BARRIER)  
 10. HOUR IN-TYPE FIRE BARRIER (11520 MINUTE IN-TYPE FIRE BARRIER)

EXIT PROGRAMME  
 EXIT STAIR OR EXIT ENCLOSURE  
 2-HOUR FIRE BARRIER  
 EXIT ACCESS CORRIDOR (20 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (60 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (120 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (240 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (360 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (720 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (1440 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (2880 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (5760 MINUTE IN-TYPE FIRE BARRIER)  
 EXIT ACCESS CORRIDOR (11520 MINUTE IN-TYPE FIRE BARRIER)

CROSS CORRIDOR EXIT DOOR  
 SMOKE COMPARTMENT  
 SMOKE COMPARTMENT #1  
 208 SFC - SECTION 407.5

XX MTD  
 SMOKE COMPARTMENT

**SMOKE COMPARTMENT (SO) COMPLIANCE**

LEVEL 2H-1 OCCUPANCY		A	B	C	D	E	F	G	H	I	J	K	L	M
AREA	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13
AREA	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13
AREA	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13
AREA	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13
AREA	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13

**AREA OF WORK**  
 IDENTIFIED BY DATE-TIME-OR-MARK

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

**NOT FOR CONSTRUCTION**

**A1 FIRE LIFE SAFETY COMPLIANCE - ENLARGED SECOND FLOOR - SOUTH**

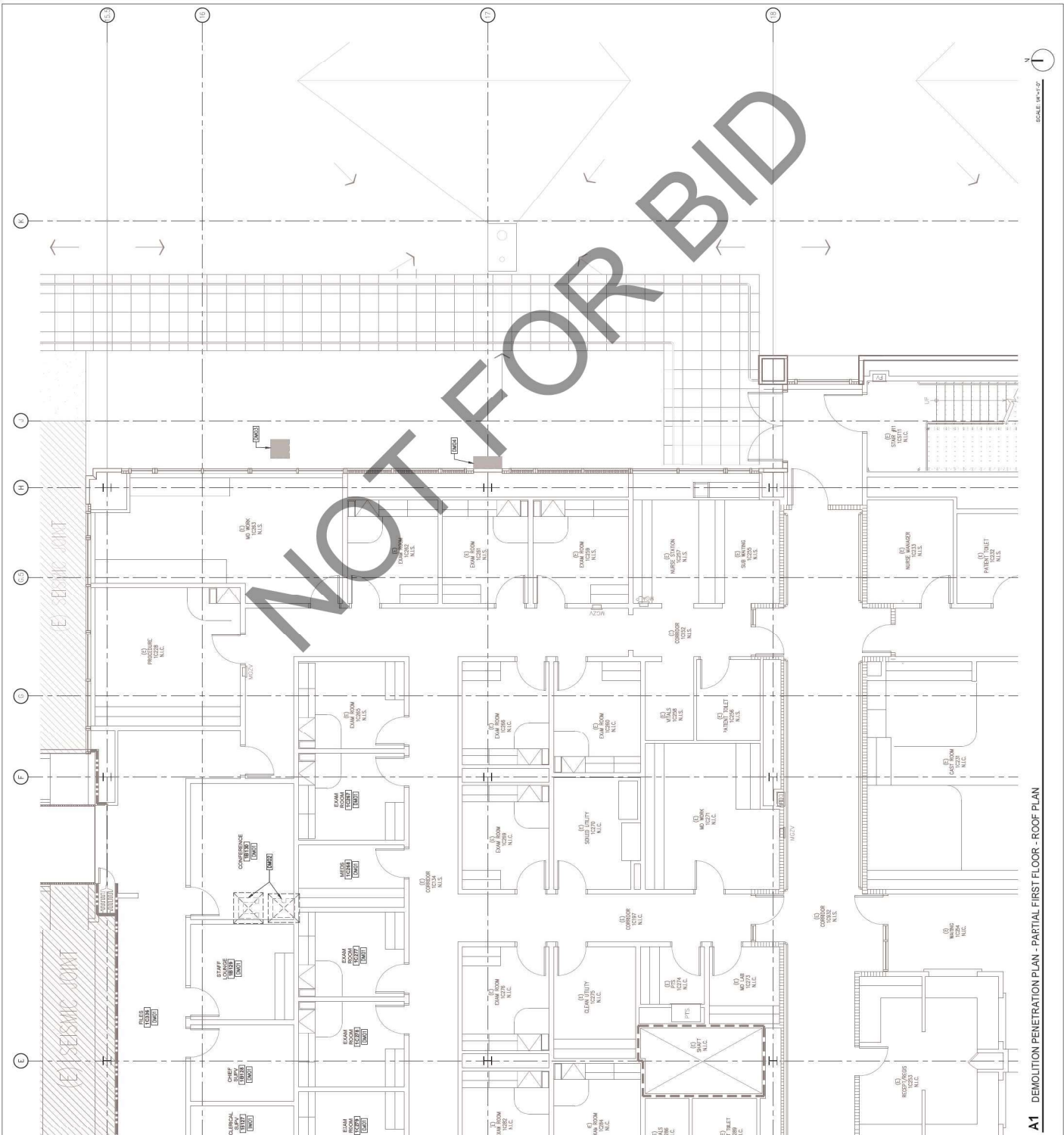
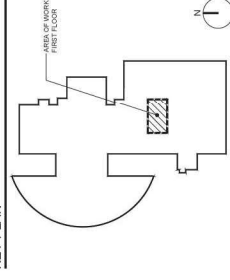


**DEMOLITION ROOF KEYNOTES**  
 DM01 REMOVE CEILING ABOVE FOR ACCESS. PROTECT EXISTING SYSTEMS.  
 DM02 LOCATION OF FLOOR JOISTS TO BE DEMOLISHED FOR INSTALLATION OF MECHANICAL BRING REFER TO MECHANICAL DRAWINGS SHEET M100.  
 DM03 LOCATION OF ROOF AREA CUTOFF AT ROOF FOR INSTALLATION OF MECHANICAL BRING REFER TO MECHANICAL DRAWINGS SHEET M100.  
 DM04 LOCATION OF AND TO BE DEMOLISHED TO EXPOSE ROOF. REFER TO MECHANICAL AND STRUCTURAL DRAWINGS.

**ACCESS PLAN LEGEND**

- (1) NON-RATED WALL
  - (2) 1-HOUR RATED FIRE PARTITION
  - (3) 1-HOUR RATED FIRE BARRIER
  - (4) 2-HOUR RATED FIRE BARRIER
  - (5) 1-HOUR RATED SMOKE BARRIER
  - (6) FLOOR AND PAVE TO REMAIN
- AREA TO BE DEMOLISHED  
 VERIFY IN FIELD FOR SCOPE

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



**A1 DEMOLITION PENETRATION PLAN - PARTIAL FIRST FLOOR - ROOF PLAN**

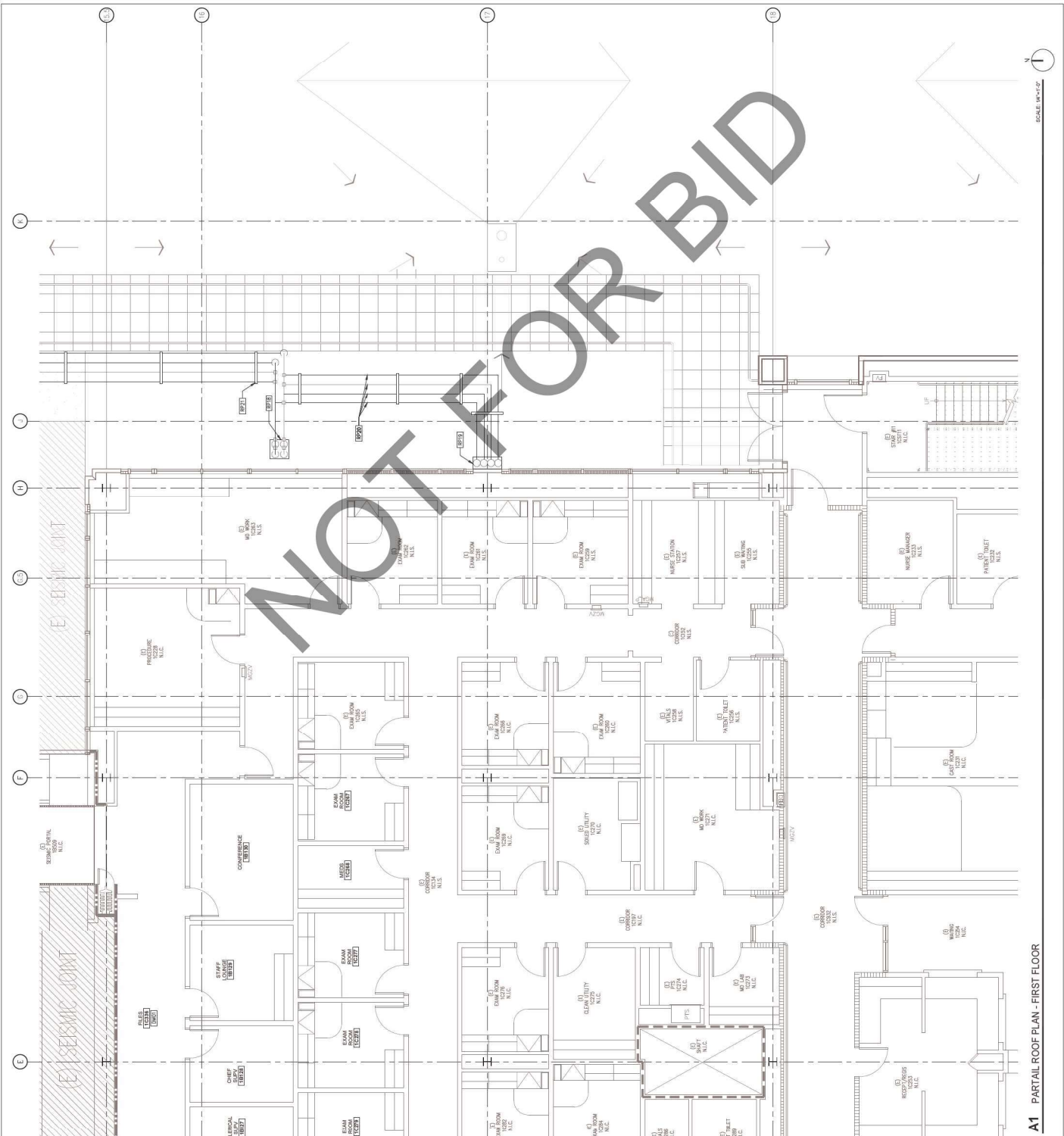
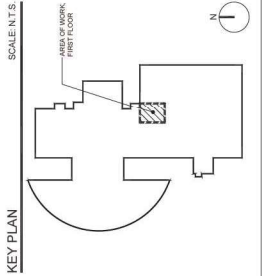
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- ROOF PLAN KEYNOTES**
- RP01: (E) ROOF EMERGENCY DETACHABLE MAINTAIN CLEAR AT ALL TIMES
  - RP02: (E) ROOF
  - RP03: (E) ROOF COVER
  - RP04: (E) ROOF DRAIN
  - RP05: ROOF TO MATCH (E) BUT LIF ROOFING
  - RP06: VARIABLE FREQUENCY FRAME REFER TO MECHANICAL DRAWINGS
  - RP07: EXHAUST FAN REFER TO MECHANICAL DRAWINGS
  - RP08: AIR HANDLING UNIT REFER TO MECHANICAL DRAWINGS
  - RP09: FILTER BANK REFER TO MECHANICAL DRAWINGS
  - RP10: ROOF DRAIN REFER TO ELEVATION DRAWINGS
  - RP11: GUARD RAIL REFER TO EXTERIOR ELEVATION DRAWING
  - RP12: EXTERIOR METAL PANEL SYSTEM
  - RP13: 2-HOUR SHMPT WALL TO MATCH EXISTING
  - RP14: (E) WINDOW TO REMAIN PROTECT IN PLACE
  - RP15: DUCT REFER TO MECHANICAL DRAWINGS
  - RP16: DUCT CONTROL PANEL REFER TO MECHANICAL DRAWINGS
  - RP17: FLASHING VENT REFER TO PLUMBING DRAWINGS SHEET 130
  - RP18: 2 CHIMNEY 27-HOUR ROOF PENETRATION FROM FLOOR BELOW MECHANICAL DRAWINGS FIELD REFER TO DETAIL C14657 AND MECHANICAL DRAWINGS FIELD REFER TO DETAIL C14657 AND MECHANICAL DRAWINGS
  - RP19: 2 1/2" CHIMNEY 27-HOUR UP TO THIRD FLOOR ROOF ON EXTERIOR WALL REFER TO DETAIL C14657 AND MECHANICAL DRAWINGS
  - RP20: REFER TO MECHANICAL DRAWINGS FOR MECHANICAL PIPING SIZE
  - RP21: (E) STAINLESS STEEL HEATING HOT WATER METAL METAL LOOP FOR THE SUPPORT DETAIL

- LEGEND**
- (E) NON RATED WALL
  - (E) 1-HOUR RATED FIRE PARTITION
  - (E) 2-HOUR RATED FIRE PARTITION
  - (E) 3-HOUR RATED FIRE PARTITION
  - (E) 4-HOUR RATED FIRE PARTITION
  - (E) 2-HOUR RATED SHOCK BARRIER
  - (E) 3-HOUR RATED SHOCK BARRIER
  - (E) 4-HOUR RATED SHOCK BARRIER
  - (E) 2-HOUR RATED SHOCK BARRIER (SHMPT ENCLOSURE)
  - (E) 3-HOUR RATED SHOCK BARRIER (SHMPT ENCLOSURE)
  - (E) 4-HOUR RATED SHOCK BARRIER (SHMPT ENCLOSURE)
  - (E) DOOR AND FRAME TO REMAIN



A1 PARTIAL ROOF PLAN - FIRST FLOOR



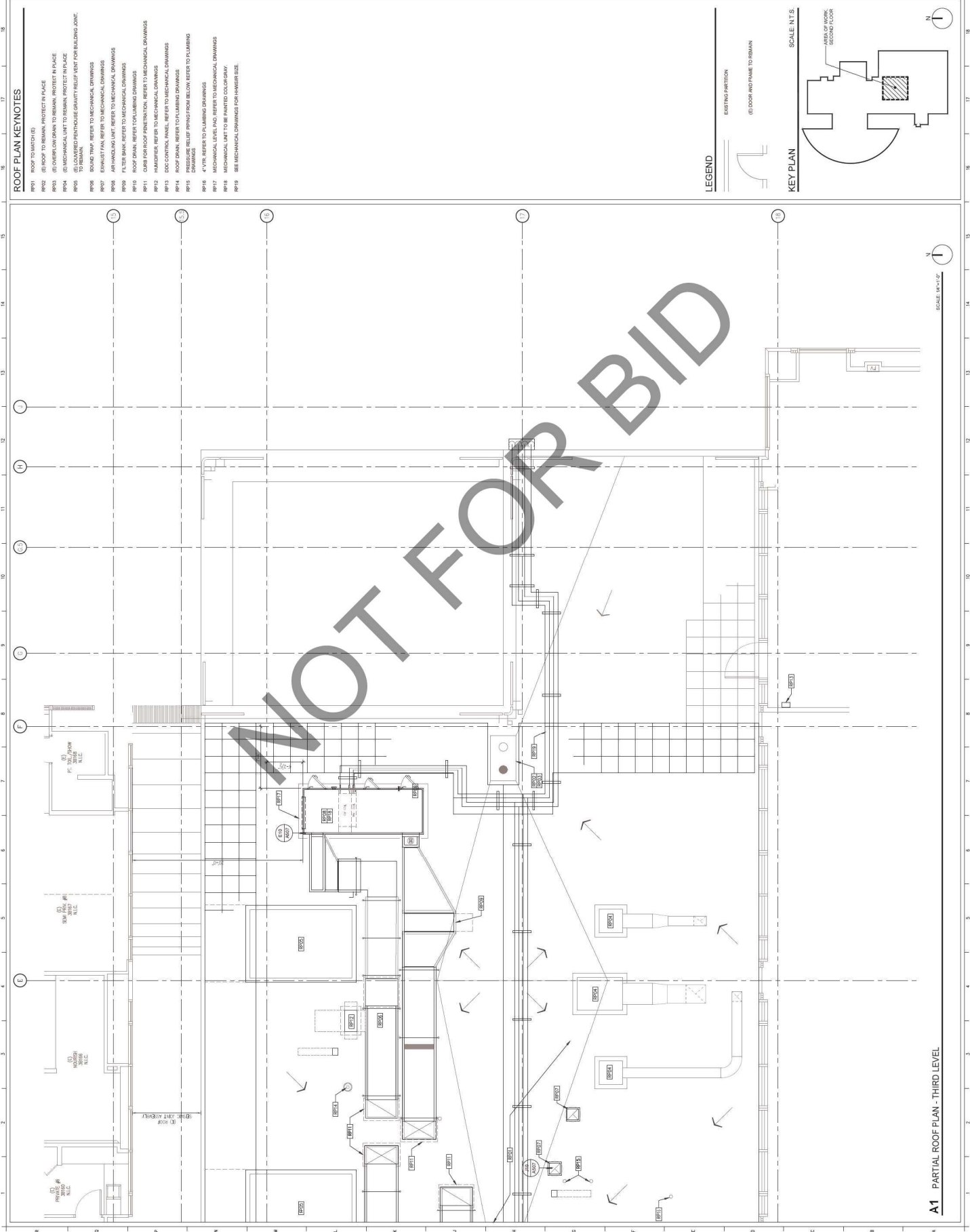
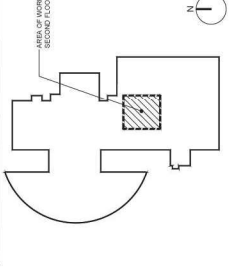
ROOF PLAN KEYNOTES

- RP01 ROOF TO MATCH (E)
- RP02 (E) ROOF TO REMAIN, PROTECT IN PLACE
- RP03 (E) OVERFLOW DRAIN TO REMAIN, PROTECT IN PLACE
- RP04 (E) MECHANICAL UNIT TO REMAIN, PROTECT IN PLACE
- RP05 (E) MECHANICAL UNIT TO REMAIN, PROTECT IN PLACE
- RP06 (E) MECHANICAL UNIT TO REMAIN, PROTECT IN PLACE
- RP07 SOUND TRAP REFER TO MECHANICAL DRAWINGS
- RP08 EXHAUST FAN REFER TO MECHANICAL DRAWINGS
- RP09 AIR HANDLING UNIT REFER TO MECHANICAL DRAWINGS
- RP10 FILTER BANK REFER TO MECHANICAL DRAWINGS
- RP11 ROOF DRAIN REFER TO MECHANICAL DRAWINGS
- RP12 CURB FOR ROOF PENETRATION, REFER TO MECHANICAL DRAWINGS
- RP13 HANDRAIL REFER TO MECHANICAL DRAWINGS
- RP14 (E) CONTROL PANEL, REFER TO MECHANICAL DRAWINGS
- RP15 ROOF DRAIN, REFER TO PLUMBING DRAWINGS
- RP16 PRESURIZED RELIEF SPRING FROM BELOW REFER TO PLUMBING DRAWINGS
- RP17 (E) REFER TO PLUMBING DRAWINGS
- RP18 MECHANICAL, ELECTRICAL REFER TO MECHANICAL DRAWINGS
- RP19 MECHANICAL UNIT TO REMAIN, COLOCATED
- RP20 SEE MECHANICAL DRAWINGS FOR UNIT SIZE.

LEGEND



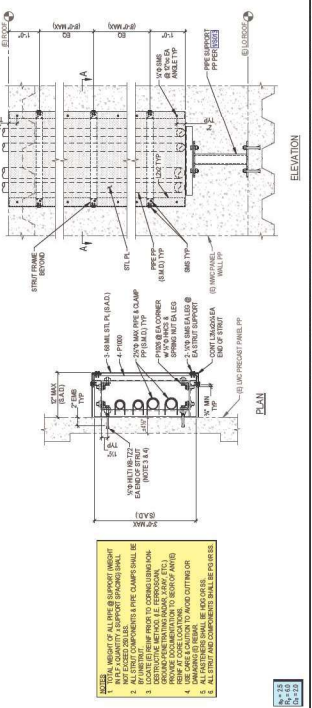
KEY PLAN



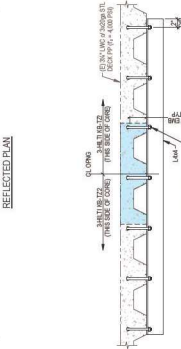
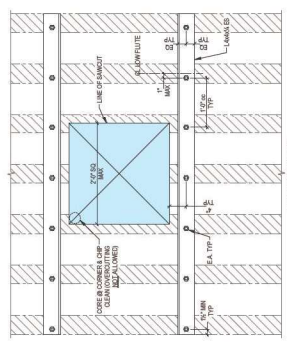


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 CHECKED BY: DATE: 03.11.2024  
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 HCA # : S221145-36-00

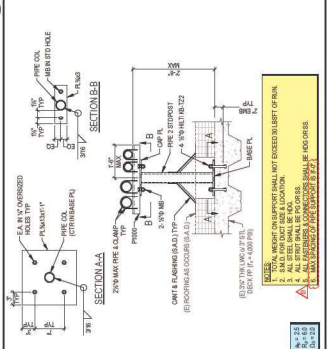
SHEET TITLE: TYPICAL DETAILS  
 SHEET NUMBER: S013



TYPICAL VERTICAL PIPE SUPPORT & COVER @ (E) PRECAST PANEL  
 SCALE: NONE



TYPICAL STRENGTHENING FOR OPENING  
 SCALE: NONE



TYPICAL ROOF-MOUNTED PIPE SUPPORT  
 SCALE: NONE





**TABLE 2: REQUIRED VERIFICATION & INSPECTION OF CONCRETE CONSTRUCTION**

CHECK # REQUIRED	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC
1	INSPECTION OF REINFORCING STEEL, INCLUDING PRESSURING TENDONS, AND PLACEMENT	---	X
2	INSPECTION OF REINFORCING STEEL WELDING IN ACCORDANCE WITH TABLE 3, ITEM 5B	---	---
3	INSPECTION OF BOLTS TO BE INSTALLED IN CONCRETE TO BE VERIFIED FOR CORRECT PLACEMENT AND ALLOWABLE LOADS HAVE BEEN INCREASED OR WHERE STRENGTH DESIGN IS USED	X	---
4	INSPECTION OF ANCHORS INSTALLED IN HARDENED CONCRETE	---	X
5	VERIFYING USE OF REQUIRED DESIGN MIX	---	X
6	AT THE TIME OF FRESH CONCRETE IS SAMPLED TO FURNISH SPECIMENS FOR STRENGTH, FRESHNESS, PERMEABILITY AND AIR CONTENT TESTS, AND DETERMINING THE TEMPERATURE OF THE CONCRETE	X	---
7	INSPECTION OF CONCRETE AND SCHEDULE PLACEMENT FOR PROPER APPLICATION TECHNIQUES	X	---
8	INSPECTION FOR MAINTENANCE OF SECURED CURING TEMPERATURE AND TECHNIQUES	---	X
9	INSPECTION OF PRESTRESSED CONCRETE	---	X
A	APPLICATION OF PRESSURING PROCESS	X	---
B	SAFETY OF PERSONS PRESSURING TENDONS IN SEISMIC FORCE RESISTING SYSTEM	X	---
10	SECTION OF PRECAST CONCRETE MEMBERS	---	X
11	VERIFICATION OF IN-SITU CONCRETE STRENGTH, PRIOR TO ANCHORING OF TENDONS AND FORMS AND TOWNS FROM BEAMS AND STRUCTURAL SUBS	---	X
12	INSPECT FORMWORK FOR SHIMS, GATIONS AND DIMENSIONS OF CONCRETE BEING FORMED	---	X

**TABLE 1: REQUIRED VERIFICATION & INSPECTION OF STEEL CONSTRUCTION**

CHECK # REQUIRED	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC
1	MATERIAL VERIFICATION OF HIGH-STRENGTH BOLTS, NUTS AND WASHERS	---	---
A	IDENTIFICATION MARKINGS TO CONFORM WITH ASTM STANDARDS IN THE APPROVED CONSTRUCTION DOCUMENTS	---	X
B	MANUFACTURER'S CERTIFICATE OF COMPLIANCE REQUIRED	---	X
2	INSPECTION OF HIGH-STRENGTH BOLTING (ASTM A308, SECTION 12.2)	---	---
A	SNUG-TIGHT JOINTS	---	X
B	PRELUBRICATED AND SLIP-CRITICAL JOINTS USING DIRECT TENSION INDICATOR METHODS OF INSTALLATION	---	X
C	PRELUBRICATED AND SLIP-CRITICAL JOINTS USING TORQUE-TENSIONING OR CALIBRATED TORQUE METHODS OF INSTALLATION	X	---
3	MATERIAL VERIFICATION OF STRUCTURAL STEEL AND COLD-FORMED STEEL DECK	---	---
A	FOR STRUCTURAL STEEL IDENTIFICATION MARKINGS TO CONFORM WITH ASTM STANDARDS IN THE APPROVED CONSTRUCTION DOCUMENTS	---	X
B	FOR COLD-FORMED STEEL IDENTIFICATION MARKINGS TO CONFORM WITH ASTM STANDARDS IN THE APPROVED CONSTRUCTION DOCUMENTS	---	X
C	MANUFACTURER'S CERTIFIED TEST REPORTS	---	X
4	MATERIAL VERIFICATION OF WELD FILLER MATERIALS	---	---
A	IDENTIFICATION MARKINGS TO CONFORM TO AWS SPECIFICATIONS IN THE APPROVED CONSTRUCTION DOCUMENTS	---	X
B	MANUFACTURER'S CERTIFICATE OF COMPLIANCE REQUIRED	---	X
5	INSPECTION OF WELDING	---	---
A	STRUCTURAL STEEL AND COLD-FORMED STEEL DECK	---	---
1	COMPLETE AND PARTIAL PENETRATION GROOVE WELDS	X	---
2	MULTIPASS FILLET WELDS	X	---
3	SINGLE-PASS FILLET WELDS > 5/16"	X	---
4	BUTT AND GULL WELDS	X	---
5	SINGLE-PASS FILLET WELDS <= 5/16" WELDS ON ROOF DECK WELDS	---	X
6	WELDING OF LATERAL BRACING STEEL	---	---
1	VERIFICATION OF QUALITY OF REINFORCING STEEL OTHER THAN ASTM A603	---	X
2	REINFORCING STEEL TESTING FOR EXHAUSTIVE AND MINIMUM TENSILE AND YIELD STRENGTH AND ELONGATION	---	X
3	SEAM REINFORCEMENT	X	---
4	OTHER REINFORCING STEEL	---	X
6	INSPECTION OF STEEL FRAME JOINT DETAILS FOR COMPLIANCE	---	---
A	DETAILS SUCH AS BRACING AND STRUTTING	---	X
B	NUMBER LOCATIONS	---	X
C	APPLICATION OF JOINT DETAILS AT EACH CONNECTION	---	X

**STATEMENT OF SPECIAL INSPECTION NOTES**

THIS STATEMENT OF SPECIAL INSPECTION IS SUBMITTED IN ACCORDANCE WITH SECTION 17094 CONFORM TO THE REQUIREMENTS OF THE LATEST EDITION OF THE 2019 CALIFORNIA BUILDING CODE. CODE REQUIREMENTS:

ARROWHEAD REGIONAL MEDICAL CENTER  
COLTON, CALIFORNIA 92324

ALL SPECIAL INSPECTIONS ARE TO BE DONE BY AN AGENCY APPROVED BY THE PRODUCT ENTITY THAT HAS PERMITTED AUTHORITY.

THE OWNER SHALL EMPLOY ONE OR MORE QUALIFIED SPECIAL INSPECTORS TO PERFORM THIS WORK. THE SPECIAL INSPECTORS SHALL KEEP RECORDS OF ALL INSPECTIONS AND SHALL SUBMIT REPORTS TO THE ENGINEER AS REQUIRED. THE SPECIAL INSPECTORS SHALL BE RESPONSIBLE FOR DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE. DISCREPANCIES SHALL BE BROUGHT TO THE DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE IMMEDIATELY UPON DISCOVERY. THE DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE SHALL CORRECT THE DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE BUILDING OFFICIAL AND THE REGISTERED DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE PRIOR TO ANY COMMENCEMENT OF CONSTRUCTION.

WHERE FABRICATION OF STRUCTURAL LOAD-BEARING MEMBERS AND ASSEMBLIES IS BEING PERFORMED ON SITE, THE SPECIAL INSPECTORS SHALL VERIFY THAT THE FABRICATION IS IN ACCORDANCE WITH THE DESIGN REQUIREMENTS AND AS REQUIRED ELSEWHERE IN THE CODE. THE SPECIAL INSPECTORS SHALL VERIFY THAT THE FABRICATION IS IN ACCORDANCE WITH THE DESIGN REQUIREMENTS AND AS REQUIRED ELSEWHERE IN THE CODE.

INSPECTION OF WELDING:

WELDING INSPECTION SHALL BE IN COMPLIANCE WITH AWS D1.1, THE BASIS FOR WELDING INSPECTION QUALIFICATION SHALL BE AWS D1.1.

STATEMENT OF SPECIAL INSPECTION REQUIREMENTS FOR SEISMIC RESISTANCE:

SEE THE SCHEDULE OF SPECIAL INSPECTIONS FOR INSPECTION AND TESTING REQUIREMENTS. SEISMIC DESIGN CATEGORY: D (ASSUMED)

DESCRIPTION OF SEISMIC FORCE-RESISTING SYSTEM SUBJECT TO SPECIAL INSPECTION AND TESTING FOR SEISMIC RESISTANCE:

- HOT ROLLER STEEL FRAMING AND THEIR WELDED CONNECTIONS THAT MAKE UP THE CONNECTION OF THESE ELEMENTS.
- LATERAL BRACING OF THE FRAME STRUCTURES THAT INCLUDE THE SPECIAL CONNECTION SYSTEM, LATERAL BRACES AND COMPRESSION POSTS AND THE CONNECTION OF THESE ELEMENTS.
- INCLUDING THE EXPANSION ANCHORS TO CONCRETE OVER EACH FLOOR SLAB DECK.

STATEMENT OF RESPONSIBILITY:

EACH CONTRACTOR RESPONSIBLE FOR THE CONSTRUCTION OR FABRICATION OF A SYSTEM OR COMPONENT DESCRIBED ABOVE MUST SHOW A STATEMENT OF RESPONSIBILITY:

**DEFERRED SUBMITTALS**

CONTRACTOR IS REQUIRED TO SUBMIT THE FOLLOWING ITEMS TO THE ENGINEER OF RECORD OF THE FRAME ASSEMBLY FOR REVIEW AND APPROVAL (ALLOW A MINIMUM OF (5) FULL WORKING FOR REVIEW BY EOR):

- FULL WORKING, SHOP DRAWINGS FOR ALL STEEL FRAMING THAT IS OUTSIDE OF THE FRAME ASSEMBLY, INCLUDING BUT NOT LIMITED TO: GIRDS, STEEL BRACES AND AIR STIFFENERS, STEEL BRACKETS THAT ATTACH TO CONCRETE DECK, AND MISCELLANEOUS STEEL BRACKETS.
- LATERAL BRACING: THE CONTRACTOR IS TO VERIFY THAT THE LATERAL BRACING PARAMETERS SPECIFIED, IF CONFLICT WITH EXISTING SYSTEMS, SUCH AS DUCKS AND BRACES, SHOULD BE PROVIDED. THE CONTRACTOR SHALL SUBMIT A PLAN DRAWING THAT SHOWS THE LOCATIONS WHERE THEY HAVE DETERMINED AND THE ATTACHMENT LOCATIONS ON THE S/D FRAME AND THE APPROXIMATE SLOPE, SIZE AND LENGTH THAT THE BRACE IS TO BE INSTALLED.

**GENERAL STRUCTURAL NOTES**

CONCRETE SHALL BE IN ACCORDANCE WITH CHAPTER 17A OF THE 2016 CALIFORNIA BUILDING CODE. SPECIAL INSPECTIONS ARE TO BE PERFORMED BY AN INDEPENDENT TESTING LABORATORY EMPLOYED BY THE OWNER AT THE CONTRACTOR'S OWN RISK AND COST.

STEEL FABRICATION:

- STEEL WELDING
- EXPANSION AND FLOW VALVES INSTALLATION.

REFER SCHEDULE OF SPECIAL INSPECTIONS AND ASSOCIATED INSPECTION TABLES (SHOWN ON THIS PAGE) FOR ADDITIONAL INFORMATION ON INSPECTION REQUIREMENTS AND INSPECTIONS (INCLUDING STRUCTURAL OBSERVATIONS).

STRUCTURAL OBSERVATIONS BY THE ENGINEER OF RECORD OR AN APPOINTED REPRESENTATIVE SHALL BE REQUIRED AT THE FOLLOWING TIMES DURING CONSTRUCTION:

NOTE REQUIRED

EXISTING CONDITIONS:

THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS, DIMENSIONS AND ELEVATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR CORRECTING ANY DISCREPANCIES FROM CONDITIONS SHOWN ON THE DRAWINGS PRIOR TO THE START OF THE WORK.

TEMPERATURE CONDITIONS:

ALL STEEL SHALL BE STORED AND HANDLED IN A MANNER THAT PREVENTS CORROSION AND WEATHER DAMAGE TO THE STEEL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXPOSED STEEL FROM WEATHER DAMAGE PRIOR TO FABRICATION.

MECHANICAL:

THE CONTRACTOR SHALL COMPLY WITH ALL REQUIREMENTS OF THE MECHANICAL, PLUMBING AND ELECTRICAL (MPE) TRADES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THAT ALL MECHANICAL, PLUMBING AND ELECTRICAL (MPE) TRADES SHALL BE INSTALLED BY THE TRADES CONTRACTORS IN ACCORDANCE WITH THE AWC CODES FOR GAS AND GAS WELDING IN BUILDING CONSTRUCTION AND SHALL BE 3/16" MINIMUM THICKNESS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THAT ALL MECHANICAL, PLUMBING AND ELECTRICAL (MPE) TRADES SHALL BE INSTALLED BY THE TRADES CONTRACTORS PRIOR TO FABRICATION.

INSPECTION:

SPECIAL INSPECTIONS IN ACCORDANCE WITH CHAPTER 17A OF THE 2016 CALIFORNIA BUILDING CODE. SPECIAL INSPECTIONS ARE TO BE PERFORMED BY AN INDEPENDENT TESTING LABORATORY EMPLOYED BY THE OWNER AT THE CONTRACTOR'S OWN RISK AND COST.

STEEL FABRICATION:

- STEEL WELDING
- EXPANSION AND FLOW VALVES INSTALLATION.

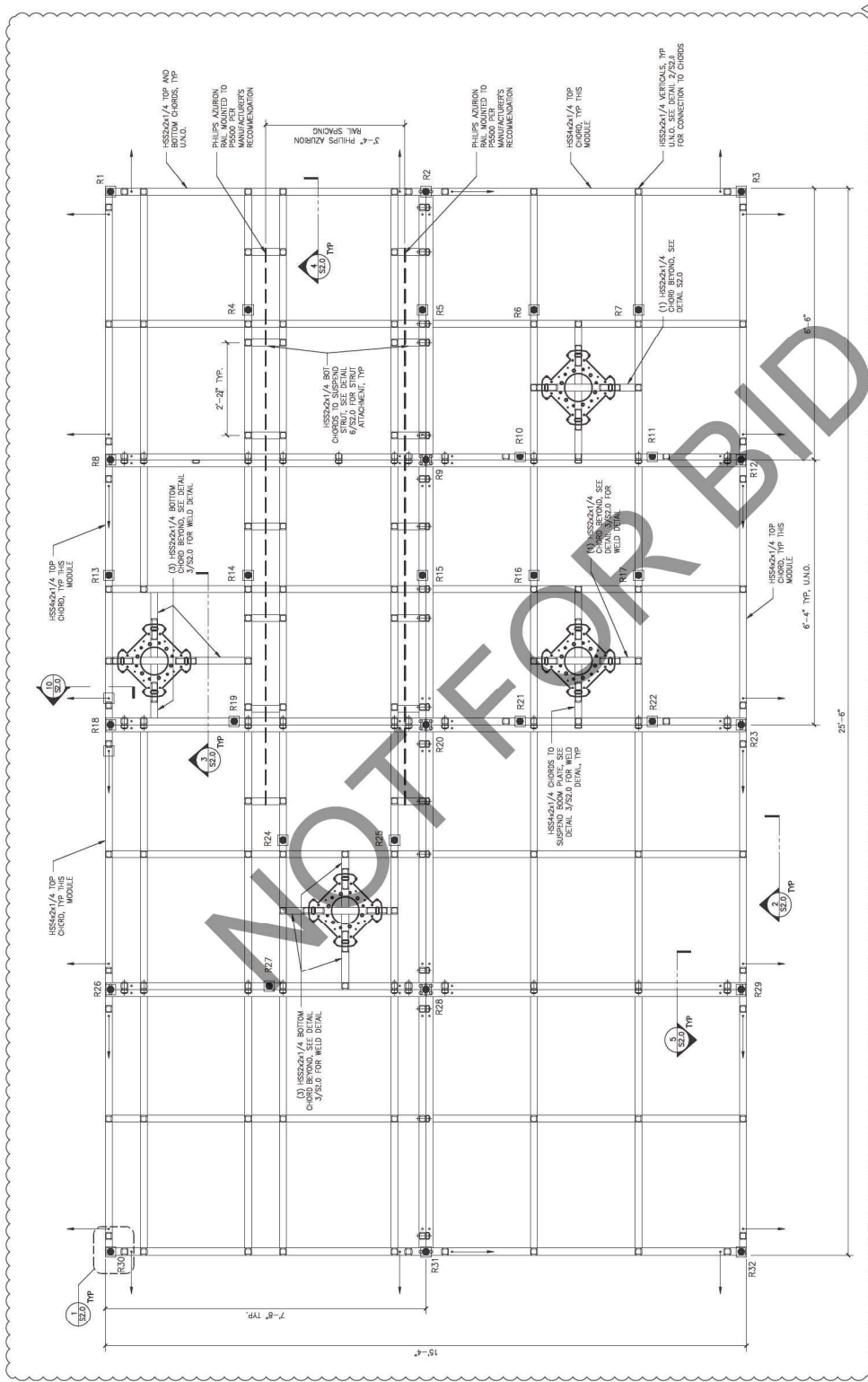
REFER SCHEDULE OF SPECIAL INSPECTIONS AND ASSOCIATED INSPECTION TABLES (SHOWN ON THIS PAGE) FOR ADDITIONAL INFORMATION ON INSPECTION REQUIREMENTS AND INSPECTIONS (INCLUDING STRUCTURAL OBSERVATIONS).

STRUCTURAL OBSERVATIONS BY THE ENGINEER OF RECORD OR AN APPOINTED REPRESENTATIVE SHALL BE REQUIRED AT THE FOLLOWING TIMES DURING CONSTRUCTION:

NOTE REQUIRED

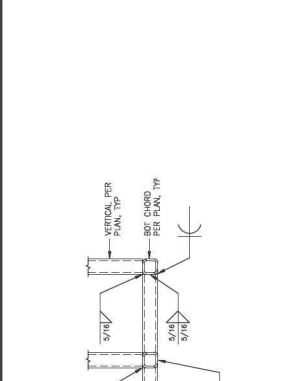




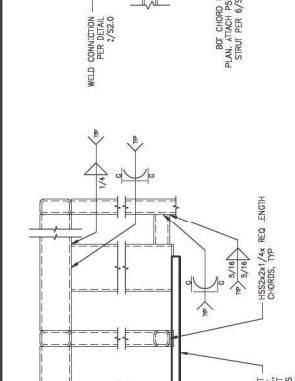


- LEGEND:**
- 7/8" DIA. AIR DROPS. ATTACH TO AIRFRAME PER 7/520
  - PIVOT SHIM SUFFICER PER 8/520. ALL AIR DROPS SHALL HAVE A STIFFENER.
  - ↳ 13"x5"x8" SEISMIC BRACE. ARROW HEAD HIGH-TAIL LOK. BRACES MAY BE ORIENTED GOING INTO FRAME OR OUT OF FRAME. SEE DETAIL 9/520 FOR ADDITIONAL INFORMATION.
  - 3/4" GRADE 5 BRACKS. (1) BOLT AT EACH VERTICAL LOCATED AT PICTURE FRAMES; AND (2) BOLTS PER LAM CONDITION ALONG SPITS, OR 3/4" G.C. WAG. SEE DETAILS 9/520.

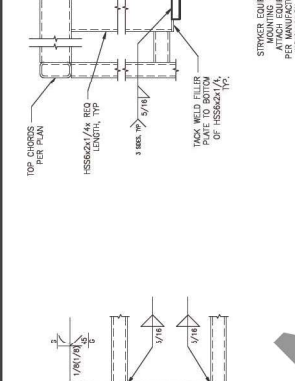
**1. DROP AND BRACING LOCATION**



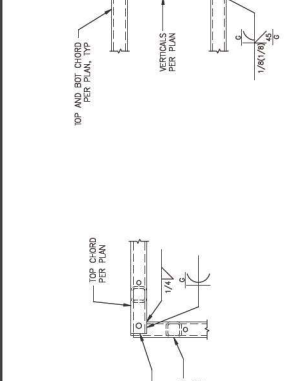
**1 CORNER WELD DETAILS**  
 1-1/2" = 1'-0"



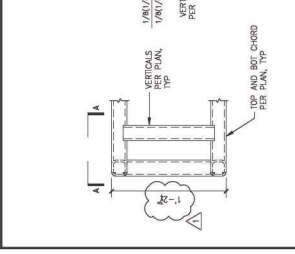
**2 WELDED 'T' CONNECTIONS**  
 1-1/2" = 1'-0"



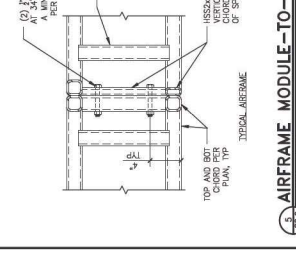
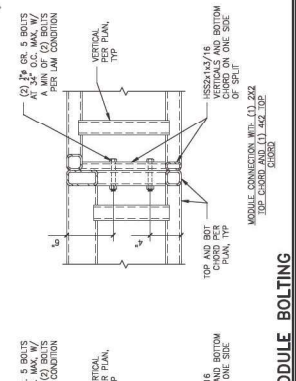
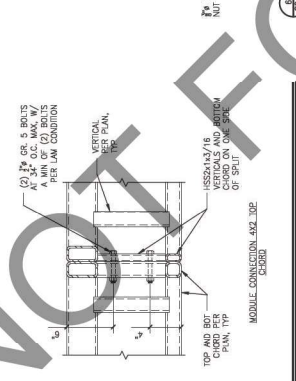
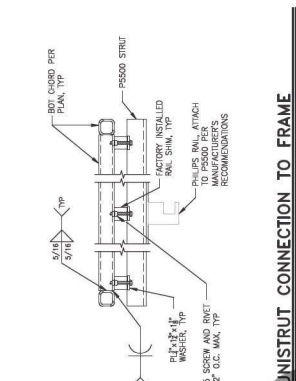
**3 EQUIPMENT PLATE WELD DETAILS**  
 1-1/2" = 1'-0"



**4 UNISTRUT CONNECTION TO FRAME**  
 1-1/2" = 1'-0"



**5 AIRFRAME MODULE-TO-MODULE BOLTING**  
 1-1/2" = 1'-0"



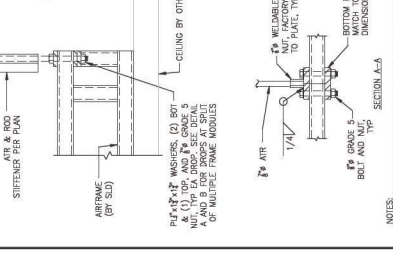
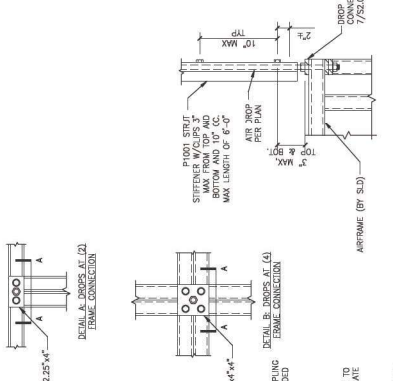
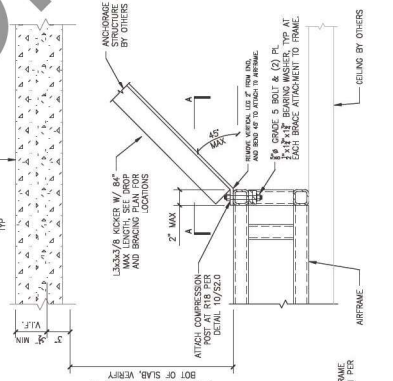
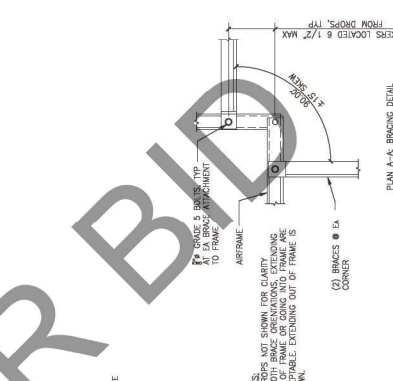
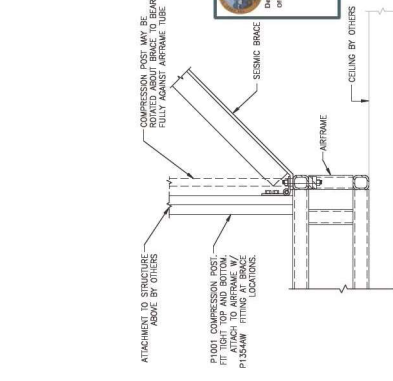
**6 AIRFRAME BRACING DETAIL**  
 1-1/2" = 1'-0"

**7 DROPS TO AIRFRAME**  
 1-1/2" = 1'-0"

**8 AIRFRAME BRACING DETAIL**  
 1-1/2" = 1'-0"

**9 DROPS TO AIRFRAME**  
 1-1/2" = 1'-0"

**10 DROPS TO AIRFRAME**  
 1-1/2" = 1'-0"



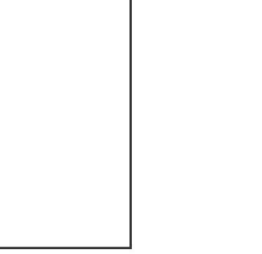
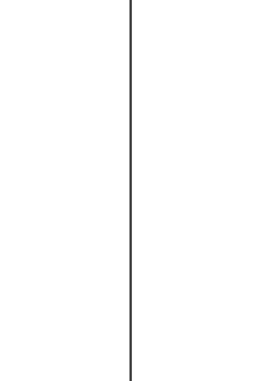
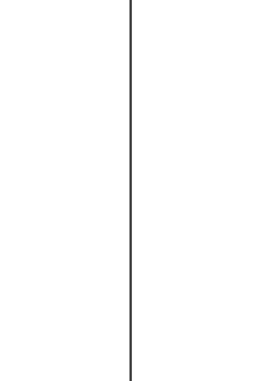
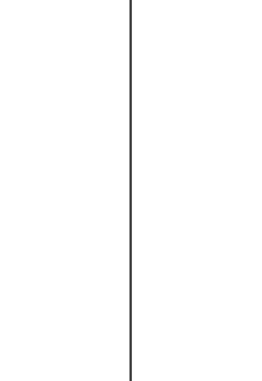
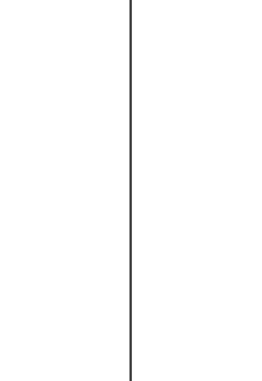
**11 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**12 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**13 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**14 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**15 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"



**16 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**17 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**18 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**19 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

**20 COMPRESSION POST AT BRACE**  
 1-1/2" = 1'-0"

ARCHITECT

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PROJECT

**ARROWHEAD  
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HYBRID OPERATING ROOMS



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Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: JEP  
CHECKED BY: JEP  
DATE: 12.20.2023

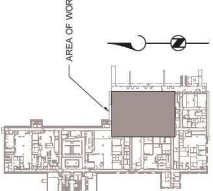
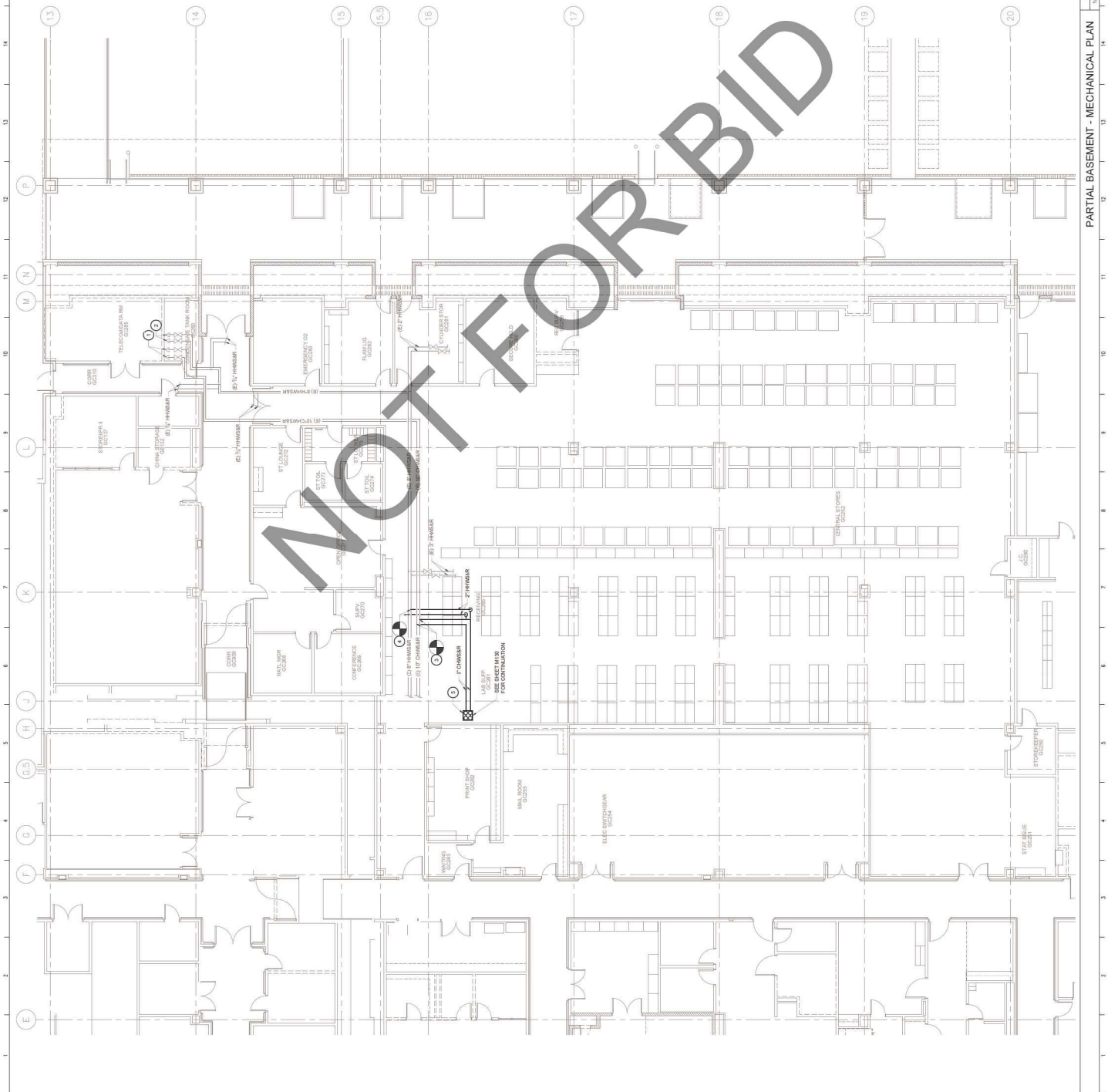
PROJECT NUMBER: 120-12-17  
HCAI #: S222149316-00

SHEET TITLE: PARTIAL BASEMENT - MECHANICAL PLAN  
SHEET NUMBER:

**M122**

PARTIAL BASEMENT - MECHANICAL PLAN 1 SCALE: 1/8" = 1'-0" KEY PLAN SCALE: N.T.S. 0

- GENERAL NOTES:**
- DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION SHALL BE FIELD VERIFIED PRIOR TO START OF CONSTRUCTION.
  - SHIFTS DOWN TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER REPRESENTATIVE.
- PLAN SPECIFIC KEY NOTES:**
- EXISTING OF CHANGES DOWN TO GRAVEL/SURFACE.
  - EXISTING OF CHANGES DOWN TO GRAVEL SPACE.
  - POINT OF CONNECTION NEW CHANGES TO EXISTING OF CHANGES.
  - NEW CONNECTION NEW CHANGES TO EXISTING OF CHANGES.
  - NEW CHANGES AND CHANGES OF MATERIALS TO BE EXACTLY LOCATED TO THE EXISTING. REFER TO GENERAL CONTRACTOR'S PERMITTING.



**NOT FOR BID**



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Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-1-23	BACK CHECK #1
2	09-1-23	BACK CHECK #2

PROFESSIONAL SEALS

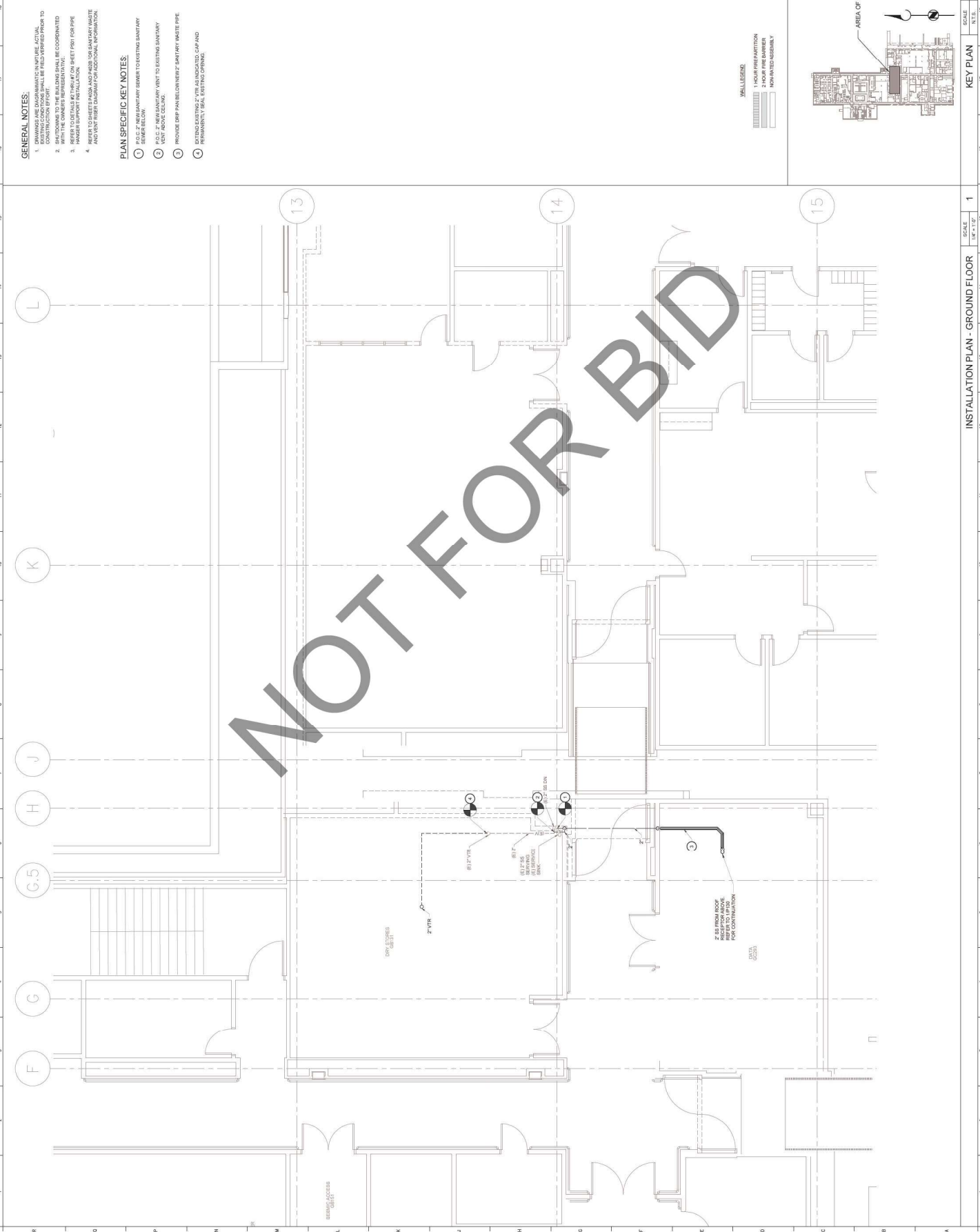


DRAWN BY: BP  
 CHECKED BY: DATE: 10/20/2023

PROJECT NUMBER: 120-12-17  
 HCA # S22714938-00

SHEET TITLE: MECHANICAL DETAILS  
 SHEET NUMBER





**GENERAL NOTES:**

1. DRAWINGS ARE DIMENSIONED IN IMPERIAL. ACTUAL EXISTING CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
2. SHIFTS TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER'S REPRESENTATIVE.
3. HANGER SUPPORT INSTALLATION - SEE SHEET P101 FOR PIPE HANGER SUPPORT INSTALLATION.
4. REFER TO SHEETS P102 AND P103 FOR SANITARY WASTE AND VENT RISER DIAGRAM FOR ADDITIONAL INFORMATION.

**PLAN SPECIFIC KEY NOTES:**

1. P.O.C. 2" NEW SANITARY SEWER TO EXISTING SANITARY SEWER BELOW.
2. P.O.C. 2" NEW SANITARY VENT TO EXISTING SANITARY VENT ABOVE CEILING.
3. PROVIDE DRIP PAN BELOW NEW 2" SANITARY WASTE PIPE.
4. EXISTING EXTERIOR 2" VTR AS INDICATED CAP AND PERMANENTLY SEAL EXTERIOR PENETRATION.



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Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



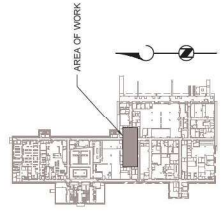
AGENCY APPROVAL



DRAWN BY: BP  
 CHECKED BY: DATE: 12/20/2023

PROJECT NUMBER: 120-12-17  
 HCA # : S22114335-00

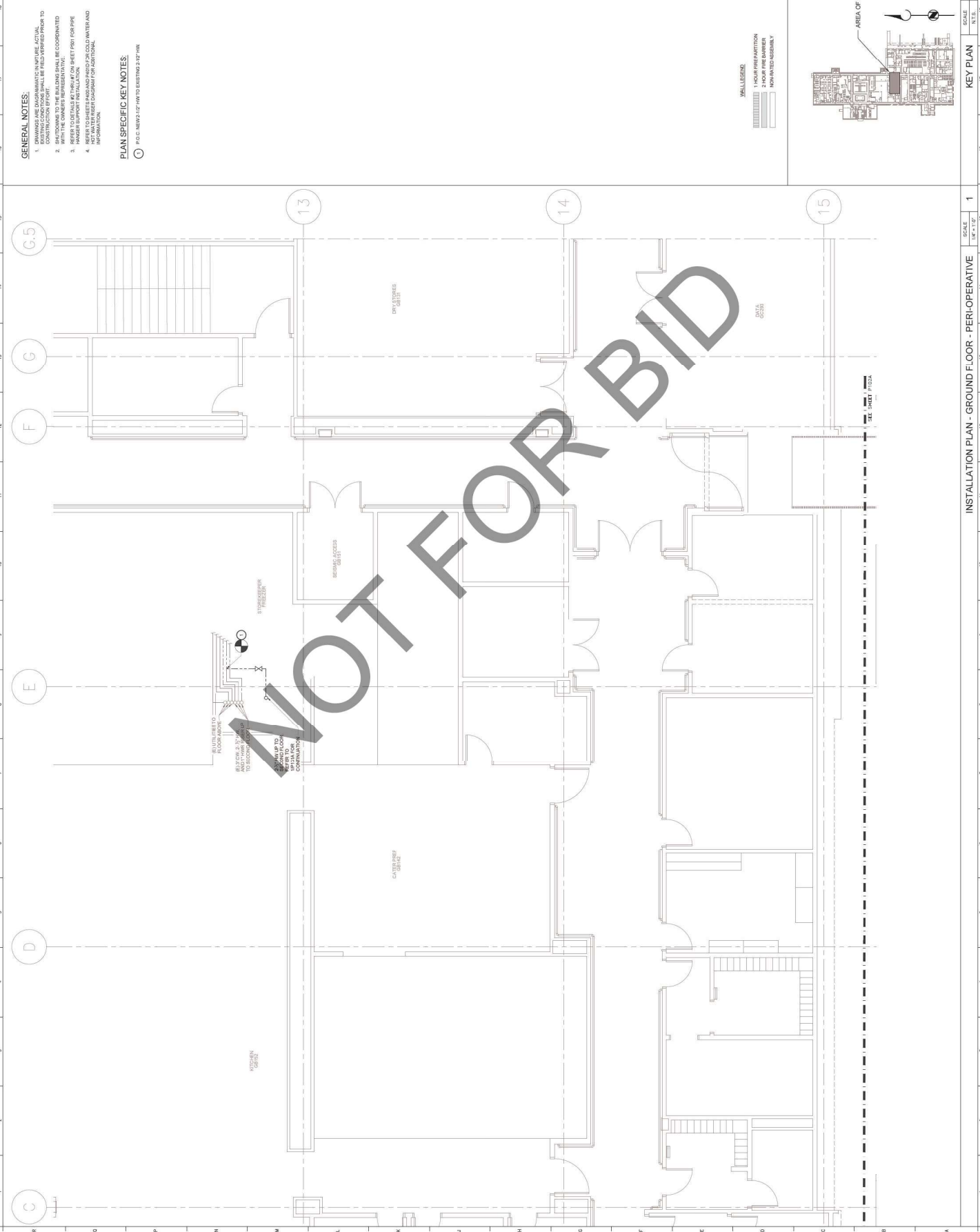
SHEET TITLE: PLUMBING WASTE AND VENT INSTALLATION PLAN - GROUND FLOOR  
 SHEET NUMBER: P101



KEY PLAN  
 SCALE: 1/4" = 1'-0"  
 N.T.S.

INSTALLATION PLAN - GROUND FLOOR  
 SCALE: 1/4" = 1'-0"  
 N.T.S.

**P101**



**GENERAL NOTES:**

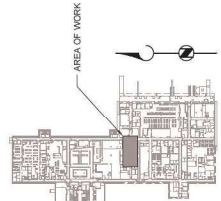
1. DRAWINGS ARE FOR INFORMATION ONLY. ACTUAL WORKING CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO START OF WORK.
2. SHIFTS TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER'S REPRESENTATIVE.
3. REFER TO SHEETS FOR ALL OTHER NOTES. SHEET P101 FOR PIPE HANGER SUPPORT INSTALLATION.
4. REFER TO SHEETS FOR ALL OTHER NOTES. SHEET P101 FOR PIPE HANGER SUPPORT INSTALLATION.

**PLAN SPECIFIC KEY NOTES:**

○ P.O.C. NEWS 12" P1010 BOXING 2' BY 14"

**LEGEND**

- 1 HOUR FIRE RATION
- 2 HOUR FIRE RATION
- NON-RATED ASSEMBLY



KEY PLAN  
SCALE: 1/4" = 1'-0"

INSTALLATION PLAN - GROUND FLOOR - PERI-OPERATIVE  
SCALE: 1/4" = 1'-0"

1 15 16 17 18

**SHA**

ARCHITECT

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Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



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DRAWN BY: [Signature] DATE: 12/20/2023

PROJECT NUMBER: [Blank]  
SHEET NUMBER: [Blank]  
HCAI # : S22214335-00

SHEET TITLE  
**PLUMBING HOT WATER INSTALLATION**  
PLAN - GROUND FLOOR - PERI-OPERATIVE  
SHEET NUMBER

**P101A**

ARCHITECT

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Project Number: 120-121-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature]  
 CHECKED BY: [Signature]  
 DATE: 12.20.2023

PROJECT NUMBER: 120-121-17  
 HCAI # S22114335-00

SHEET TITLE  
**PLUMBING HOT WATER INSTALLATION**  
 PLAN - GROUND FLOOR - HYBRID/OR  
 SHEET NUMBER

**P102A**

**GENERAL NOTES:**

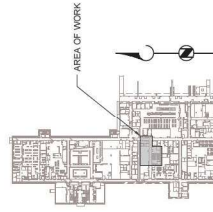
- DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION BY FORT SHALL BE FIELD VERIFIED PRIOR TO START.
- SHUT-DOWNS TO THE BUILDING SHALL BE COORDINATED WITH THE OPERATING ROOMS.
- REFER TO GENERAL NOTES ON SHEET P101 FOR PIPE HANGER SUPPORT INSTALLATION.
- REFER TO GENERAL NOTES ON SHEET P102 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P103 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P104 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P105 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P106 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P107 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P108 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P109 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P110 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P111 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P112 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P113 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P114 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P115 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P116 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P117 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P118 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P119 FOR ADDITIONAL INFORMATION.
- REFER TO GENERAL NOTES ON SHEET P120 FOR ADDITIONAL INFORMATION.

**PLAN SPECIFIC KEY NOTES:**

- 1. 1/2" DIA. NPT X 1/2" DIA. NPT X 3' HW

**LEGEND**

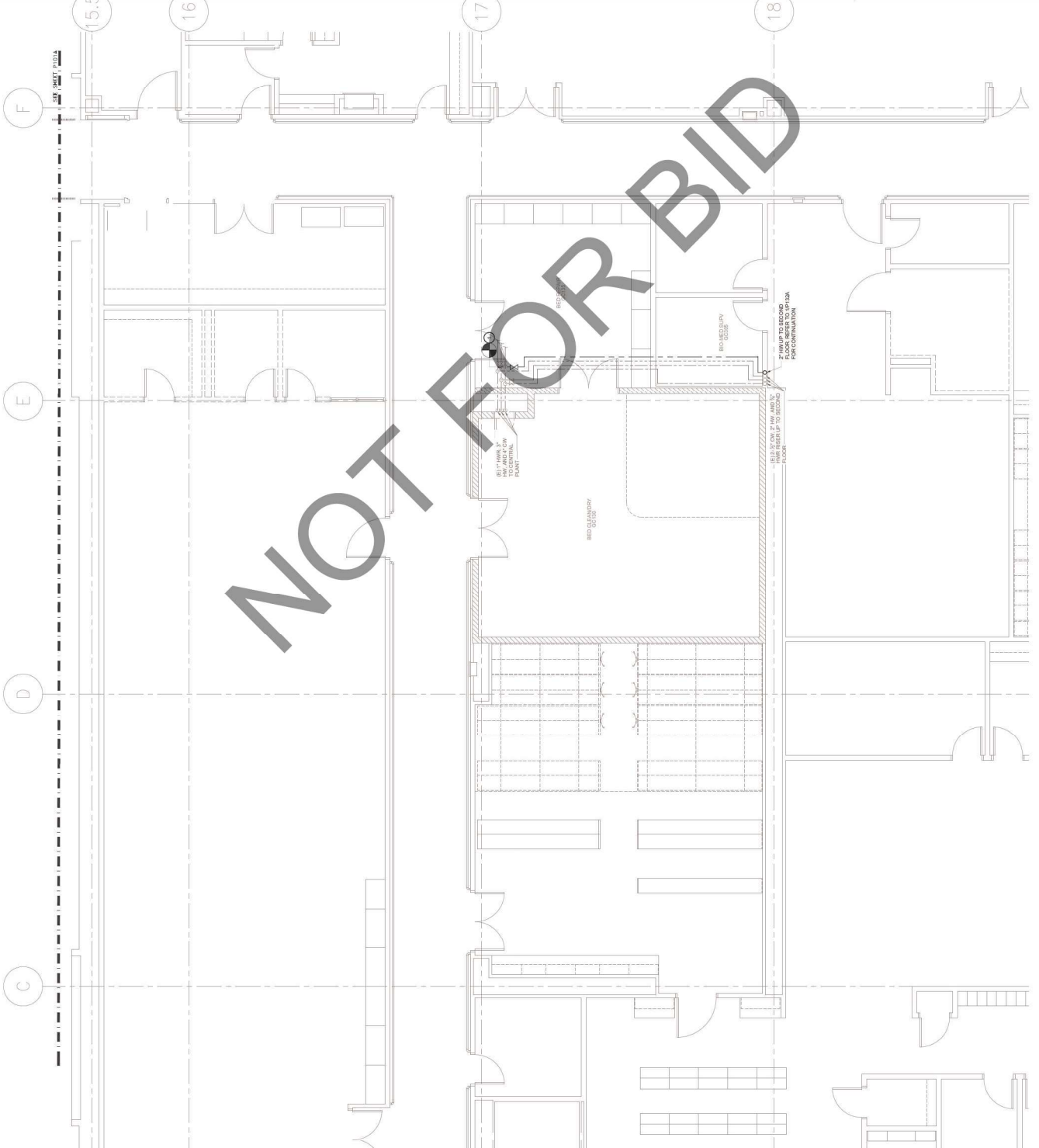
[Symbol]	1 HOUR FIRE RATED PARTITION
[Symbol]	2 HOUR FIRE RATED PARTITION
[Symbol]	NON-RATED ASSEMBLY



**KEY PLAN**

SCALE	N.T.S.	0
1/4" = 1'-0"		

**NOT FOR BID**



INSTALLATION PLAN - GROUND FLOOR - HYBRID/OR

**SCALE**

SCALE	N.T.S.	0
1/4" = 1'-0"		

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 505 Technology Drive, Suite 175  
 San Jose, CA 95128  
 (408) 431-8071

PROJECT

**ARROWHEAD REGIONAL MEDICAL CENTER**  
 400 N. PEPPER AVE.  
 COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS

**GOSS ENGINEERING**  
 255 E. Rincon St., Suite 301  
 Corona, CA 92719  
 (951) 261-1100  
 www.gossengineering.com

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: JEP  
 CHECKED BY: BP  
 DATE: 12.20.2023

PROJECT NUMBER: 120-12-17  
 SHEET NUMBER: P120  
 HCAI # : S22141635-00

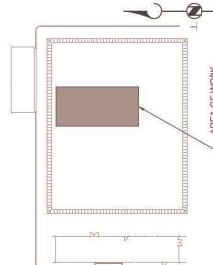
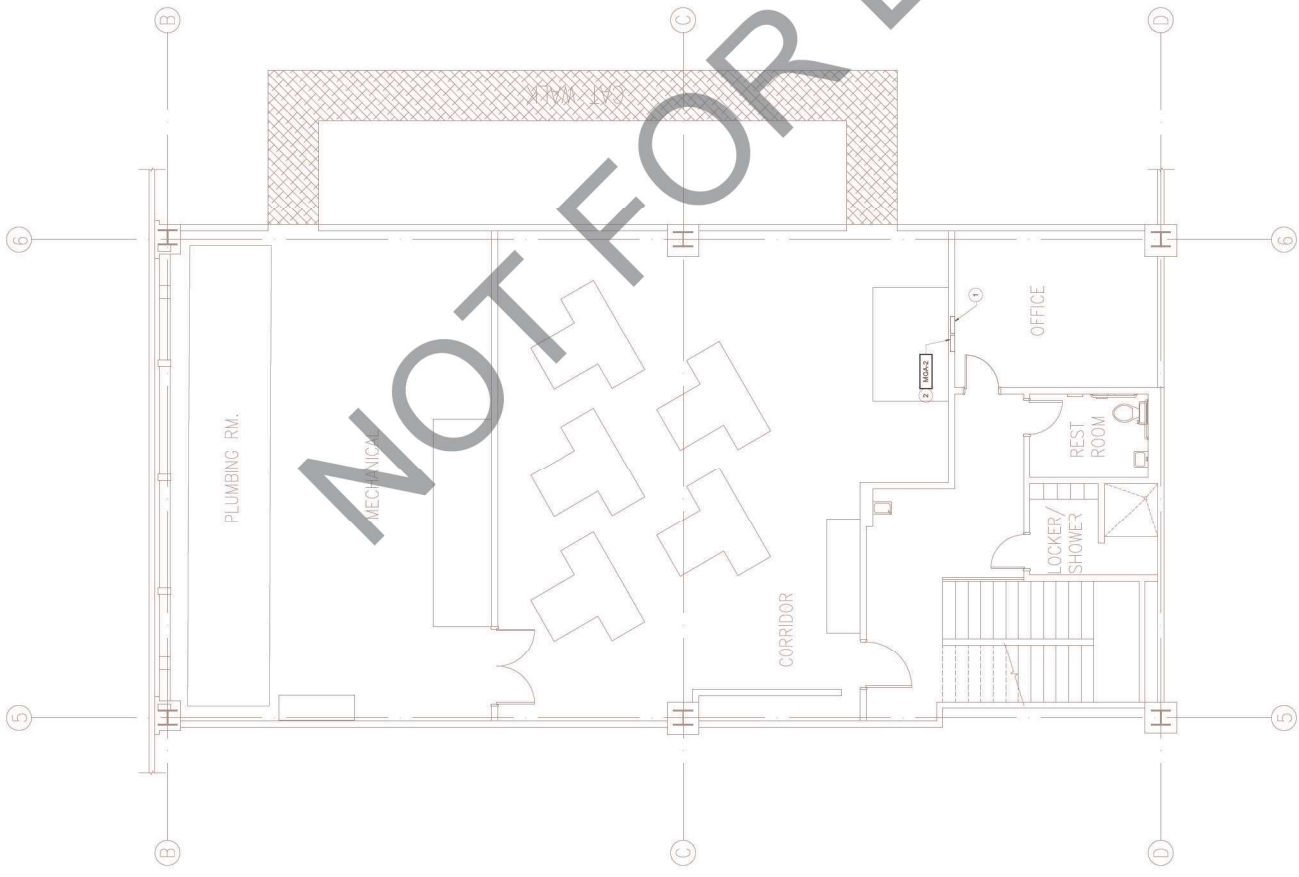
SHEET TITLE: ENLARGED PLUMBING SECOND FLOOR PLAN - CENTRAL PLANT  
 SHEET NUMBER: P120

**GENERAL NOTES:**

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION SHALL BE FIELD VERIFIED PRIOR TO STARTING CONSTRUCTION.
2. SHIFTS DOWN TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER REPRESENTATIVE.

**INSTALLATION NOTES:**

1. (1) DOWNSIDE MASTER ALARM PANEL.
2. (2) SERIES COXIAL 12000 FOR MASTER ALARM PANEL INSTALLATION.



SCALE	KEY PLAN	SCALE
1/4" = 1'-0"	1	0

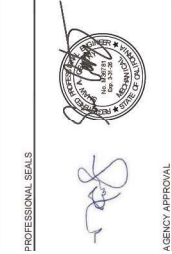
NOT FOR BID





NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS

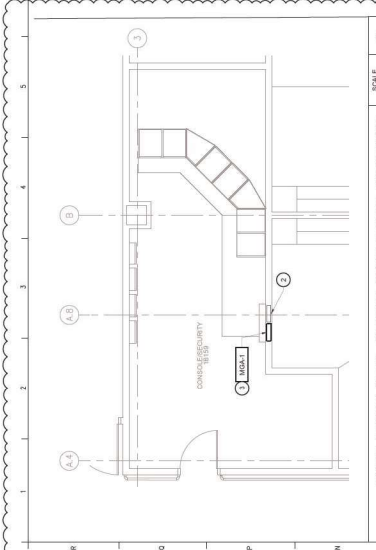
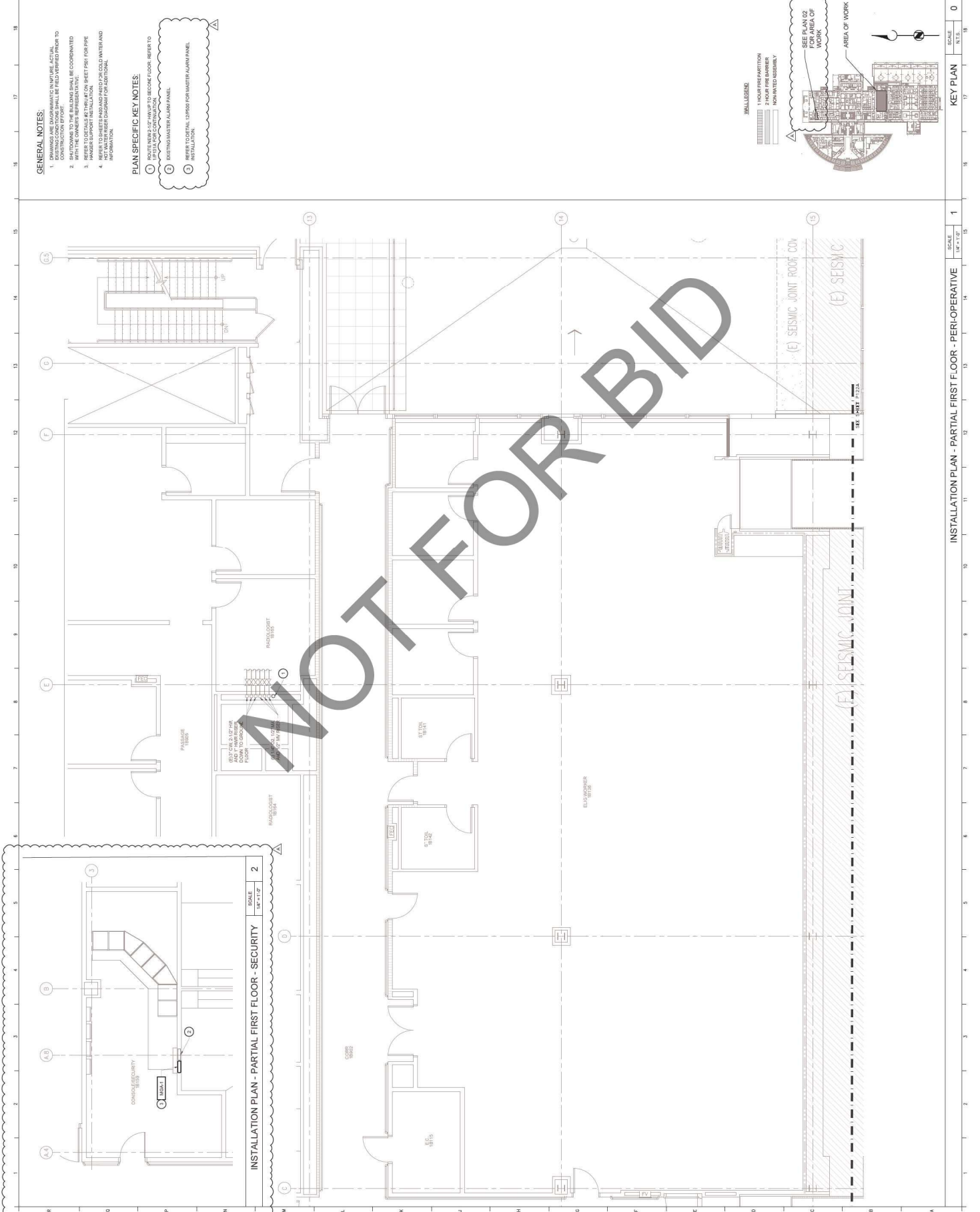


AGENCY APPROVAL

DRAWN BY: [Signature]  
 CHECKED BY: DATE: 02.20.2023

PROJECT NUMBER: 120-121-17  
 HCA # 5222143-16-00

SHEET TITLE  
**PLUMBING COLD AND HOT WATER AND MEDICAL GAS INSTALLATION PLAN - FIRST FLOOR - PERI-OPERATIVE**  
 SHEET NUMBER: **P121A**



ARCHITECT

**Savely Healthcare Architects**  
ARCHITECTURE + PLANNING + DESIGN  
505 Technology Drive, Suite 175  
Menlo Park, CA 94025  
(650) 321-1116  
(949) 431-8071

PROJECT

**ARROWHEAD REGIONAL MEDICAL CENTER**  
400 N. PEPPER AVE.  
COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS

**GOSS ENGINEERING**  
255 E. Rincon St., Suite 301  
Colton, CA 92324  
951-940-1090  
www.gossengineering.com

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] / DATE: 02.20.2023  
SHEET NUMBER: 08  
HCA # : S221143316-00

PROJECT NUMBER: 08  
HCA # : S221143316-00

SHEET TITLE  
**PLUMBING WASTE DEMOLITION PLAN - FIRST FLOOR - HYBRID ROOM**  
SHEET NUMBER

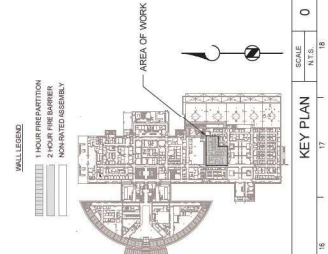
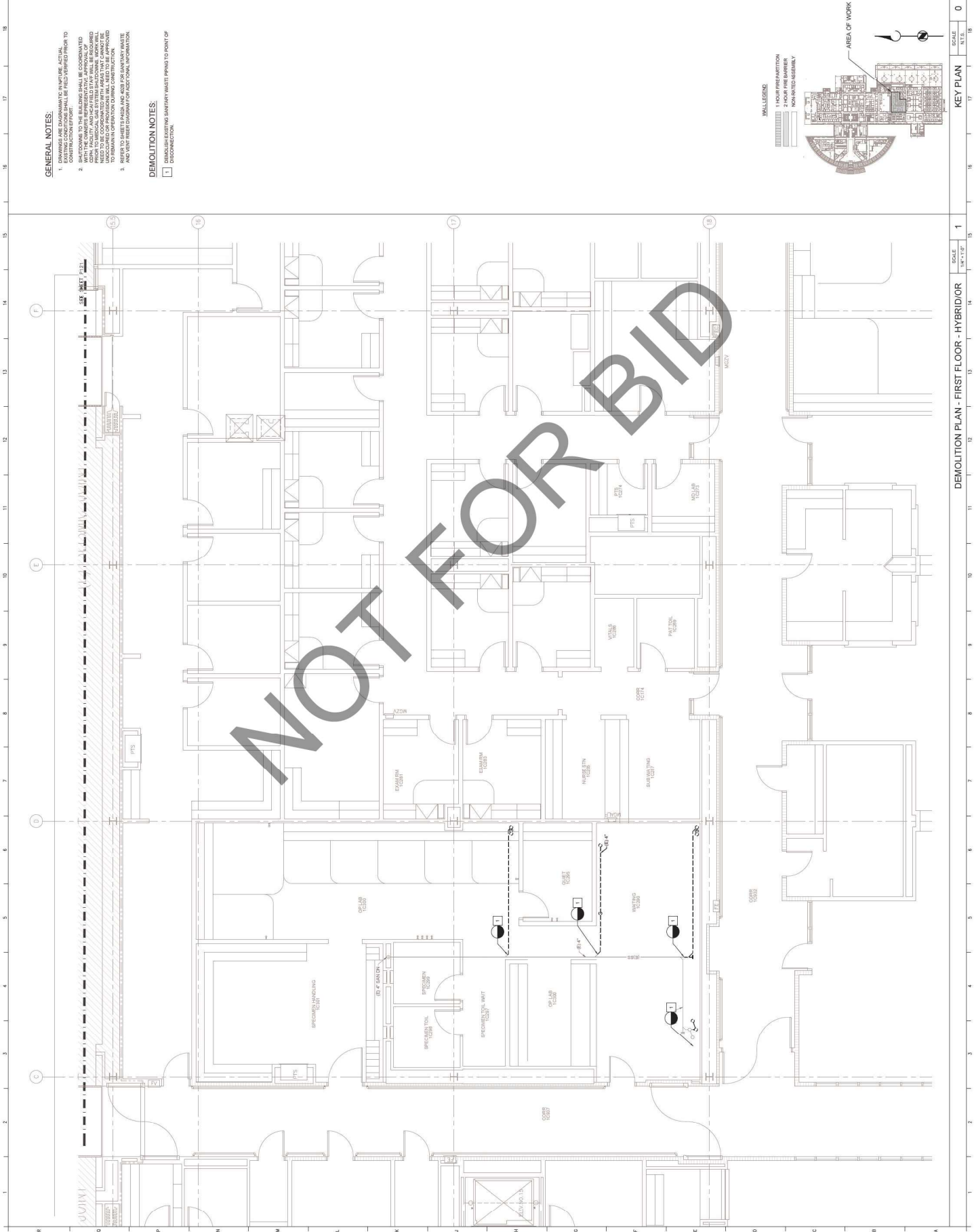
**P122**

**GENERAL NOTES:**

- DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO COMMENCING WORK.
- SHUT-DOWNS TO THE BUILDING SHALL BE COORDINATED WITH THE FACILITY MANAGER. ALL WORK SHALL BE COORDINATED WITH THE FACILITY MANAGER. ALL WORK SHALL BE COORDINATED WITH THE FACILITY MANAGER. ALL WORK SHALL BE COORDINATED WITH THE FACILITY MANAGER. ALL WORK SHALL BE COORDINATED WITH THE FACILITY MANAGER.
- REFER TO SHEET P120 AND P121 FOR SANITARY WASTE AND VENTILATION SYSTEMS.

**DEMOLITION NOTES:**

- DEMOLISH EXISTING SANITARY WASTE SYSTEMS TO POINT OF DISCHARGE.



SCALE	1/4" = 1'-0"
KEY PLAN	0
SCALE	1/4" = 1'-0"
N.T.S.	0

ARCHITECT

**Savely Healthcare Architects**  
 ARCHITECTURE + PLANNING + DESIGN  
 505 T Technology Drive, Suite 175  
 San Jose, CA 95128  
 (408) 431-8071

PROJECT

**ARROWHEAD REGIONAL MEDICAL CENTER**  
 400 N. PEPPER AVE.  
 COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS

**GOSS ENGINEERING**  
 255 E. RINCON ST., SUITE 301  
 CORONA, CA 92679 | 951.340.1090  
 WWW.GOSSENGINEERING.COM

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: JEP  
 CHECKED BY: BP  
 DATE: 12.20.2023

PROJECT NUMBER: 120-12-17  
 HCA # : S22114336-00

SHEET TITLE  
**PLUMBING COLD AND HOT WATER AND MEDICAL GAS INSTALLATION PLAN - FIRST FLOOR - HYBRID/ID**  
 SHEET NUMBER

**P122A**

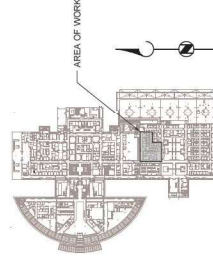
**GENERAL NOTES:**

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION BY OTHERS SHALL BE COORDINATED WITH THIS OFFICE.
2. SHUT DOORS TO THE BUILDING SHALL BE COORDINATED WITH THE ARCHITECT.
3. SHEET TO DETAILS SET ON SHEET P122 FOR PIPE HANGER SUPPORT INSTALLATION.
4. WATER AND GAS MAINS SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF COLTON SPECIFICATIONS FOR ADDITIONAL INFORMATION.

**PLAN SPECIFIC KEY NOTES:**

- ROUTE NEW/1" DIA UP TO SECOND FLOOR. REFER TO P122A FOR CONTINUATION.

- MALL LEGEND**
- 1 HOUR FIRE RESISTION
  - 2 HOUR FIRE BARRIER
  - NON-RATED USHERLY



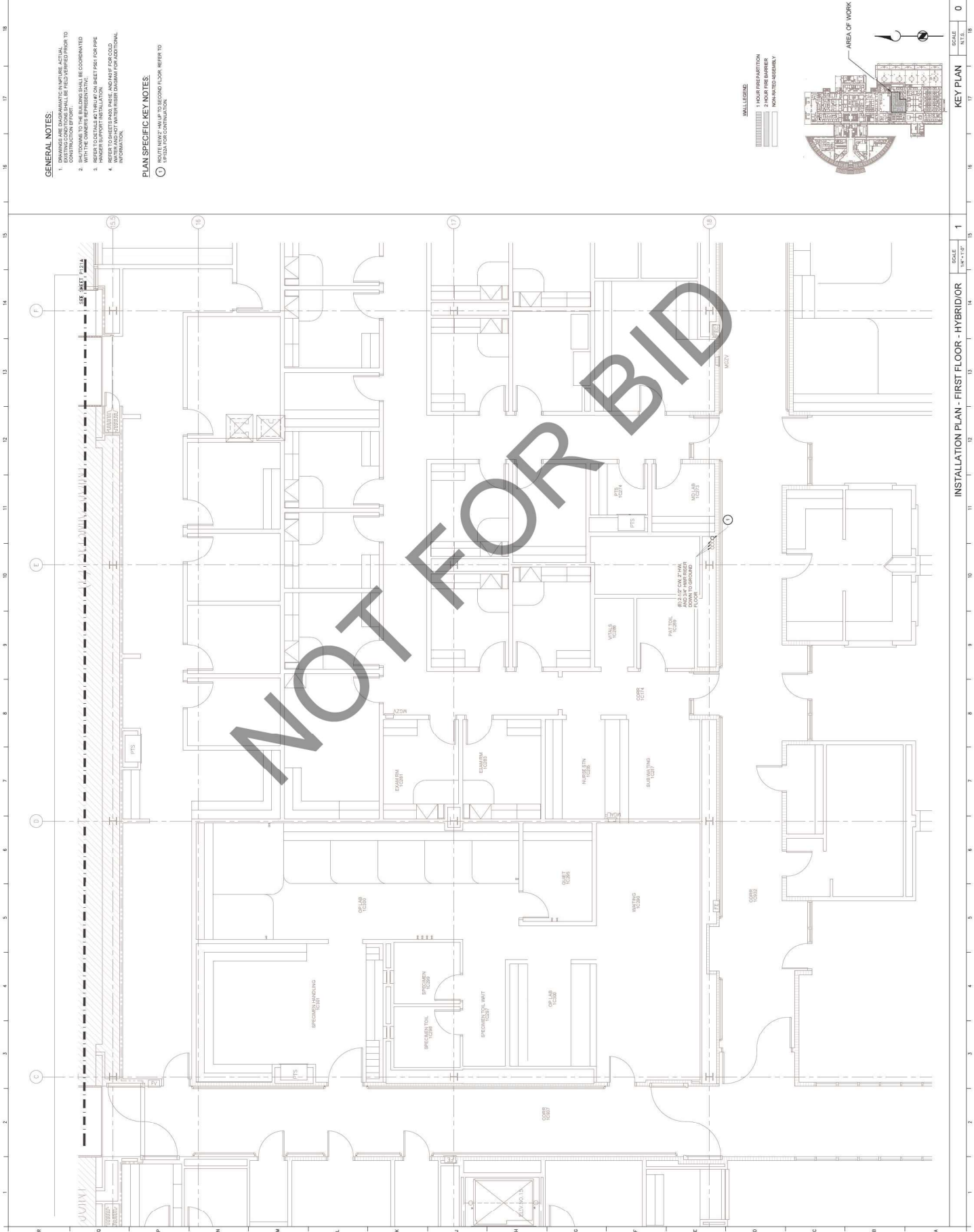
KEY PLAN  
 SCALE: 1/4" = 1'-0"  
 N.T.S.

INSTALLATION PLAN - FIRST FLOOR - HYBRID/ID

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

0

**NOT FOR BID**



NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] / DATE: 12.20.2023

PROJECT NUMBER: 120-12-17  
 HCA # : S222143-18-00

SHEET TITLE: MEDICAL GAS RISER DIAGRAM-PERI-OPERATIVE EXISTING  
 SHEET NUMBER: [Blank]

**BTA**  
 BUILDING TECHNOLOGIES ASSOCIATION  
 1000 North Main Street  
 San Jose, California 95128  
 (408) 297-7722

**Perkins+Will**  
 1100 California Street, Suite 1000  
 San Francisco, California 94109  
 (415) 774-2770  
 WWW.PERKINS+WILL.COM



**San Bernardino County Medical Center Replacement Project**

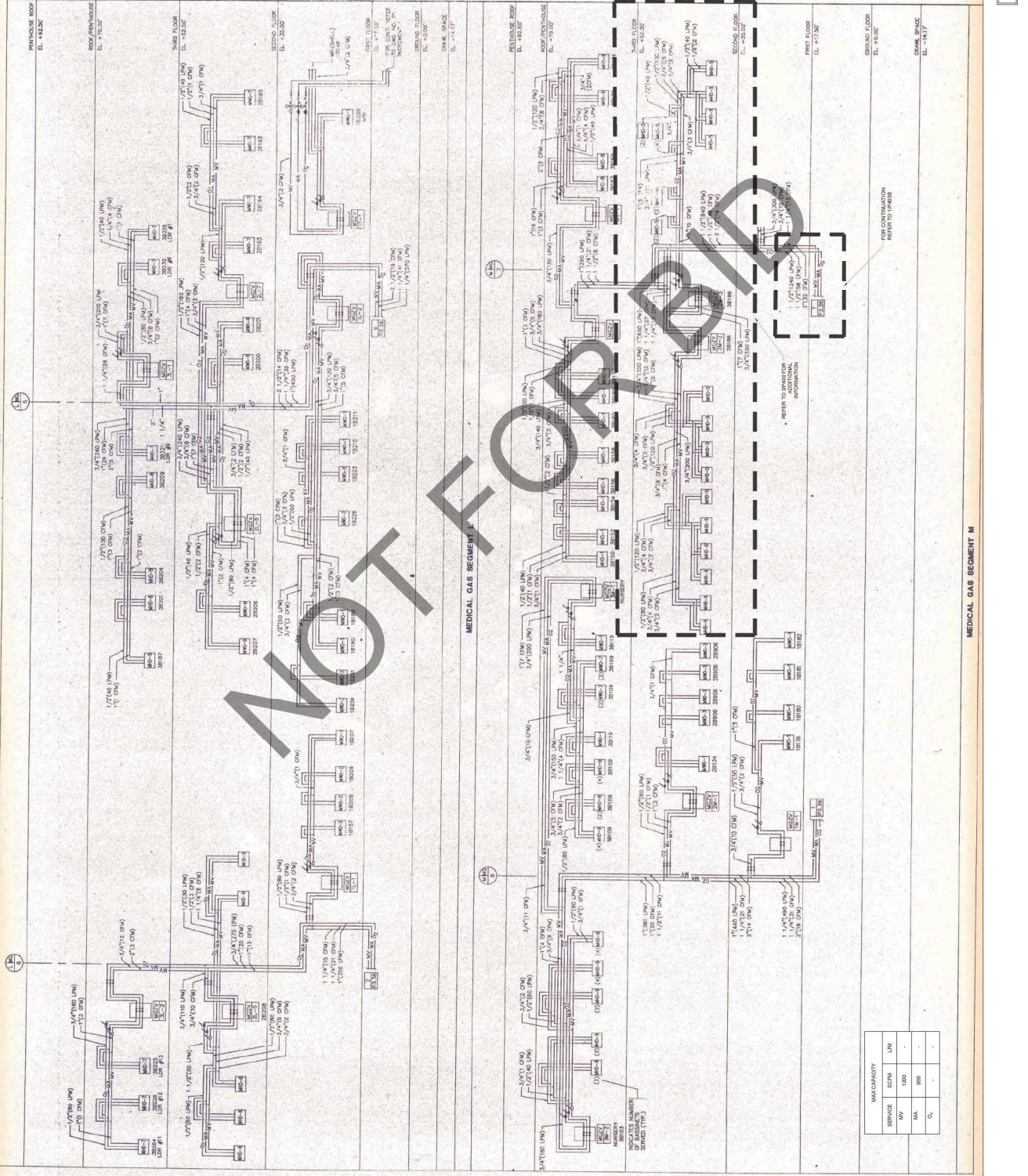
**MEP ENGINEER**  
 ADAM CHENG, License No. 68522  
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 ADAM CHENG, License No. 68522

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 ADAM CHENG, License No. 68522  
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 ADAM CHENG, License No. 68522



SERVICE	SCFM	LNH
O <sub>2</sub>	1000	-
N <sub>2</sub> O	800	-
Air	800	-

FOR REFERENCE ONLY

MEDICAL GAS RISER DIAGRAM-PERI-OPERATIVE EXISTING

SCALE: NONE

1

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] / DATE: 12.20.2023

PROJECT NUMBER: 120-12-17  
 HCA # S221143-18-00

SHEET TITLE: MEDICAL GAS RISER  
 DIAGRAM--PERI-OPERATIVE EXISTING  
 SHEET NUMBER

**BIA**  
 Building Inspection Agency  
 400 Westwood Boulevard  
 Westwood, CA 91361  
 (818) 335-7272

**Participating Agencies**  
 City of Colton  
 City of Corona  
 City of Orange  
 City of San Bernardino  
 City of San Diego  
 City of San Gabriel  
 City of San Juan Capistrano  
 City of San Marcos  
 City of San Ramon  
 City of Tustin  
 City of Westminster  
 City of Yorba Linda



**San Bernardino County Medical Center Replacement Project**  
 City of Colton  
 City of Corona  
 City of Orange  
 City of San Bernardino  
 City of San Diego  
 City of San Gabriel  
 City of San Juan Capistrano  
 City of San Marcos  
 City of San Ramon  
 City of Tustin  
 City of Westminster  
 City of Yorba Linda

**Professional Engineer Seal**  
 Alan Cheng  
 License No. 51676  
 Mechanical  
 State of California

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 State of California

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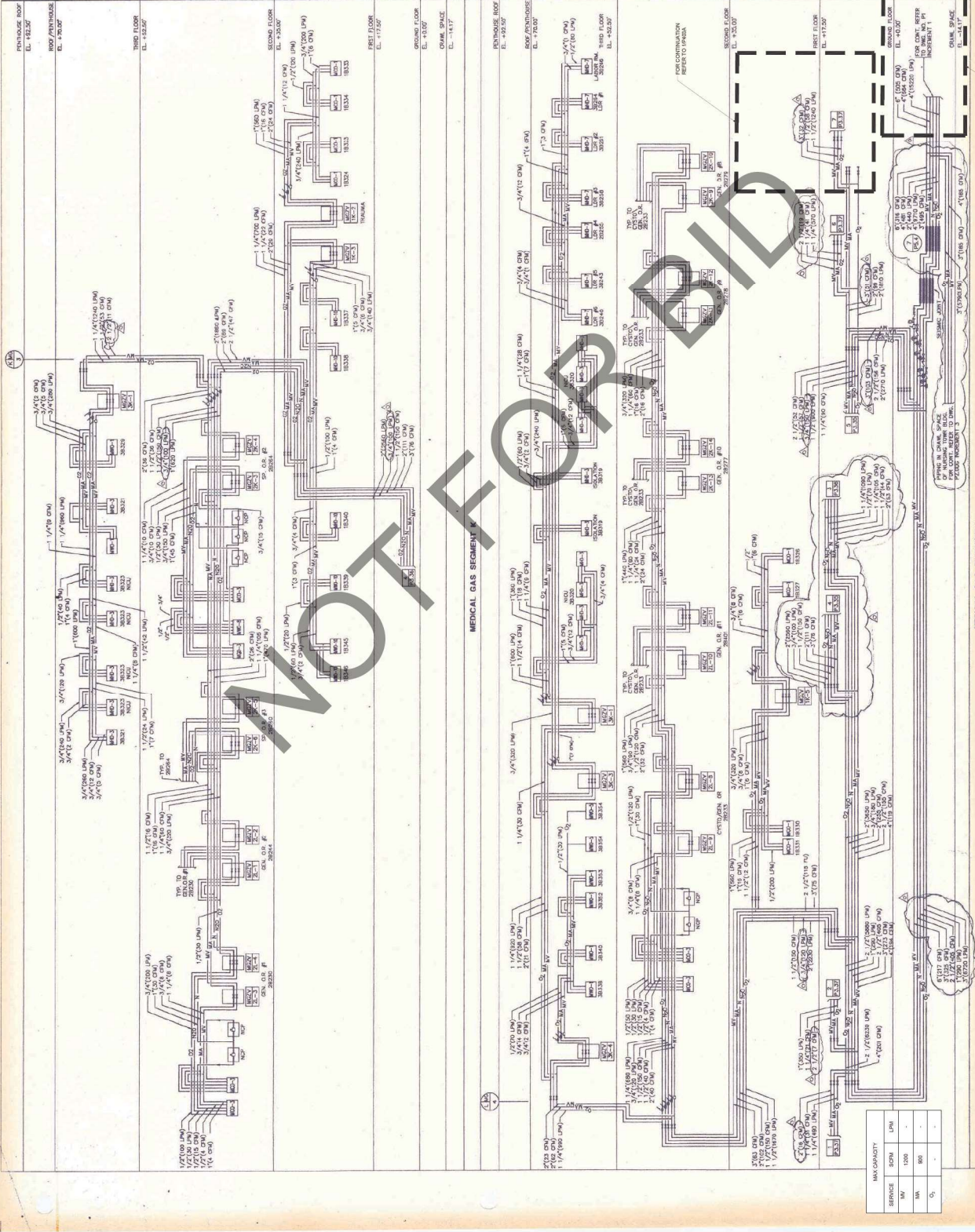
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 State of California

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 Alan Cheng  
 License No. 51676  
 Mechanical  
 State of California



FOR REFERENCE ONLY

MEDICAL GAS RISER DIAGRAM--PERI-OPERATIVE EXISTING

SCALE: NONE

1

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



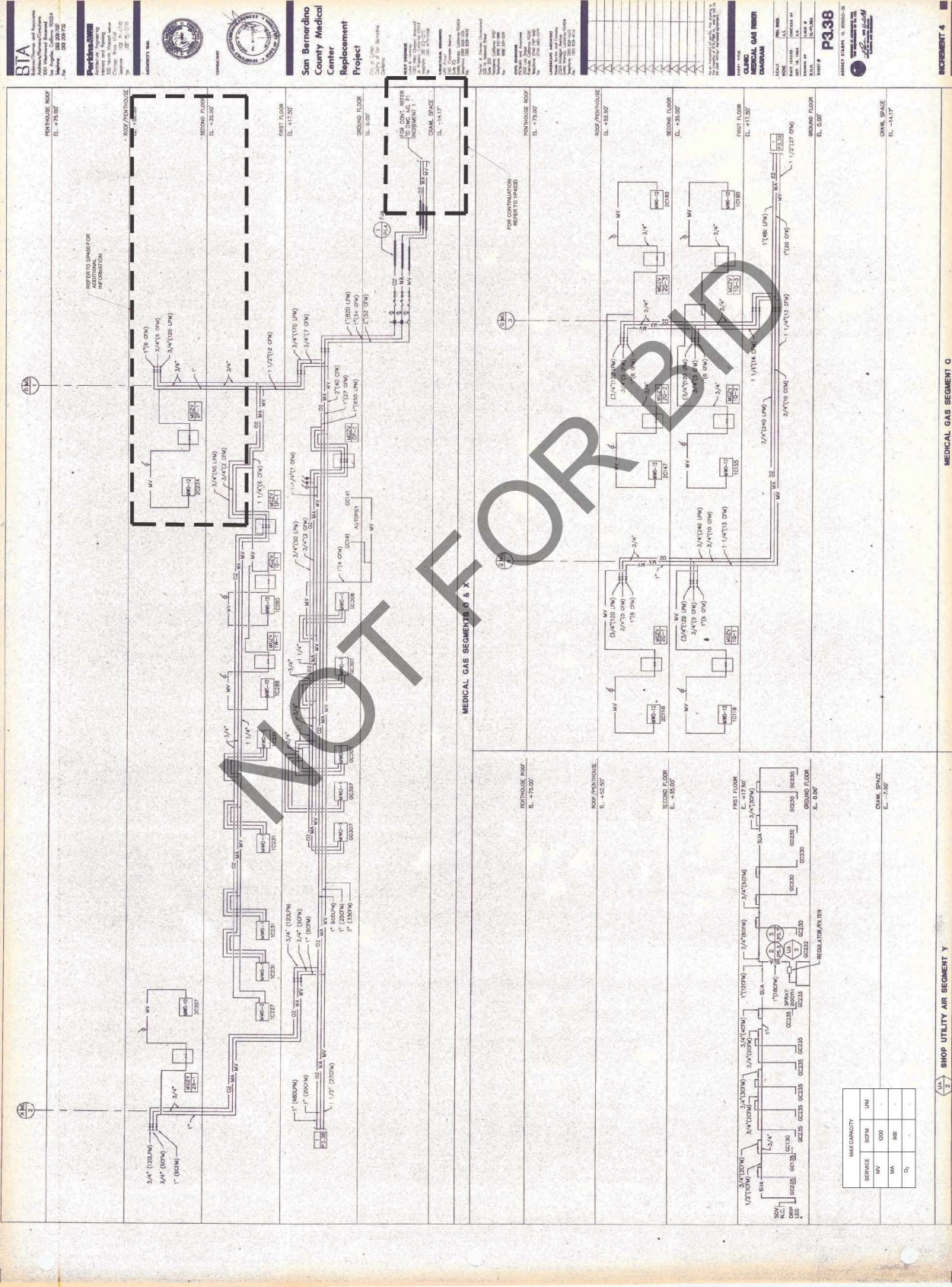
AGENCY APPROVAL



DRAWN BY: [Name] | CHECKED BY: [Name] | DATE: 12.20.2023

PROJECT NUMBER: [Number]  
 SHEET NUMBER: [Number]  
 HCA # : S22146316-00

SHEET TITLE: MEDICAL GAS RISER  
 DIAGRAM-HYBRID/OR EXISTING  
 SHEET NUMBER: [Number]



FOR REFERENCE ONLY

SCALE: AS SHOWN

DATE: 12/20/2023

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

SHEET: P403C

SCALE: AS SHOWN

DATE: 12/20/2023

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

SHEET: P403C

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS

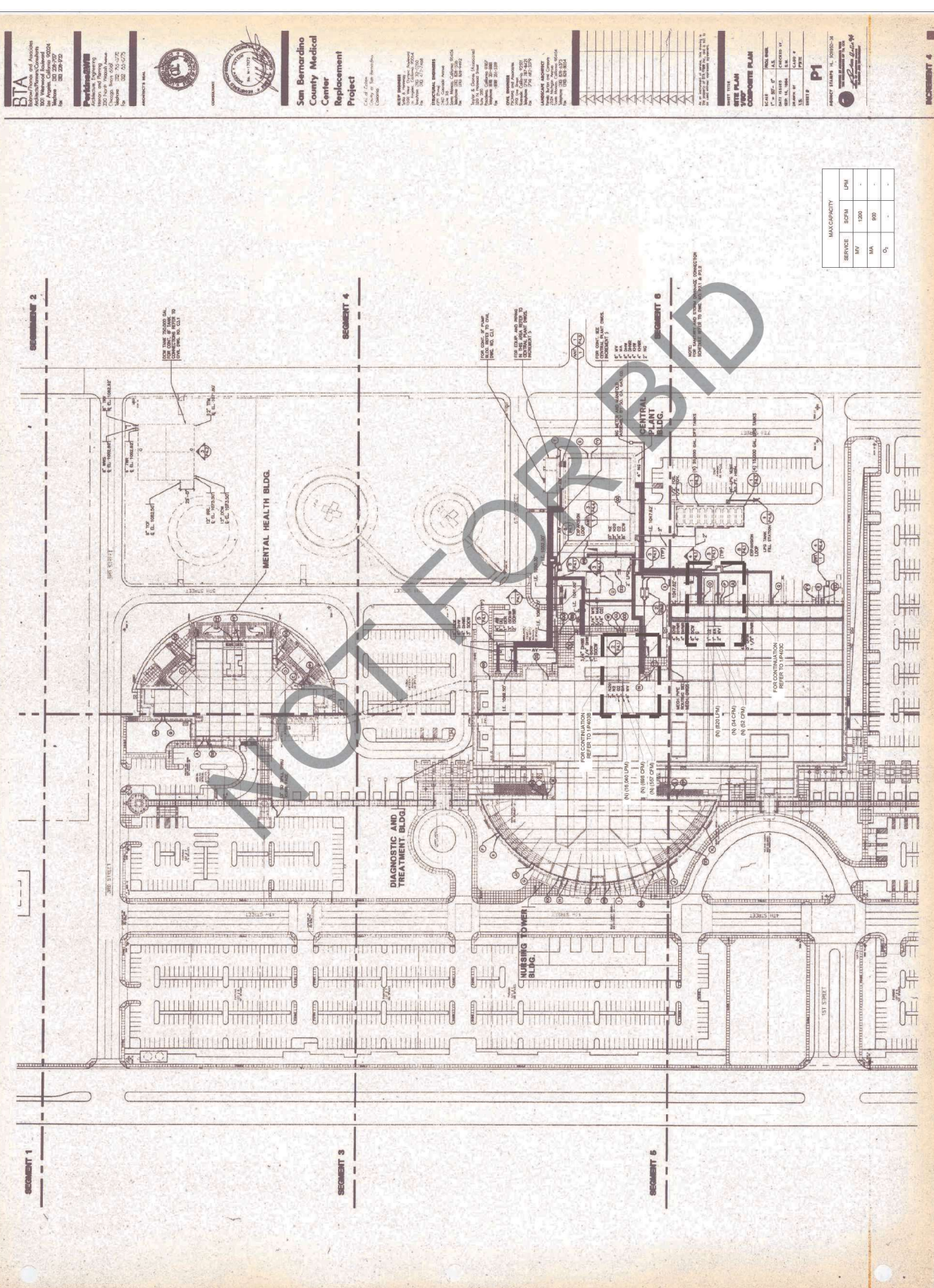


AGENCY APPROVAL



DRAWN BY	CHKD BY / DATE
REP	02.26.2023
PROJECT NUMBER	120-12-17
HCA #	S22714336-00

SHEET TITLE  
**MEDICAL GAS RISER**  
 DIAGRAM-EXISTING SITE PLAN  
 SHEET NUMBER

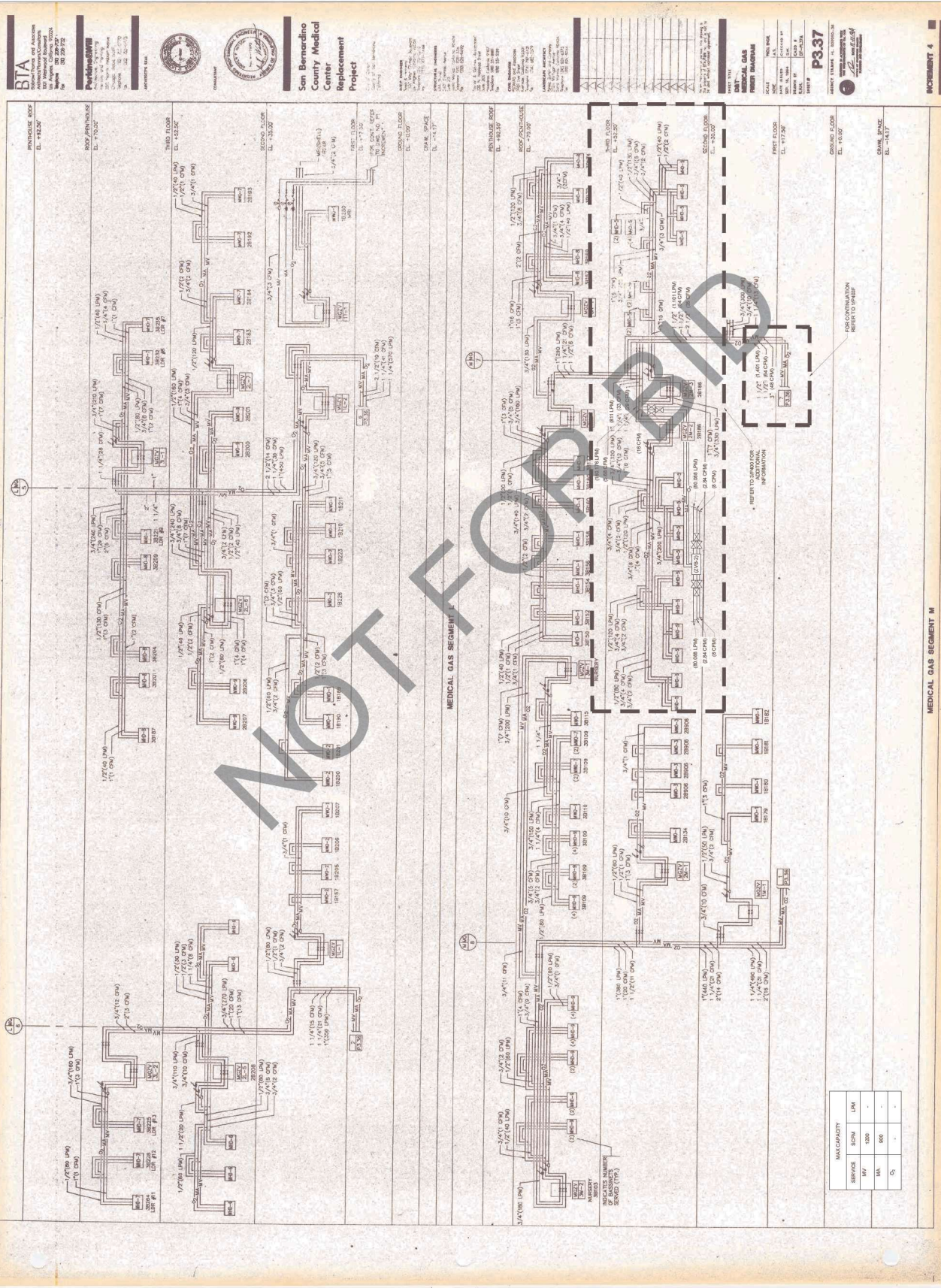


MAX CAPACITY		
SERVICE	SCFM	UNF
OV	1000	-
VA	600	-
O <sub>2</sub>	-	-

FOR REFERENCE ONLY



NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2



MEDICAL GAS RISER DIAGRAM-PERI-OPERATIVE INSTALLATION

SCALE NONE

1