

CONSTRUCTION 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. 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.
3. USE 5/8" GYPSUM WALLBOARD THROUGHOUT THE OFFICE TO PROVIDE EXTRA PROTECTION AGAINST X-RAY SCATTER RADIATION.

WALL LEGEND

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

SEE SHEET SA.3 FOR ILLUSTRATIONS & DETAILS

REINFORCEMENT SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	MECH. DETAIL	CONS. DETAIL
1	6	DENTAL TRACK LIGHT - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL		6
1	6A	DENTAL CEILING LIGHT - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL		6A
2	9	WALL MOUNTED INTRAORAL X-RAY HEAD, ARM, AND WALL BRACKET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. REQUIRES A 3 WIRE GROUNDED CIRCUIT.		9
1	9C	PANORAMIC XRAY UNIT - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. REQUIRES A 3 WIRE GROUNDED CIRCUIT.		9C
11	39A	WALL MOUNTED MONITOR - EXACT LOCATION PER OWNER AND HENRY SCHEIN EQUIPMENT SPECIALIST.		39A

PLEASE NOTE: 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.

HENRY SCHEIN®
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PROJECT: **COMMUNITY DENTAL PORTLAND**

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

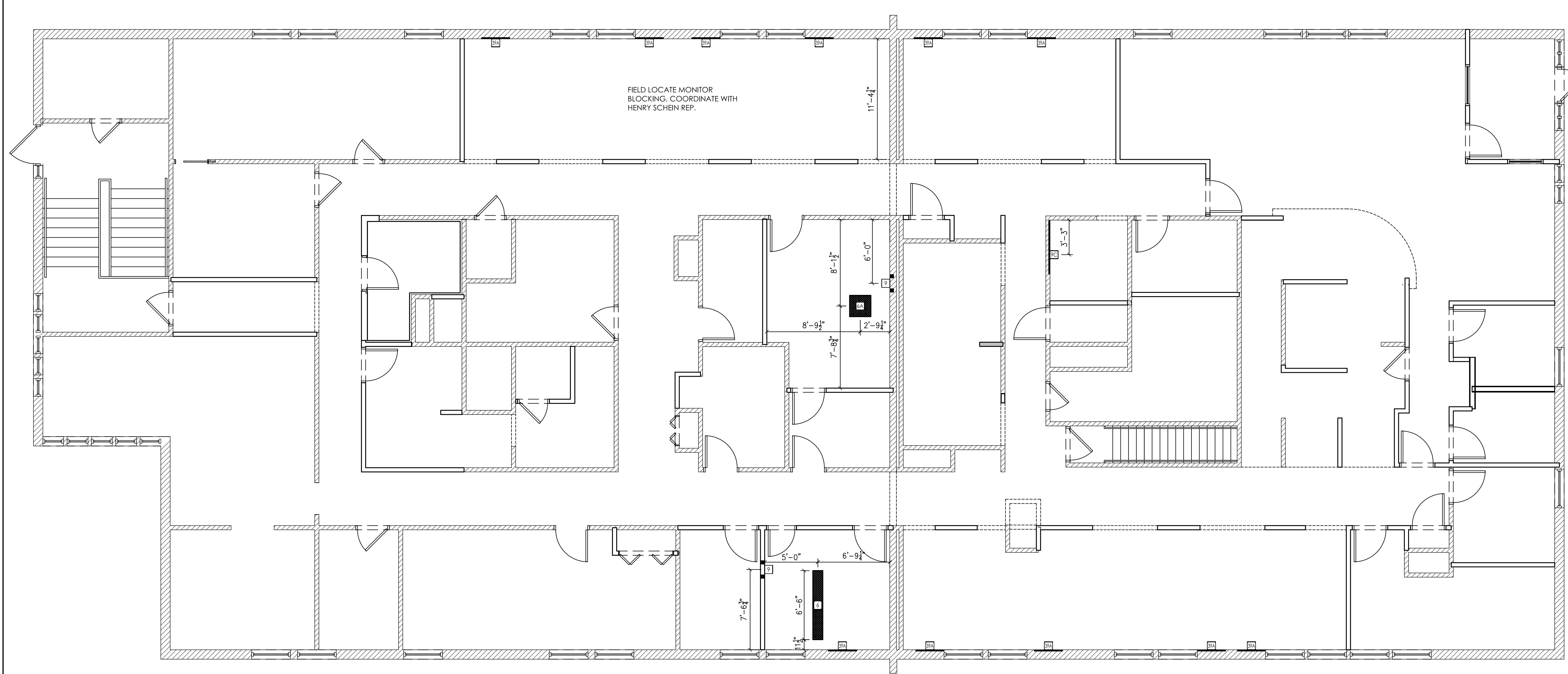
DRAWING NAME:
COMMUNITY DENTAL PORTLAND-1A-F
PROJECT START DATE:
07/20/2015
FINALS START DATE:
01/22/2016
DRAWN BY: ARCH
FINALS BY: AKL
CHECKED BY: GMC

REVISIONS:
02/10/16 AKL
02/16/16 AKL
04/07/16 AKL

INT.SQ.FT. = PER ARCH

SCALE: 3/16"=1'-0" SHT. SIZE: D
REINFORCEMENT PLAN

SA.1



THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. EXISTING CONDITIONS MAY NOT MEET LOCAL BUILDING AND ACCESSIBILITY CODES. IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS AND CLEARANCES ARE MET.

DIMENSIONS & REINFORCEMENT SPECIFICATIONS

3/16"=1'-0"