

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 091366

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

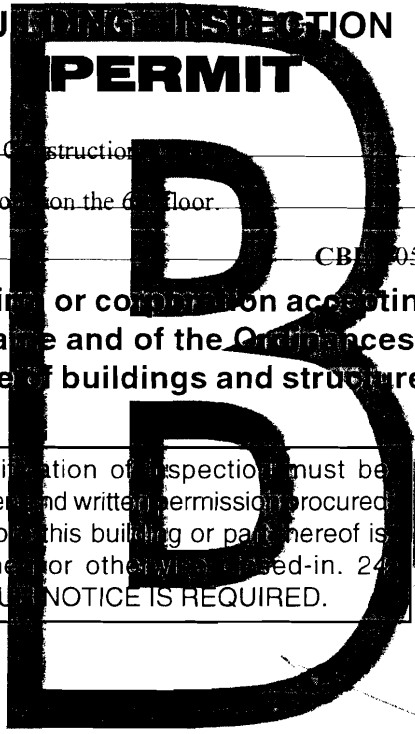
This is to certify that Maine Medical Center/Herbert Construction
has permission to Renovate psychiatric patient room on the 6th floor
AT 22 Bramhall St CB# 053-D007001 JAN 14 2010

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.



OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Gauthier
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 1/14/10
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 09-1366 | Issue Date: | CBL: 053 D007001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|---|--|---------------------|
| Location of Construction: 22 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: Maine Medical Center | Contractor Name: Herbert Construction, LLC | Contractor Address: 9 Gould Road Lewiston | Phone 2077832091 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: C-4 |

| | | | | |
|--|--|--|---|--------------------|
| Past Use: Maine Medical Center | Proposed Use: Maine Medical Center / Renovate psychiatric patient rooms on the 6th floor. | Permit Fee: \$32,020.00 | Cost of Work: \$3,200,000.00 | CEO District: 2 |
| Proposed Project Description: Renovate psychiatric patient rooms on the 6th floor. | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions | INSPECTION: Use Group: I-2 Type: B FBC-2003 | |
| | | Signature: <i>(Signature)</i> | Signature: <i>(Signature)</i> 1/14/10 | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | | | | |
| Signature: _____ Date: _____ | | | | |

| | | | | |
|------------------------|---------------------------------|------------------------|--|--|
| Permit Taken By: gg | Date Applied For: 11/24/2009 | Zoning Approval | | |
|------------------------|---------------------------------|------------------------|--|--|

| | | | |
|---|--|--|---|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p> | <p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> | <p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <p>Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |
| | Date: <i>OK</i> <i>12/2/09</i> | Date: _____ | Date: _____ |

PERMIT ISSUED

JAN 14 2010

City of Portland

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

| | | | |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHONE |

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

 X **The final report of Special Inspections shall be submitted prior to the final inspection or the issuance of the Certificate of Occupancy**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

 Daniel R Hebers
Signature of Applicant/Designee

 1/14/10
Date

 [Signature]
Signature of Inspections Official

 1/14/10
Date

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--|----------------------------|
| Permit No: 09-1366 | Date Applied For: 11/24/2009 | CBL: 053 D007001 |
|------------------------------|--|----------------------------|

| | | | |
|--|--|---|---------------------------------|
| Location of Construction: 22 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: Maine Medical Center | Contractor Name: Herbert Construction, LLC | Contractor Address: 9 Gould Road Lewiston | Phone: (207) 783-2091 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|---|--|
| Proposed Use: Maine Medical Center / Renovate psychiatric patient rooms on the 6th floor. | Proposed Project Description: Renovate psychiatric patient rooms on the 6th floor. |
|---|--|

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 12/02/2009
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 01/14/2010
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Submit schedules/specs of firestopping systems indicating test or design number for each type of penetration.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 12/08/2009
Note: **Ok to Issue:**

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 2) All smoke detectors and smoke alarms shall be photoelectric. Carbon Monoxide detectors are required in the dwelling units by State law.
- 3) Application requires State Fire Marshal approval.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.
- 5) All construction shall comply with NFPA 101
- 6) A single source supplier should be used for all through penetrations.
- 7) A separate Fire Alarm System Permit is required.
- 8) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 9) All means of egress to remain accessible at all times
- 10) Fire extinguishers required. Installation per NFPA 10
- 11) Walls in structure are to be labeled according to fire resistance rating.
IE; 1 hr. / 2 hr. / smokeproof.
- 12) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 13) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

| | | | |
|--|--|---|--------------------------------|
| Location of Construction: 22 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: Maine Medical Center | Contractor Name: Herbert Construction, LLC | Contractor Address: 9 Gould Road Lewiston | Phone (207) 783-2091 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

- 14 Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 15 A separate Suppression System Permit is required.
- 16 The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required.

Comments:

12/2/2009-gg: pdf file included. Filed in the g drive and cd is with permit. /gg

1/12/2010-jmb: Spoke with Beth S. From MorrisSwitzer for review items (handrail) HR-1 on plan 3A7-1 is installed along the hallways, not required by code, would like clarification of firestop of insulated pipe on plan 3P3.0, need stamped MEP plans, need detail on rooftop steps and railings plan 3A2-1, she will submit the addendums. Also left a vcmmsg. With Ethan R. Of Becker for the statement of special inspections and vcmmsg for Dan H. About the status.

1/14/2010-jmb: Spoke with Dan H., he will submit plans and SI statement tomorrow, ok to issue



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| | | |
|--|--|---|
| Location/Address of Construction: 22 Bramhall St. | | |
| Total Square Footage of Proposed Structure/Area | | Square Footage of Lot |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D 007 | Applicant * must be owner, Lessee or Buyer* Name Maine Medical Center Address 22 Bramhall St. City, State & Zip Portland, ME 04102 | Telephone: 207-662-2988 |
| Lessee/DBA (If Applicable) | Owner (if different from Applicant) Name Address City, State & Zip | Cost Of Work: \$3,200,000.00 C of O Fee: \$ Total Fee: \$ 32,020.00 |
| Current legal use (i.e. single family) <u>Psychiatric Patient Rooms</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Psychiatric Patient Rooms</u> Is property part of a subdivision? <u>N/A</u> <u>6th Floor</u> If yes, please name _____ Project description: Renovate PAV. A&C providing Psych. Safe features, insall new mechanical system, lighting & new sprinkler. Area to be completely gutted providing for new walls and finishes. | | |
| Contractor's name: <u>Hebert Construction, LLC</u> Address: <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u> Telephone: <u>207-783-2091</u> Who should we contact when the permit is ready: <u>Daniel Hebert</u> Telephone: <u>207-783-2091</u> Mailing address: <u>9 Gould Road, Lewiston, ME 04240</u> | | |

Received
P.D.F.
Call will pick up.

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

| | |
|---|--------------------|
| Signature: <u>Daniel R Hebert</u> Daniel R. Hebert/President | Date: November 24, |
|---|--------------------|

This is not a permit; you may not commence ANY work until the permit is issue



Certificate of Design

Date: November 20, 2009

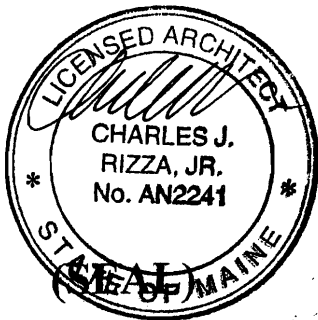
From: MorrisSwitzer ~ Environments for Health, LLC

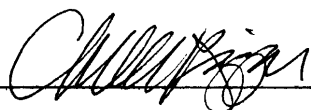
These plans and / or specifications covering construction work on:

Maine Medical Center - PG Renovations Issued for Bid: Nov. 19, 2009

MorrisSwitzer project no: 28034

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: 

Title: Director

Firm: MorrisSwitzer ~ Environments for Health LLC

Address: One Dana Street

Portland, Maine 04101

Phone: 207-773-8841

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



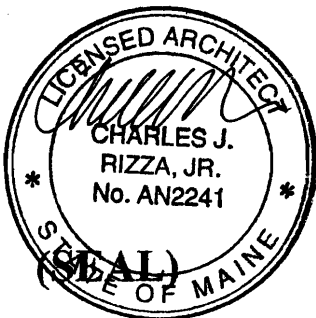
Accessibility Building Code Certificate


Designer: Morris Switzer - Environments for Health, LLC
Charles Rizza, Jr., AIA

Address of Project: Maine Medical Center, 22 Bramhall St., Portland 04102

Nature of Project: Renovations and a minor addition to the
6th floor and associated temporary occupancy space for
a geriatric psych unit of 25 beds at MMC
MS Project No. 28034

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: 

Title: Director

Firm: Morris Switzer - Environments for Health LLC

Address: One Dana street
Portland, Maine 04101

Phone: 207-773-8841

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design Application

From Designer: Becker Structural Engineers
 Date: 11/23/2009
 Job Name: Maine Medical Center P6 Renovations
 Address of Construction: 22 Bramhall Street, Portland, Maine

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2006 (S only) Use Group Classification (s) I2

Type of Construction 1B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC Yes

Is the Structure mixed use? Mixed Use If yes, separated or non separated or non separated (section 302.3) non-separated

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) No

Structural Design Calculations

Completed Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

| Floor Area Use | Loads Shown |
|--------------------------|---------------|
| Hospital, Corridor above | First: 80 psf |
| Hospital, Patient Rooms: | 40 psf |

Wind loads (1603.1.4, 1609)

1609.1.1 Design option utilized (1609.1.1, 1609.6)
100 mph Basic wind speed (1809.3)
1.15 Building category and wind importance Factor, I_w table 1604.5, 1609.5)
C Wind exposure category (1609.4)
+/-0.18 Internal pressure coefficient (ASCE 7)
per ASCE 7 Component and cladding pressures (1609.1.1, 1609.6.2.2)
34 psf Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

Eq Lat Force Design option utilized (1614.1)
IV Seismic use group ("Category")
0.311, 0.120 Spectral response coefficients, S_D s & S_{D1} (1615.1)
D Site class (1615.1.5)

N/A Live load reduction
20 psf (Snow Governs) Roof live loads (1603.1.2, 1607.11)
50 psf Roof snow loads (1603.7.3, 1608)
60 psf Ground snow load, P_g (1608.2)
50 psf If $P_g > 10$ psf, flat-roof snow load P_f
0.9 If $P_g > 10$ psf, snow exposure factor, C_e
1.2 If $P_g > 10$ psf, snow load importance factor, I_s
1.1 Roof thermal factor, C_t (1608.4)
N/A Sloped roof snowload, P_s (1608.4)
C Seismic design category (1616.3)
Moment Frame Basic seismic force resisting system (1617.6.2)
3.0, 3.0 Response modification coefficient, R and deflection amplification factor C_d (1617.6.2)
Eq Lat Force Analysis procedure (1616.6, 1617.5)
2.5 kips at connector base Design base shear (1617.4, 1617.5.1)
Flood loads (1803.1.6, 1612)
N/A Flood Hazard area (1612.3)
N/A Elevation of structure
Other loads
Included Concentrated loads (1607.4)
Included Partition loads (1607.5)
N/A Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Jeanie Bourke - MMC P6 renovations

From: "Dan Hebert" <dhebert@hebertconstructioncorp.com>
To: "Jeanie Bourke" <JMB@portlandmaine.gov>
Date: 1/13/2010 10:43 AM
Subject: MMC P6 renovations

Hi Jeannie, I just talked to the Architect and she will be providing me with the following documents at our meeting tomorrow morning. Engineered stamped drawings, both hard copy and PDF, Addendum #1 and #2, Stair and railing detail issued as part of Addendum #2 and I will also be bringing the statement of special inspections. Let me know if you need anything else. As per our discussion if possible I would like to pick up the building permit as well, As usual thanks for all your help.

Daniel R. Hebert
Hebert Construction, LLC
9 Gould Road
Lewiston, ME
T 207-783-2091 F207-782-4938
www.hebertconstruction.com



HEBERT CONSTRUCTION, LLC
 9 Gould Road
 Lewiston, ME 04240
 Tel: (207) 783-2091 Fax: (207) 782-4938

9 Gould Road
 Lewiston, ME 04240
 Ph : (207) 783-2091

Letter of Transmittal

To: Jeanie Bourke
 City of Portland
 Planning & Urban Development
 Inspections Division
 389 Congress Street, Rm. 315
 Portland, ME 04101

Transmittal #: 2
Date: 1/13/2010
Job: 090154 MMC- P6 Pre Construction

Subject: Maine Medical Center P6

WE ARE SENDING YOU Attached Under separate cover via None the following items:
 Shop drawings Prints Plans Samples
 Copy of letter Change order Specifications Other

| Document Type | Copies | Date | No. | Description |
|---------------|--------|---------|-----|--|
| Drawings | 1 | 1/13/10 | | Engineered Stamped Drawings on pdf and hard copy |
| Addenda | 1 | 1/13/10 | | Addendum No. 1&2 |
| Detail Sketch | 1 | 1/13/10 | | Stair & Railing Detail (Addendum #2) |
| Statement | 1 | 1/13/10 | | Statement of Special Inspections |

THESE ARE TRANSMITTED as checked below:

For approval Approved as submitted Resubmit ___ copies for approval
 For your use Approved as noted Submit ___ copies for distribution
 As requested Returned for corrections Return ___ corrected prints
 For review and comment Other
 FOR BIDS DUE PRINTS RETURNED AFTER LOAN TO US

Remarks:

Copy To:

RECEIVED
 JAN 14 2010
 Dept. of Building Inspection
 City of Portland Maine

From: Daniel Hebert (Hebert Construction)

Signature: _____

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections

Project: *Maine Medical Center, P6 Renovations*

Location: *Portland, Maine*

Owner: *Maine Medical Center*

This *Statement of Special Inspections* encompass the following discipline: **Structural**

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the Building Code. It includes a schedule of Special Inspection services applicable to this project as well as the name of the Structural Special Inspection Coordinator (SSIC) and the identity of other approved agencies to be retained for conducting these inspections and tests.

The Structural Special Inspection Coordinator shall keep records of all Structural inspections and shall furnish inspection reports to the Building Code Official (BCO) and the Structural Registered Design Professional in Responsible Charge (SRDP). Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official and the Structural Registered Design Professional in Responsible Charge. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Building Official and the Structural Registered Design Professional in Responsible Charge at an interval determined by the SSIC and the BCO.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted to the BCO prior to issuance of a Certificate of Use and Occupancy.

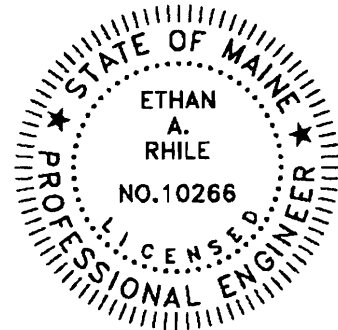
Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: Upon request of Building Official _____ or per attached schedule.

Prepared by:



Ethan A. Rhile, P. E.
Becker Structural Engineers



Design Professional Seal


11/30/2009
Date

Signature

Owner's Authorization:

 11/13/10
Signature Date

Building Code Official's Acceptance:

 1/14/10
Signature Date

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)

List of Agents

Project: *Maine Medical Center P6 Renovations*

Location: *Portland, Maine*

Owner: *Maine Medical Center*

This *Statement of Special Inspections* encompass the following discipline: **Structural**

(Note: Statement of Special Inspections for other disciplines may be included under a separate cover)

This Statement of Special Inspections / Quality Assurance Plan includes the following building systems:

- Soils and Foundations
- Cast-in-Place Concrete
- Precast Concrete System
- Masonry Systems
- Structural Steel
- Wood Construction
- Special Cases

| Special Inspection Agencies | Firm | Address, Telephone, e-mail |
|---|------------------------------------|--|
| 1. STRUCTURAL Special Inspections Coordinator (SSIC) | <i>Becker Structural Engineers</i> | <i>75 York Street Portland, Maine 04101 (207) 879-1838 info@beckerstructural.com</i> |
| 2. Special Inspector (SI 1) | <i>Becker Structural Engineers</i> | <i>75 York Street Portland, Maine 04101 (207) 879-1838 info@beckerstructural.com</i> |
| 3. Special Inspector (SI 2) | <i>Quality Assurance Labs</i> | <i>80 Pleasant Street South Portland, Maine 04106 (207) 799-8911</i> |
| 4. Testing Agency (TA 1) | | |
| 5. Testing Agency (TA 2) | | |
| 6. Other (O1) | | |

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)

Final Report of Special Inspections (SSIC/SI 1)

[To be completed by the Structural Special Inspections Coordinator (SSIC/SI 1). Note that all Agent's Final Reports must be received prior to issuance.]

Project: *Maine Medical Center P6 Renovations*
Location: *Portland, Maine*
Owner: *Maine Medical Center*
Owner's Address: *22 Bramhall Street, Portland, Maine 04102*

Architect of Record: _____
(name) *(firm)*
Structural Registered Design
Professional in Responsible Charge: _____
(name) *(firm)*

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

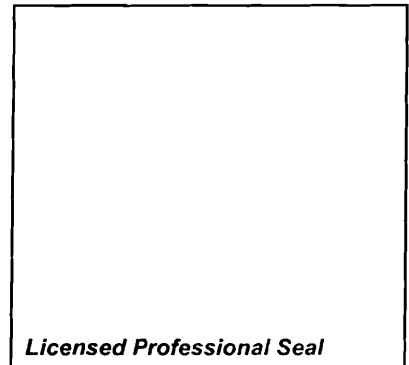
Respectfully submitted,
Structural Special Inspection Coordinator

(Type or print name)

(Firm Name)

Signature

Date



Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)
Special Inspector's/Agent's Final Report

Project:
Special Inspector or
Agent:

(name)

(firm)

Designation:

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Inspector/Agent in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Special Inspector or Agent:

(Type or print name)

Signature

Date

***Licensed Professional Seal or
Certification Number***

Structural Schedule of Special Inspections

Qualifications of Inspectors and Testing Technicians

The qualifications of all personnel performing Special Inspection and testing activities are subject to the approval of the Building Official. The credentials of all Inspectors and testing technicians shall be provided to the Special Inspector for their records. *NOTE VERIFICATION THAT QUALIFIED INDIVIDUALS ARE AVAILABLE TO PERFORM STIPULATED TESTING AND/OR INSPECTION SHOULD BE PROVIDED PRIOR TO SUBMITTING STATEMENT. AGENT QUALIFICATIONS IN SCHEDULE ARE SUGGESTIONS ONLY; FINAL QUALIFICATIONS ARE SUBJECT TO THE DISCRETION OF THE REGISTERED DESIGN PROFESSIONAL PREPARING THE SCHEDULE.*

Key for Minimum Qualifications of Inspection Agents:

When the Registered Design Professional in Responsible Charge or Special Inspector of Record deems it appropriate that the individual performing a stipulated test or inspection have a specific certification, license or experience as indicated below, such requirement shall be listed below and shall be clearly identified within the schedule under the Agent Qualification Designation.

| | |
|-------|---|
| PE/SE | Structural Engineer – a licensed SE or PE specializing in the design of building structures |
| PE/GE | Geotechnical Engineer – a licensed PE specializing in soil mechanics and foundations |
| EIT | Engineer-In-Training – a graduate engineer who has passed the Fundamentals of Engineering examination |

Experienced Testing Technician

| | |
|-----|---|
| ETT | Experienced Testing Technician – An Experienced Testing Technician with a minimum 5 years experience with the stipulated test or inspection |
|-----|---|

American Concrete Institute (ACI) Certification

| | |
|----------|---|
| ACI-CFTT | Concrete Field Testing Technician – Grade 1 |
| ACI-CCI | Concrete Construction Inspector |
| ACI-LTT | Laboratory Testing Technician – Grade 1&2 |
| ACI-STT | Strength Testing Technician |

American Welding Society (AWS) Certification

| | |
|--------------|--------------------------------------|
| AWS-CWI | Certified Welding Inspector |
| AWS/AISC-SSI | Certified Structural Steel Inspector |

American Society of Non-Destructive Testing (ASNT) Certification

| | |
|------|---|
| ASNT | Non-Destructive Testing Technician – Level II or III. |
|------|---|

International Code Council (ICC) Certification

| | |
|----------|--|
| ICC-SMSI | Structural Masonry Special Inspector |
| ICC-SWSI | Structural Steel and Welding Special Inspector |
| ICC-SFSI | Spray-Applied Fireproofing Special Inspector |
| ICC-PCSI | Prestressed Concrete Special Inspector |
| ICC-RCSI | Reinforced Concrete Special Inspector |

National Institute for Certification in Engineering Technologies (NICET)

| | |
|-----------|--|
| NICET-CT | Concrete Technician – Levels I, II, III & IV |
| NICET-ST | Soils Technician - Levels I, II, III & IV |
| NICET-GET | Geotechnical Engineering Technician - Levels I, II, III & IV |

Other

Project: Maine Medical Center P6 Renovations

Date Prepared: 11/30/2009

Structural Schedule of Special Inspections

SOILS & FOUNDATION CONSTRUCTION

| VERIFICATION AND INSPECTION | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| IBC Section 1704.7, 1704.8, 1704.9 | | | | | | |
| 1. Verify existing soil conditions, fill placement and load bearing requirements | | | | | | |
| a. Prior to placement of prepared fill, determine that the site has been prepared in accordance with the approved soils report. | N | | | | | |
| b. During placement and compaction of fill material, verify material being used and maximum lift thickness comply with the approved soils report. | N | | | | | |
| c. Test in-place dry density of compacted fill complies with the approved soils report. | N | | | | | |
| 2. Pile foundations: | | | | | | |
| a. Observe and record procedures for static load testing of piles. | N | | | | | |
| b. Observe and record procedures for dynamic load testing of piles. | N | | | | | |
| c. Record installation of each pile and results of load test. Include cutoff and tip elevations of each pile relative to permanent reference. | N | | | | | |
| d. Test welded splices of steel piles | N | | | | | |
| 3. Pier foundations: Verify installation of pier foundations for buildings assigned to Seismic Design Category C, D, E or F. | N | | | | | |
| a. Verify pier diameter and length | N | | | | | |
| b. Verify pier embedment (socket) into bedrock | N | | | | | |
| c. Verify suitability of end bearing strata | N | | | | | |

Structural Schedule of Special Inspections
CONCRETE CONSTRUCTION

| VERIFICATION AND INSPECTION | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| IBC Section 1704.4 | | | | | | |
| 1. Inspection of reinforcing steel, including prestressing tendons, and placement | N | | | | | |
| 2. Inspection of reinforcing steel welding in accordance with Table 1704.3, Item 5B | N | | | | | |
| 3. Inspect bolts to be installed in concrete prior to and during placement of concrete where allowable loads have been increased | N | | | | | |
| 4. Verifying use of required design mix | N | | | | | |
| 5. At time fresh concrete is sampled to fabricate specimens for strength test, perform slump and air content test and temperature | N | | | | | |
| 6. Inspection of concrete and shotcrete placement for proper application techniques | N | | | | | |
| 7. Inspection for maintenance of specified curing temperature and techniques | N | | | | | |
| 8. Inspection of Prestressed Concrete | | | | | | |
| a. Application of prestressing force. | N | | | | | |
| b. Grouting of bonded prestressing tendons in seismic force resisting system | N | | | | | |
| 9. Erection of precast concrete members | N | | | | | |
| 10. Verification of in-situ concrete strength, prior to stressing of tendons in post-tensioned concrete and prior to removal of shores and forms beams and structural slabs | N | | | | | |

Structural Schedule of Special Inspections

MASONRY CONSTRUCTION – LEVEL 1 (NON-ESSENTIAL FACILITY)

| VERIFICATION AND INSPECTION IBC Section 1704.5 | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| 1. As masonry construction begins, the following shall be verified to ensure compliance: | | | | | | |
| a. Proportions of site-prepared mortar. | N | | | | | |
| b. Construction of mortar joints. | N | | | | | |
| c. Location of reinforcement and connectors. | N | | | | | |
| d. Prestressing technique. | N | | | | | |
| e. Grade and size of prestressing tendons and anchorages. | N | | | | | |
| 2. The inspection program shall verify: | | | | | | |
| a. Size and location of structural elements. | N | | | | | |
| b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction. | N | | | | | |
| c. Specified size, grade and type of reinforcement. | N | | | | | |
| d. Welding of reinforcing bars. | N | | | | | |
| e. Protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature above 90°F). | N | | | | | |
| f. Application and measurement of prestressing force. | N | | | | | |
| 3. Prior to grouting, the following shall be verified to ensure compliance: | | | | | | |
| a. Grout space is clean. | N | | | | | |
| b. Placement of reinforcement and connectors and prestressing tendons and anchorages. | N | | | | | |
| c. Proportions of site-prepared grout and prestressing grout for bonded tendons. | N | | | | | |
| d. Construction of mortar joints. | N | | | | | |
| 4. Grout placement shall be verified to ensure compliance with code and construction document provisions. | N | | | | | |
| a. Grouting of prestressing bonded tendons. | N | | | | | |
| 5. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed. | N | | | | | |
| 6. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified. | N | | | | | |

Structural Schedule of Special Inspections
MASONRY CONSTRUCTION – LEVEL 2 (ESSENTIAL FACILITY)

| VERIFICATION AND INSPECTION IBC Section 1704.5 | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| 1. From the beginning of masonry construction, the following shall be verified to ensure compliance: | | | | | | |
| a. Proportions of site-mixed mortar, grout and prestressing grout for bonded tendons. | N | | | | | |
| b. Placement of masonry units and construction of mortar joints. | N | | | | | |
| c. Placement of reinforcement, connectors and prestressing tendons and anchorages. | N | | | | | |
| d. Grout space prior to grouting. | N | | | | | |
| e. Placement of grout. | N | | | | | |
| f. Placement of prestressing grout. | N | | | | | |
| 2. The inspection program shall verify: | | | | | | |
| a. Size and location of structural elements. | N | | | | | |
| b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction. | N | | | | | |
| c. Specified size, grade and type of reinforcement. | N | | | | | |
| d. Welding of reinforcement. | N | | | | | |
| e. Protection of masonry during cold weather and (temperature below 40°F) or hot weather (temperature above 90°F). | N | | | | | |
| f. Application and measurement of prestressing force. | N | | | | | |
| 3. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed. | N | | | | | |
| 4. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified. | N | | | | | |

Structural Schedule of Special Inspections - STEEL CONSTRUCTION

| VERIFICATION AND INSPECTION | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|--|-------|------------------------|-------------------|
| IBC Section 1704.3 | | | | | | |
| 1. Material verification of high-strength bolts, nuts and washers: | | | | | | |
| a. Identification markings to conform to ASTM standards specified in the approved construction documents. | Y | S | Applicable ASTM material specifications; AISC 335, Section A3.4; AISC LRFD, Section A3.3 | SI1 | PE/SE or EIT | |
| b. Manufacturer's certificate of compliance required. | Y | S | | SI1 | PE/SE or EIT | |
| 2. Inspection of high-strength bolting | | | | | | |
| a. Bearing-type connections. | Y | P | AISC LRFD Section M2.5 | SI2 | AWS/AISC-SSI | |
| b. Slip-critical connections. | N | | IBC Sect 1704.3.3 | | | |
| 3. Material verification of structural steel (IBC Sect 1708.4): | | | | | | |
| a. Identification markings to conform to ASTM standards specified in the approved construction documents. | Y | S | ASTM A 6 or ASTM A 568 IBC Sect 1708.4 | SI1 | PE/SE or EIT | |
| b. Manufacturers' certified mill test reports. | Y | S | ASTM A 6 or ASTM A 568 IBC Sect 1708.4 | SI1 | PE/SE or EIT | |
| 4. Material verification of weld filler materials: | | | | | | |
| a. Identification markings to conform to AWS specification in the approved construction documents. | Y | S | AISC, ASD, Section A3.6; AISC LRFD, Section A3.5 | SI1 | PE/SE or EIT | |
| b. Manufacturer's certificate of compliance required. | Y | S | | SI1 | PE/SE or EIT | |
| 5. Submit current AWS D1.1 welder certificate for all field welders who will be welding on this project. | Y | S | AWS D1.1 | SI1 | PE/SE or EIT | |
| 6. Inspection of welding (IBC 1704.3.1): | | | | | | |
| a. Structural steel: | | | | | | |
| 1) Complete and partial penetration groove welds. | Y | C | AWS D1.1 | SI2 | AWS-CWI | |
| 2) Multipass fillet welds. | Y | C | | SI2 | AWS-CWI | |
| 3) Single-pass fillet welds > 5/16" | Y | C | | SI2 | AWS-CWI | |
| 4) Single-pass fillet welds < 5/16" | Y | P | | SI2 | AWS-CWI | |
| 5) Floor and deck welds. | Y | P | AWS D1.3 | SI2 | AWS-CWI | |
| b. Reinforcing steel (IBC Sect 1903.5.2): | | | | | | |
| 1) Verification of weldability of reinforcing steel other than ASTM A706. | N | | | | | |
| 2) Reinforcing steel-resisting flexural and axial forces in intermediate and special moment frames, and boundary elements of special reinforced concrete shear walls and shear reinforcement. | N | | | | | |
| 3) Shear reinforcement. | N | | | | | |
| 4) Other reinforcing steel. | N | | | | | |
| 7. Inspection of steel frame joint details for compliance (IBC Sect 1704.3.2) with approved construction documents: | | | | | | |
| a. Details such as bracing and stiffening. | Y | P | | SI1 | PE/SE or EIT | |
| b. Member locations. | Y | P | | SI1 | PE/SE or EIT | |
| c. Application of joint details at each connection. | Y | P | | SI1 | PE/SE or EIT | |

Structural Schedule of Special Inspection Services
FABRICATION AND IMPLEMENTATION PROCEDURES – STRUCTURAL STEEL

| VERIFICATION AND INSPECTION IBC Section 1704.2 | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|--|-----|--|---|-------|------------------------|-------------------|
| 1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. AISC Certification | Y | S | Fabricator shall submit one of the two qualifications | S11 | PE/SE or EIT | |
| 3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. | Y | S | IBC 1704.2.2 | S11 | PE/SE or EIT | |

Structural Schedule of Special Inspection Services
FABRICATION AND IMPLEMENTATION PROCEDURES – WOOD TRUSSES

| VERIFICATION AND INSPECTION IBC Section 1704.2 | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| 1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. TPI Inspection Program: Fabricator shall participate in the TPI Quality Assurance Inspection Program, and maintain a copy of the Quality Assurance Procedures Manual, QAP-90. Submit copy of certificate. All trusses shall bear the TPI Registered Mark. | N | | | | | |
| 3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents | N | | | | | |

Structural Schedule of Special Inspections
WOOD CONSTRUCTION

| VERIFICATION AND INSPECTION IBC Section 1704.6 | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETED |
|---|-----|--|----------|-------|------------------------|-------------------|
| 1. Fabrication of high-load diaphragms | | | | | | |
| a. Verify wood structural panel sheathing for grade and thickness | N | | | | | |
| b. Verify the nominal size of framing members at adjoining panel edges | N | | | | | |
| b. Verify the nail or staple diameter and length | N | | | | | |
| b. Verify the number of fastener lines | N | | | | | |
| b. Verify the spacing between fasteners in each line and at edge margins | N | | | | | |
| 2. Load Tests for Joist Hangers: Provide evidence of manufacturer's load test in accordance with ASTM D1761 including the vertical load bearing capacity, torsional moment capacity, and deflection characteristics when there is no calculated procedure recognized by the code. | N | | | | | |

Structural Schedule of Special Inspections
SEISMIC RESISTANCE - STRUCTURAL

| VERIFICATION AND INSPECTION | Y/N | EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE | COMMENTS | AGENT | AGENT QUALIFICATION | TASK COMPLETE D |
|---|-----|--|----------------------------|-------|------------------------|-----------------------|
| IBC Section 1707 | | | | | | |
| 1. Special inspections for seismic resistance. Special inspection as specified in this section is required for the following: | | | Seismic Design Category: C | | | |
| a. The seismic-force-resisting systems in structures assigned to Seismic Design Category C, D, E or F | Y | P | IBC 1707.1 | SII | PE/SE or EIT | |
| 2. Structural steel: Continuous special inspection for structural welding in accordance with AISC 341. | N | None (not a AISC 341 project) | | | | |
| 3. Structural wood: | | | | | | |
| a. Continuous special inspection during field gluing operations of elements of the seismic-force-resisting system. | N | | | | | |
| b. Periodic special inspections for nailing, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including drag struts, braces and hold-downs | N | | | | | |
| 4. Cold-formed steel framing: Periodic special inspections during welding operations of elements of the seismic-force-resisting system. Periodic special inspections for screw attachment, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including struts, braces, and hold-downs | N | | | | | |
| 4. Seismic isolation system. Provide periodic special inspection during the fabrication and installation of isolator units and energy dissipation devices if used as part of the seismic isolation system | N | | | | | |

Quality Assurance Plan – Seismic and Wind

QUALITY ASSURANCE FOR SEISMIC RESISTANCE CHECK LIST [IBC 1705]

Seismic Design Category **C**

FOR SEISMIC DESIGN CATEGORY C OR HIGHER:

Structural:

- The seismic-force-resisting systems
 - Steel Braced Frames and associated connections/anchorage
 - Steel Moment Frames and associated connections
 - Shear walls: CMU Wood Concrete
 - Other:
- Diaphragms: Floor Roof

QUALITY ASSURANCE FOR WIND RESISTANCE CHECK LIST [IBC 1706]

Wind Exposure Category **C**

| REQUIRED | NOT REQUIRED | NOT APPLICABLE | QUALITY ASSURANCE PLAN REQUIREMENTS (A Quality Assurance Plan is required where indicated below) |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In wind exposure Categories A and B, where the 3-second-gust basic wind speed is 120 miles per hour (mph) (52.8 m/sec) or greater. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In wind exposure Categories C and D, where the 3-second-gust basic wind speed is 110 mph (49 m/sec) or greater. |

Prepared by:

Signature

Date

Building Code Official's Acceptance:

Signature

Date

James Deane 1/14/10

Contractor's Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated in the Quality Assurance Plan must submit a Statement of Responsibility. The Statement of Responsibility is required for Seismic Design Category C or higher. Make additional copies of this form as required.

Project: Maine Medical Center, P6 Renovations, Portland, Maine

Contractor's Name:

Address:

License No.:

Description of designated building systems and components included in the Statement of Responsibility:

Contractor's Acknowledgment of Special Requirements

I hereby acknowledge that I have received, read, and understand the Quality Assurance Plan and Special Inspection program.

I hereby acknowledge that control will be exercised to obtain conformance with the construction documents approved by the Building Official.

 Daniel R. DeBevoise
Signature

 2-13-2010
Date

Contractor's Provisions for Quality Control

Procedures for exercising control within the contractor's organization, the method and frequency of reporting and the distribution of reports is attached to this Statement.

Identification and qualifications of the person(s) exercising such control and their position(s) in the organization are attached to this Statement.



MECHANICAL / ELECTRICAL ENGINEERS

92 Montvale Ave, Suite 4100, Stoneham, MA 02180
Tel: 781-481-0210 / Fax: 781-481-0203
email: info@f-t.com / www.f-t.com

Thoughtful Practical Engineering

TRANSMITTAL

To: MorrisSwitzer Environments for Health,
LLC
One Dana Street
Portland, Maine 04101
Tel: 207-773-8841

Date: January 13, 2010
F&T #: 09018.00
Job: Maine Medical Center
Attn: Elizabeth Schidzig

We are sending you via: Scott the following items:

| Item Description / Shop Drawing # | # of Shts/Pgs. | Latest Date | Bill Exp. |
|-----------------------------------|-----------------|-------------|---|
| Stamped and Signed drawings | 44 24x36 sheets | | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Compact disk | 1 | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <i>Addendum 1</i> | | | |

Sent for your: Use

Remarks:

Please find the attached

By: Jim Anderson

cc: File

RECEIVED
JAN 14 2010
Dept. of Building Inspections
City of Portland Maine

December 9, 2009

Maine Medical Center
Pavilion 6 Renovations
Portland, Maine

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com

ADDENDUM No. 2

This Addendum forms a part of the contract documents and modifies the original Drawings and the Specifications dated November 19, 2009. The enclosed additions, deletions, corrections, and changes should be as binding as if incorporated in the original documents. Acknowledgment of receipt of this addendum will be required as part of the contract agreement.

Changes to Prior Addenda:

A. Addendum 1, Changes to Project Manual

1. Section 08800 – Glazing:

1. Paragraph a., change airspace from “5/8” to “5/16”.
2. Paragraph b., add the following at the end of the sentence: Insulated metal panels shall be Class “A” Fire rated with a smooth finish.

RECEIVED
JAN 14 2010
Dept. of Building Inspections
City of Portland, ME

B. Addendum 1, Changes to Drawings

1. Drawing No. 1A1-1 Second Floor Pavilion A Interim Remodel Plan

Second Floor Pavilion A Demolition Plan, add the following notes:

- a. Bi – Pass Corridor GC212, add missing raised cove light area with Demo Note 11 (total of 5 light coves to be removed). Remove perimeter lighting around each cove.
- b. Room 2209, larger area, add Demo Note 6. Smaller area, remove existing Armstrong Medintech Sheet Vinyl flooring.
- c. Toilet Room in Room 2210, add Demo Note 6.
- d. Room 2211, remove existing carpet.
- e. Remove existing wall 4” x 4” wall tile.
- f. Room 2213, existing Armstrong Medintech sheet vinyl floor to remain.
- g. Room 2214, delete Demo Note 13.

Second Floor Pavilion A Floor Plan, add the following notes:

- a. Room 2200, where existing ceramic tile floor (of shower room) is removed, install VCT to match existing.
- b. Room 2205, where ceramic tile is removed, install new VCT to match existing.
- c. Toilet Room in Room 2210, where ceramic tile (of toilet room) is removed, install . Room 2211, remove existing carpet.
- d. Room 2212, after fiberglass shower unit is removed, smooth existing walls and new face of plumbing wall with 3/8” gypsum wall board, flush with existing walls. Install new 2” x 2” unglazed ceramic mosaic floor tile to match existing. Add new 4”x 4” matte glazed wainscot, 48” high.
- e. Room 2213, Existing Armstrong Medintech sheet vinyl floor to remain. Patch areas damaged to match existing. Add new rubber wall base to match existing to North wall.
- f. Room 2214, patch existing VCT flooring where North wall is removed.
- g. Between Rooms 2218 and 2218A, install a 5’ thick, 5’ high GWB partition with a wood cap (painted).

2. Drawing No. 3A4-2.1 Mounting Heights and Accessory Schedules

- a. Accessory Headings at the top of the Schedules, change the following responsibilities to read as follows:

All Grab Bars and Custom "L" Corner Shower Bars are "C.F.C.I."

Recessed Stainless Steel Paper Towel Dispenser is "C.F.C.I."

All Mirrors are "C.F.C. I."

Window Shades are "O.F.O.I."

Both Break-Away and Regular Cubicle Curtain Tracks (only) are "C.F.C.I."

Coat Hooks are "C.F.C.I."

- b. Second Floor Pavilion A Schedule, (last rooms on schedule) Rooms 2209C, 2211C, 2212, 2213C, and 2214, delete all comments in "Remarks" column.

c. Sixth Floor Pavilion A & C Schedule:

Room 680B: Add one Charting Station.

Room 683A: Add one Custom "L" Shower Bracket

Room 6212: Delete Recessed Stainless Steel Paper Towel Dispenser, Add Paper Towel Dispenser 1.

Room 6309: Delete Custom "L" Corner Shower Bar

Room 6316: Delete Grab Bar (GB24)

Room 6316A: Delete Grab Bar (GB24) and Charting Station

Room 6318: Delete Grab Bar (GB24)

Room 6325: Delete Recessed Stainless Steel Paper Towel Dispenser, Add Paper Towel Dispenser 1.

Room 6327: Delete Recessed Stainless Steel Paper Towel Dispenser

3. Drawing No. 3A5-5.1 Room Finish Schedule

Change the following:

- a. Room 2200: Delete countertop, add new ACT1 ceiling tile and grid.
- b. Room 2205: Delete patch area where CT was removed with VCT to match existing.
- c. Add Room 2208, existing finishes to remain.
- d. Room 2209: Add new rubber base and new ACT1 ceiling tile and grid.
- e. Room 2210: Change to new ACT1 and grid.
- f. Room 2211: Add new ACT2 and grid.
- g. Room 2212: Patch CT floor where fiberglass shower stall is removed. Add CT Base. Add 48" tile wainscot, see plan note.

4. Drawing No. 3A5-5.2 Room Finish Schedule

Change the following:

1. Room 6212, Dining/Activity: Add ACT2 below the ACT3 ceiling system (for better acoustics).
2. Clarification: Price all Corian countertops to be SS1.

5. Drawing No. 3ID1-1 Sixth Floor Pavilions A & C Finish Plan

- a. Corridors DC-6PSY2 and DC-6PSY3, Clarification: "HR-EXIST" are (2"x 8") existing oak handrails that shall be refinished in accordance with Section 099000.

6. Drawing No. 1A6-1 Second Floor Pavilion A Interim Occupancy Reflected Ceiling Plan

- a. Room 2213, install one 11' long cubicle curtain and track.



- b. Impact resistant glazing shall be removed and fastener holes filled after P6 Patients move back to Pavilion 6.

5. Section 096800 – Carpet

Issued with this Addendum.

6. Section 10850 - Toilet Accessories

- a. Page 1, Item 2.03, Paragraph A, add the following: Provide Custom Patient Safe “L” ADA grab bars for each shower.
- b. Add the following Paragraph:
“D. Recessed Paper Towel Dispenser: Bobrick B362 (Toilet 680A only).”

7. Section 10850 – Building Specialties

Issued with this Addendum.

Sketch Drawings Issued with This Addendum:

1. SKA - 5 Plan and Form Slots
2. SKA - 6 Elevation @ Form Slots
3. SKA – 7 Solid Surface Sink Plan & Elevation (Typical)
4. SKA – 8 Solid Surface Sink Section ADA (Typical)
5. SKA – 8A Solid Surface Sink Section Non-ADA (Typical)
6. SKA – 9 Section @ Unit Secretary
7. SKA – 10 Wood Borrowed Lite Frames at Reception Counter
8. SKA – 11 Typical Upper Cabinet at Handwash Station
9. SKA – 12 Typical Base Cabinet at Waste
10. SKA – 13 Typical Base Cabinet at Handwash Station
11. SKA – 14 Clean Supply Cabinet/Handwashing Station Elevations
12. SKA – 15 Clean Supply Cabinet/Handwashing Station Elevations
13. SKA – 16 Clean Supply Cabinet/Handwashing Station Elevations
14. SKA – 17 Clean Supply Elevations
15. SKA – 18 Corridor Unit Secretary
16. SKA – 19 Bench Section
17. SKFP – 1 Fire Protection Second Floor Pavilion “A” Interim Occupancy
18. SKP – 1 Plumbing Legend, Notes and Schedules
19. SKP – 2 Second Floor Pavilion “A” Interim Occupancy
20. SKP – 3 Second Floor Pavilion “A” Interim Occupancy
21. SKP – 4 Plumbing Sixth Floor Pavilion “A” & “C” **(Note: In this Sketch, the sink in 683A should be “P3” instead of “P2A”.**
22. SKP – 5 Plumbing Sixth Floor Pavilion “A” & “C”

End of Addendum 2

SECTION 01800

INTERIM LIFE SAFETY MEASURES (ILSM)

PART 1 - GENERAL

1.01 RELATED DOCUMENTS:

- A. Drawings and general provisions of the Contract, including General and Supplementary Conditions and other Division 1 Specification sections, apply to work of this section.
- B. Contract Documents: Indicate the work of the Contract and related requirements and conditions that have an impact on the project. Related requirements and conditions that are indicated on the Contract Documents include, but are not necessarily limited to the following:
 - 1. Existing conditions and restrictions on the use of the floor.
 - 2. Requirements for partial Owner occupancy of portions of the work prior to substantial completion of the Contract Work.

1.02 SUMMARY OF LIFE SAFETY MEASURES

- A. The work of this section can be summarized as follows:
 - 1. The purpose of this Section is to develop and implement actions required to be taken to compensate for hazards posed by Life Safety Code (LSC) deficiencies whenever they occur during construction, alteration, and/or demolition activities.
 - 2. Exits shall be maintained to provide free and unobstructed egress at all times. If alternative exits must be designated, all construction personnel in adjoining areas shall receive training for egress. Such training shall be provided and documented by the Contractor, and conducted in the presence of the MMC Project Manager. MMC staff shall receive training for egress from MMC staff.
 - 3. Means of egress in construction areas shall be inspected weekly by the Contractor and a weekly log of these inspections shall be kept by the Contractor.
 - 4. Emergency departments (fire, rescue, security, etc.) shall be provided with free and unobstructed access for emergency services.
 - 5. All fire alarm, detection, and suppression systems shall not be impaired without prior approval by the MMC Project Manager. Temporary systems shall be provided by the Contractor if a fire system is impaired for more than twenty four (24) hours. Any temporary systems shall be inspected and tested monthly by the Contractor; all inspections and tests shall be fully documented. Temporary systems shall be approved by the MMC Project Manager.
 - 6. All temporary construction partitions that compromise a fire or smoke barrier shall be maintained smoke-tight and constructed of non-combustible or limited-combustible materials that will not contribute to the development or spread of a fire. All seams and joints shall be taped.
 - 7. The Contractor shall provide additional fire-fighting equipment and use training for

personnel.

8. Smoking, including the use of any tobacco products, is prohibited at all times on any Maine Medical Center property, including buildings, grounds, and parking garages.
 9. The Contractor shall develop and enforce house-keeping, storage, and debris-removal policies that reduce the flammable and combustible fire load of the building to the lowest level necessary for daily operations.
 10. The Contractor shall train construction personnel in alternative fire safety procedures when structural or compartmentation features of fire safety are compromised. The Owner shall train hospital staff in these same procedures. The Owner shall also instruct the Contractor as to MMC normal fire response procedures. All training shall be documented.
 11. The Owner shall conduct organization-wide safety education programs to ensure awareness of any Life Safety Code deficiencies, construction hazards, and Interim Life Safety Measures. These programs shall be documented.
 12. The Owner shall conduct and keep documentation of at least two fire drills per shift, per quarter in areas where existing deficiencies and/or construction activities reduce the level of fire safety required by the Life Safety Code. The Owner shall give the Fire Drill Coordinator a copy of the construction schedule so that the supervisor may implement these fire drills.
 13. Construction areas shall be maintained in a secure condition at all times. Doors to temporary partitions shall remain locked at all times.
 14. The Owner shall increase hazard surveillance of construction areas as necessary and shall document such surveillance on field report forms.
- B. Documentation of all inspection, testing, training, monitoring, surveillance, and evaluation of Interim Life Safety Measures shall be provided by the Contractor and/or the Owner according to their separate responsibilities as defined in this Section.

1.03 MISCELLANEOUS PROVISIONS

A. Temporary Fire Protection

1. Until fire protection needs are supplied by permanent facilities, install and maintain temporary fire protection facilities of the type needed to protect against reasonable, predictable, and controllable fire losses. Comply with NFPA 10 "Standard For Portable Fire Extinguishers", and NFPA 241 "Standard For Safeguarding Construction Alterations and Demolition Operations".
2. Provide hand-carried portable, UL-rated, Class "A" fire extinguishers for temporary offices and similar spaces. In other locations, provide hand-carried, portable, UL-rated, Class "ABC" dry chemical extinguishers of NFPA recommended classes for exposures.
3. Locate fire extinguishers where convenient and effective for their intended purpose, but not less than one extinguisher on each floor at or near each usable stair.
4. Store flammable materials in metal containers in fire-safe locations.

5. Maintain unobstructed access to fire extinguishers, fire hydrants, temporary fire protection facilities, stairs, and other access routes for fighting fires.
 6. Provide supervision of welding operations, combustion type temporary heating units, and similar sources of fire ignition. Comply with MMC open flame procedure.
 7. Collect waste from construction areas daily. Comply with requirements of NFPA 241 for removal of combustible waste material and debris, enforcing requirements strictly. Handle hazardous, dangerous, or unsanitary waste materials separately from other waste by containerizing properly. Dispose of all waste materials in a lawful manner.
- B. Observation: Regular observation of the construction site will be done by the MMC Project Manager. Documentation of deficiencies in life safety and the use of hazardous materials will be completed and sent to the Contractor and the MMC Safety Committee.

PART 2 - PRODUCTS (Not applicable).

PART 3 - EXECUTION (Reserved).

END OF SECTION 01800

SECTION 09680

CARPET

PART 1 -GENERAL

1.01 SECTION INCLUDES

- A. Direct glue-down carpet

1.02 SUBMITTALS

- A. Submit 3" x 4" sample for verification of color and pattern selected by Architect.
- B. Submit certificate from manufacturer that carpet and adhesive meets or exceed the requirements of ASTM E648, with minimum average radiant flux rating (FRPT) of not less than 0.45 watts per square centimeter.
- C. Submit certification from manufacturer that carpet shall develop no more than 3.5 kv static electricity at standard conditions of 20% relative humidity and 700F
- D. Submit seam layout indicating location of seams, direction of carpet, edge conditions and joining and abutting adjacent materials. Layout shall be approved by the Architect prior to installation.
- E. Maintenance Instructions:
 - 1. Submit manufacturer's written maintenance and cleaning instructions for carpet types installed.
 - 2. Provide instruction to the Owner's personnel designated by the Owner's Representative in the proper care and maintenance of carpeting, including frequency of vacuuming and cleaning, and method/direction of vacuuming.
 - 3. Submit proper types of carpet shampoo for periodic cleaning.
 - 4. Submit proper type of cleaner for "spot cleaning" carpet of localized stains.
- F. Submit product data on specified products, describing physical and performance characteristics; sizes, patterns, colors available, and method of installation.

1.03 WARRANTY

- A. Warranty requirements specified in this section shall not deprive the Owner of other rights the Owner may have under other provisions of the Contract Documents and under applicable laws.
- B. Carpet warranty: written warranty, signed by the carpet manufacturer agreeing to replace carpet that does not comply with requirements or fails within specified warranty period. Warranty does not include deterioration or failure of carpet due to unusual traffic, failure of substrate, vandalism or abuse. Failures include, but are not limited to, more than 10% loss of face fiber, edge raveling, snags, runs and delamination.
 - 1. Warranty period: face yarn loss - 10 years from date of Substantial Completion; latent defects - 2 years from date of Substantial Completion.

PART 2-PRODUCTS

2.01 MATERIALS

- A. Carpet Type 1 (CPT1): C&A Rock Garden 03123, 6' roll width with Powerbond Vinyl Cushion backing.
 - 1. Gauge: 1.12
 - 2. Pile units per inch: 8.4
 - 3. Pile height average: 0.187"
 - 4. Fiber system: type 6.6 nylon
 - 5. Soil/stain protection: included
 - 6. State control: permanent conductive fiber

7. Total weight: 130.5 ounces
8. Adhesive: Adhesive shall be type recommended by carpet manufacturer. Adhesive shall be non-combustible, water resistant, non-staining, non-toxic, and odor-free after curing.
9. Seaming Cement: Hot-melt adhesive tape or similar product recommended by carpet manufacturer for taping seams and buffing cut edges at backing to form secure seams and to prevent pile loss at seams.

B. Carpet Type 2 (CPT2): Tandus Crossley First Impressions 12' broadloom, with MG backing.

PART 3- EXECUTION

3.01 PREPARATION

- A. Floor surface shall be dry and free from contaminants which will prevent good adhesion. Surfaces shall be vacuumed and thoroughly cleaned prior to the application of the adhesive.
- B. Concrete slabs over which carpet is to be installed shall be cured a minimum of 28 days prior to application of adhesive.
- C. Prior to installing flooring, the concrete slabs shall be scrubbed with water and detergent, then rinsed and water vacuumed off slabs. Allow slabs to thoroughly dry before applying adhesive to concrete slabs.
- D. Maintain ambient temperature between 650F. and 950F. and relative humidity between 12% and 65% for 24 hours prior to, during and after installation. Condition material at application temperature and humidity ranges for at least 24 hours prior to installation.

3.02 DIRECT GLUE-DOWN INSTALLATION

- A. Adhesive application
 1. Adhesive and trowel notching for adhesive application shall be as recommended by CR1
 - a. 104, table IV.
 - 1) The adhesive shall be spread uniformly over the subfloor with the recommended trowel.
 - (a) After sufficient open time, the carpet shall be pressed into the adhesive and rolled with the appropriate roller.
- B. Seams:
 1. Make seams as inconspicuous as possible, flat, unpuckered, completely free from adhesive on the exposed surface and located only where indicated on the reviewed shop drawings.
 2. Edges shall be butted together to form seams. A bead of seam adhesive shall be applied to the edges to seal the seams and to prevent fraying and raveling.
 3. Seam adhesives shall be applied along the trimmed edge where the face yarn enters the backing.
 4. Where carpet terminates at doorways, terminate at midpoint of doors.
 5. Carpet shall be installed with its length parallel to the length of the room.
- C. Trimming: The wall trimmer shall be adjusted to net trim the excess carpet to wall.

3.03 CLEANING

- A. Remove adhesive from carpet surface with manufacturers recommended cleaning agent.
- B. Remove and dispose of debris and unusable scraps. Vacuum with commercial machine with face-beater element. Remove soil. Replace carpet where soil cannot be removed. Remove protruding face yarn.
- C. Vacuum carpet.

3.04 PROTECTION

- A. Protect carpet against further construction activities with heavy-duty building paper which will not damage carpet.

END OF SECTION

**SECTION 10850
BUILDING SPECIALTIES**

PART 1 - GENERAL

1.01 SECTION INCLUDES

- A. Recessed Valve Boxes

1.02 SUBMITTALS

- A. Shop Drawings: Submit Shop Drawings and product data for all materials. Shop Drawings shall indicate materials, gauges, fabrication details, dimensions and method of attachment.

1.03 WORKMANSHIP

- A. Materials, devices, equipment and apparatus of a patented or of a special nature of manufacture shall be prepared, applied, or installed in strict accordance with the manufacturer's directions.
- B. Provide all blocking holes, connections, and fastenings for and to work of other trades abutting, adjoining, or intersecting work of this Section.

PART 2 - PRODUCTS

2.01 MATERIALS

- A. Recessed Valve Boxes: Milcor Model No. 3602-012-4, 12 inch by 12 inch by 4 inch depth recessed stainless steel valve boxes, quantities and locations as follows:
 - 1. Type 1, with tamper resistant lock, for installation in finished tile wall (one for each Shower Room No.'s 6309, 6327 and 683A), located near shower stalls for break away shower hose storage. (Total Quantity of 3).
 - 2. Type 2, no locks needed, for water shut off valves, one inside each locked millwork hand wash station, as shown on drawings SKA-14, Interior Elevation 56 and SKA-16, Interior Elevation 60 only. (Total Quantity of 2).
- B. Moulded work shall have sharply defined profile and shall be clean and straight. Plain work shall be leveled, straight and surfaces true and smooth. Edges, angles, and corners shall be square, clean and sharp.
- C. Fastenings, exposed metal fastenings, and accessories, unless Underwriters' prohibit for safety, shall be of same materials, texture, color and finish as the base metal to which applied.

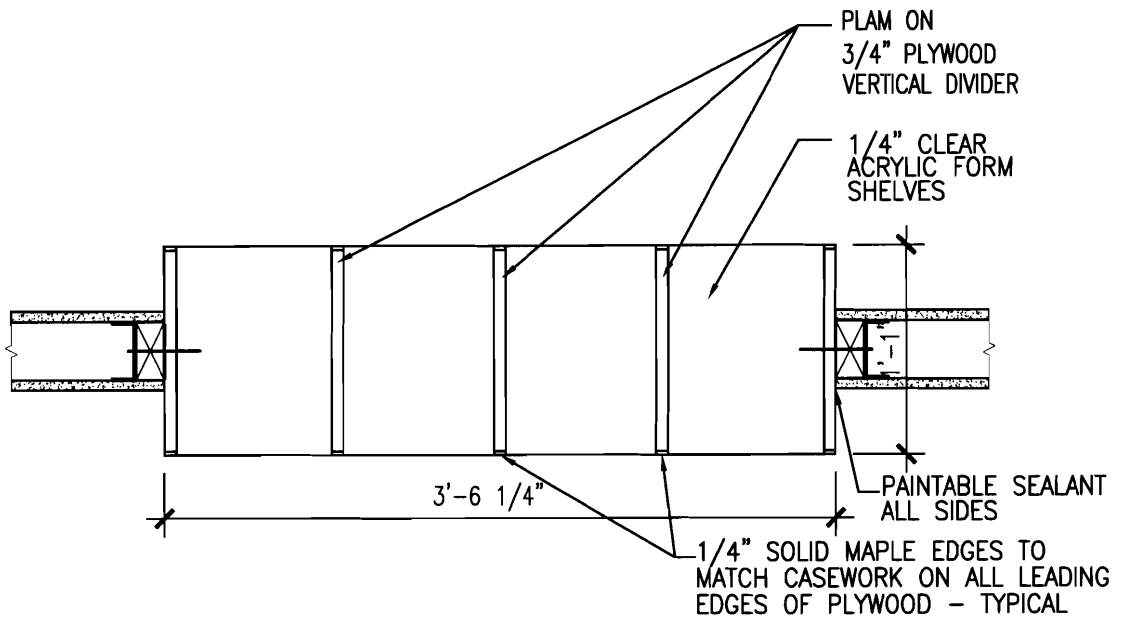
PART 3 - EXECUTION

3.1 INSTALLATION

- A. All items specified under this Section shall be installed in strict accordance with manufacturer's recommendations.

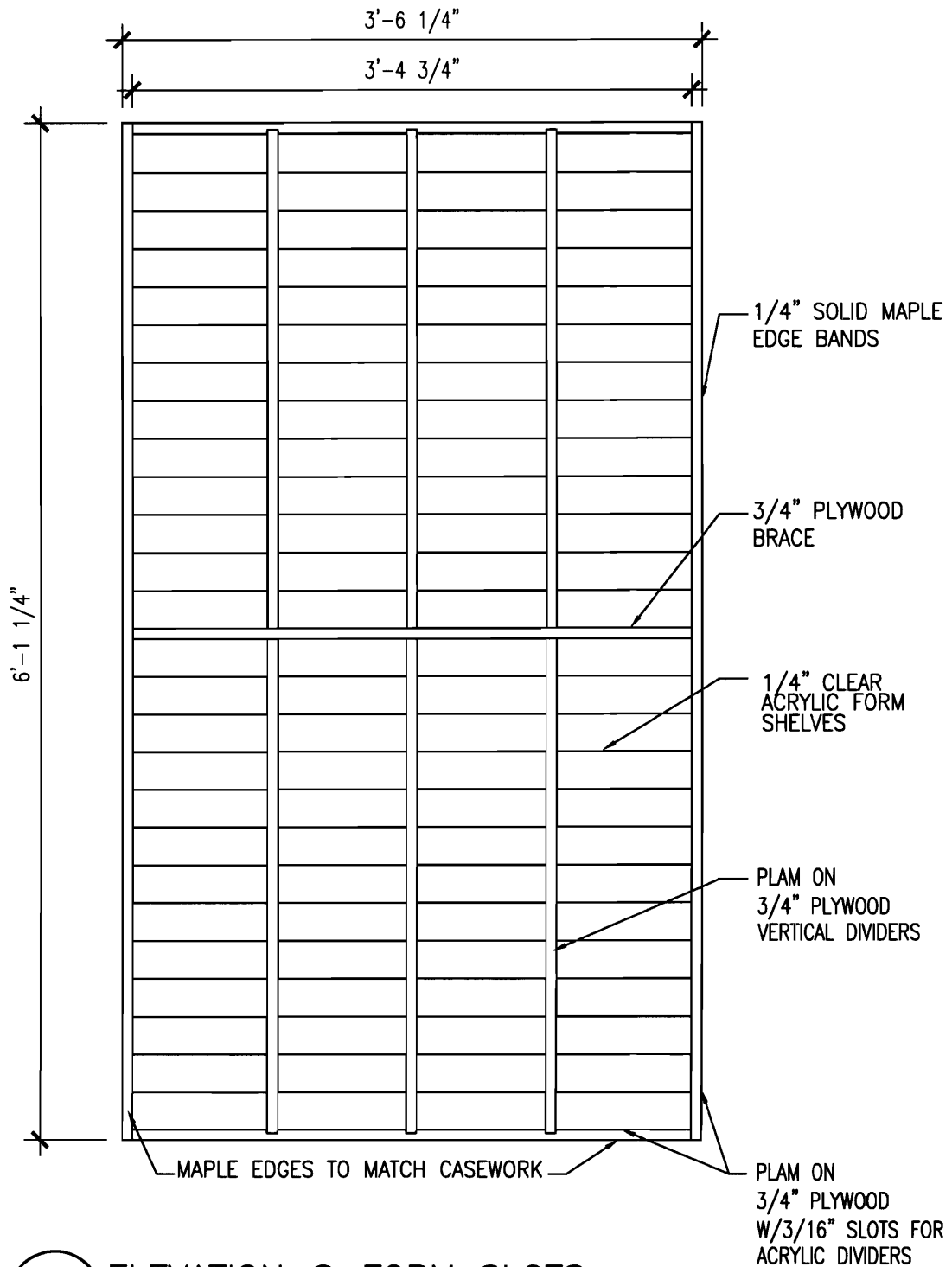
END OF SECTION





13
3A9-1
 PLAN @ FORM SLOTS
 1" = 1'-0"

| | | | | |
|--|-----------------------|-----------|---|--------------------------|
| MorrisSwitzer Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine <small>© 2009 MorrisSwitzer</small> | Date | 12/9/2009 | Sheet Title | DRAWING REFERENCE |
| | Scale | 1"=1'-0" | PLAN @ FORM SLOTS | - |
| | Drawn | AE | | Check |
| | Project Number | 28034 | | Project Name |
| | | | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | SKA-5 |

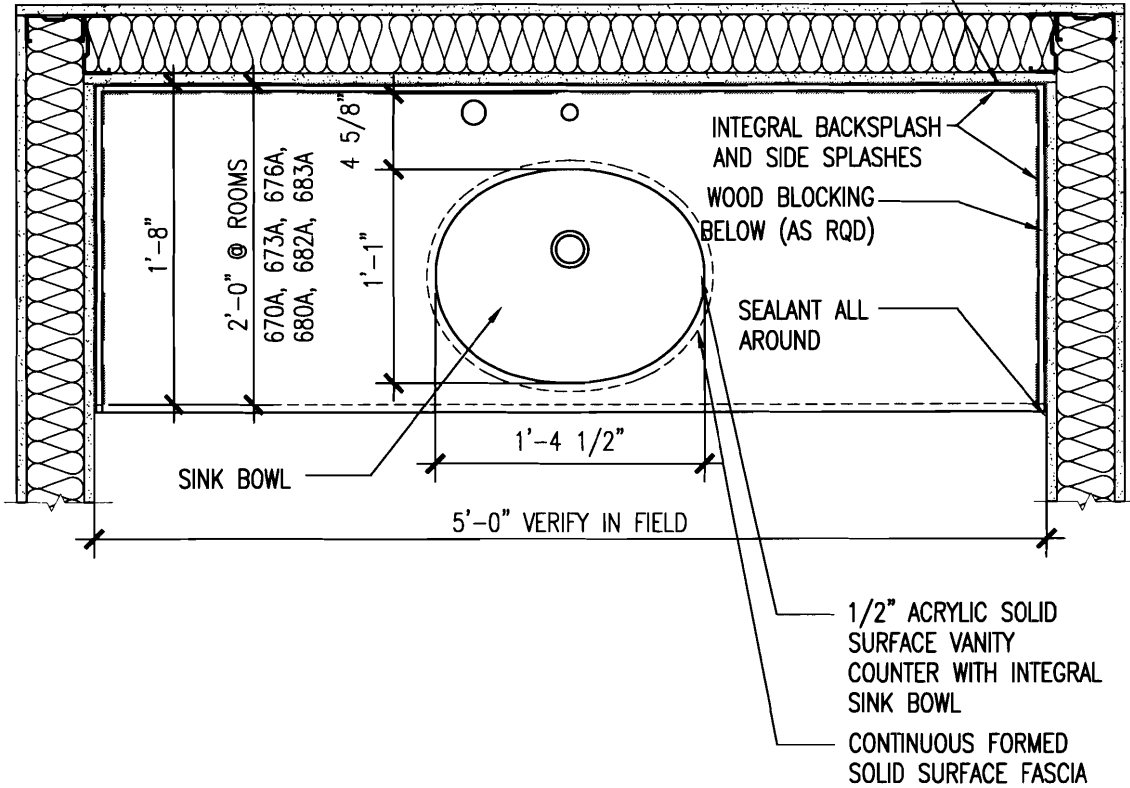


15 ELEVATION @ FORM SLOTS
 3A9-1 1" = 1'-0"

| | | | | |
|--|-------------------------|--|-------------------------------|--|
| <p>MorrisSwitzer Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer</p> | Date 12/9/2009 | Sheet Title ELEVATION @ FORM SLOTS | DRAWING REFERENCE 15/3A9-1 | |
| | Scale 1"=1'-0" | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | Sheet Number SKA-6 | |
| | Drawn AE | Check EQS | | |
| | Project Number 28034 | | | |


NOTE:
SINK MANUFACTURER TO
PROVIDE INTEGRAL OVERFLOW AT
BACK OF SINK,

STEEL TUBE
BRACKET ANCHOR
TO WALL AS RQD.

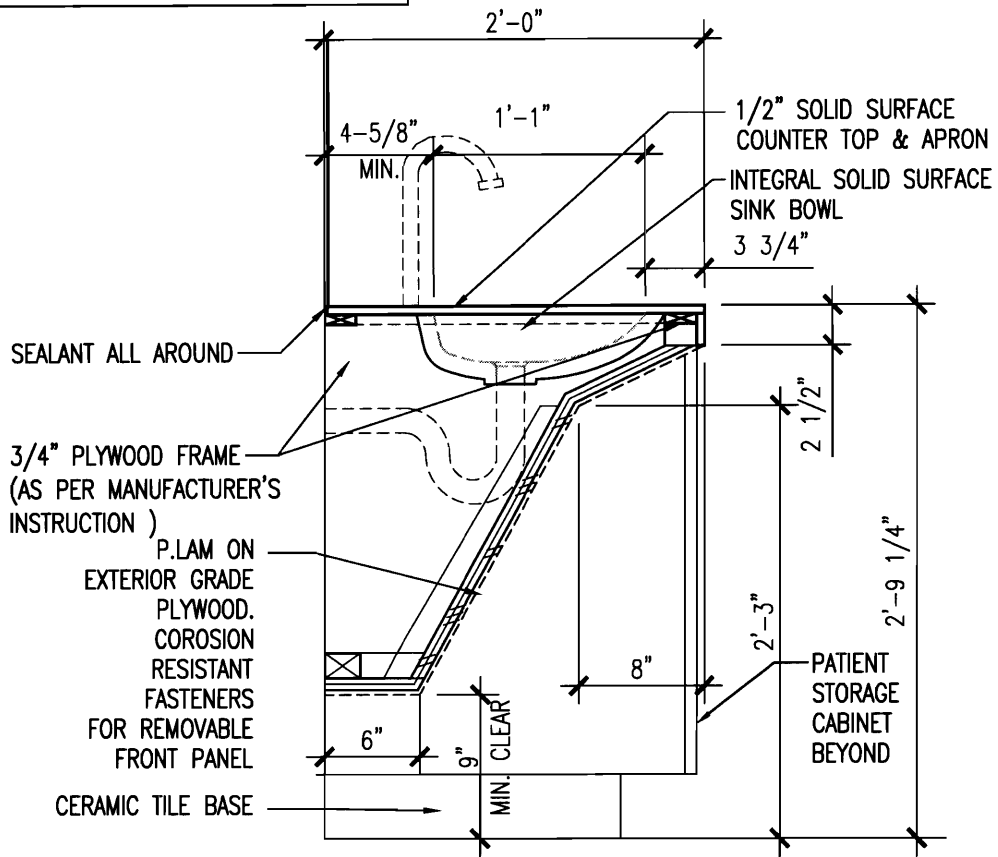


NOTE:
ADA TOILET ROOM LAVS SIMILAR


9 SOLID SURFACE SINK PLAN & ELEVATION (TYPICAL)
3A9-1 1"=1'-0"

| | | | |
|---|--------------------------|--|-------------------------------------|
|  Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer | Date 12/9/2009 | Sheet Title SOLID SURFACE SINK PLAN & ELEVATION (TYPICAL) | DRAWING REFERENCE 9/3A9-1 |
| | Scale 1"=1'-0" | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | - |
| | Drawn AE | | Sheet Number SKA-7 |
| | Check EQS | Project Number 28034 | |

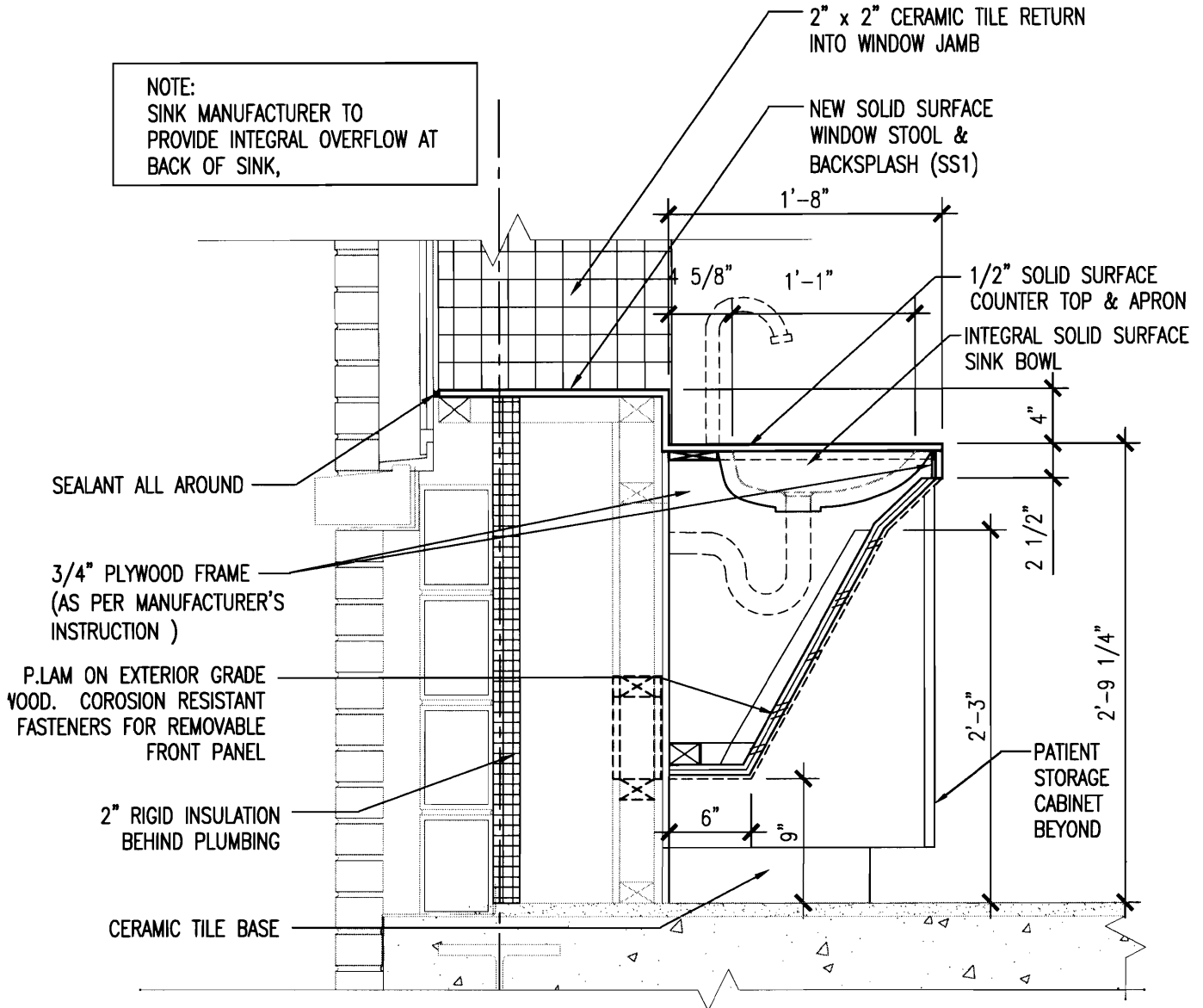
NOTE:
SINK MANUFACTURER TO
PROVIDE INTEGRAL OVERFLOW AT
BACK OF SINK,



10 SOLID SURFACE SINK SECTION ADA (TYPICAL)
3A9-1 1"=1'-0" MEETS ADA DIMENSIONAL REQUIRMENTS


| | | | | | | |
|---|----------------|-----------|--------------|---|-------------------|-----------|
|  Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer | Date | 12/9/2009 | Sheet Title | SOLID SURFACE SINK SECTION ADA (TYPICAL) | DRAWING REFERENCE | 10A/3A9-1 |
| | Scale | 1"=1'-0" | Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | | - |
| | Drawn | AE | Check | EQS | Sheet Number | SKA-8 |
| | Project Number | 28034 | | | | |

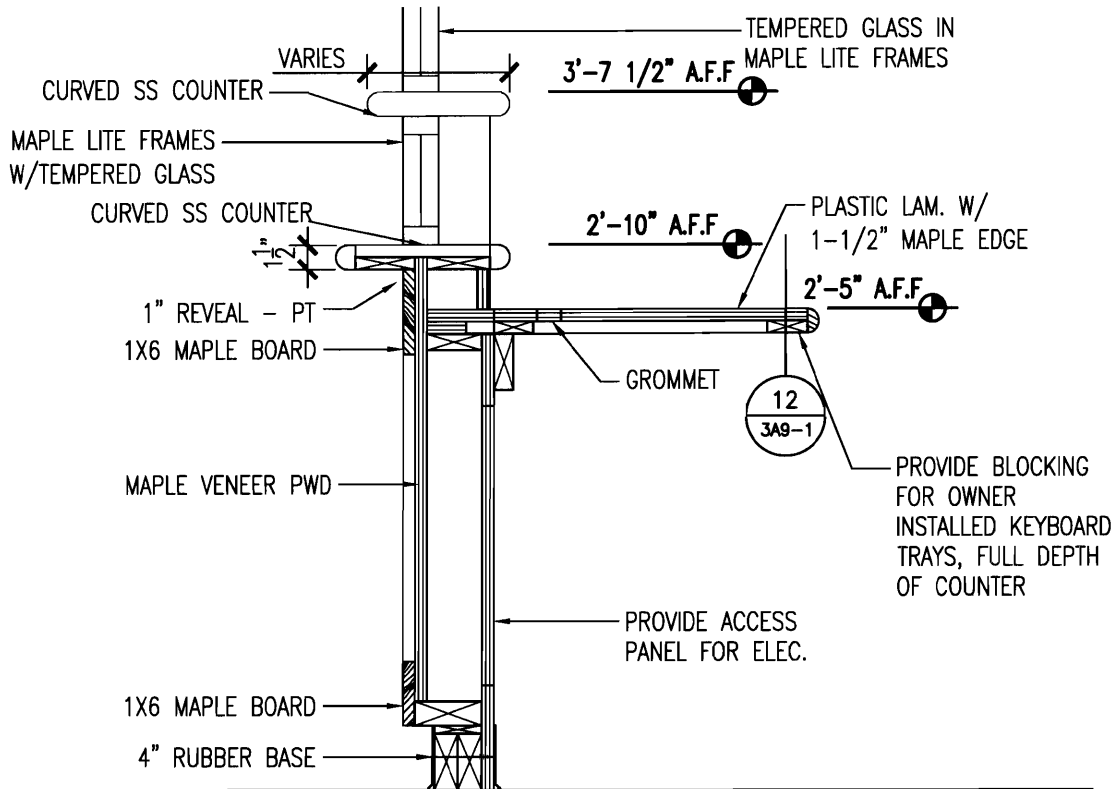
NOTE:
SINK MANUFACTURER TO
PROVIDE INTEGRAL OVERFLOW AT
BACK OF SINK,



NOTE: ALL DOORS SHALL HAVE LOCKS - COORDINATE KEYING W/OWNER

10A SOLID SURFACE SINK SECTION NON-ADA (TYPICAL)
3A9-1 1"=1'-0"

| | | | | |
|---|-------------------------|--|-------------------------------|--|
|  Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer | Date 12/9/2009 | Sheet Title SOLID SURFACE SINK SECTION NON-ADA (TYPICAL) | DRAWING REFERENCE 10/3A9-1 | |
| | Scale 1"=1'-0" | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | Sheet Number SKA-8A | |
| | Drawn AE | Check EQS | | |
| | Project Number 28034 | | | |



8 SECTION @ UNIT SECRETARY
 3A9-1 1" = 1'-0"

MorrisSwitzer
 Environments for Health

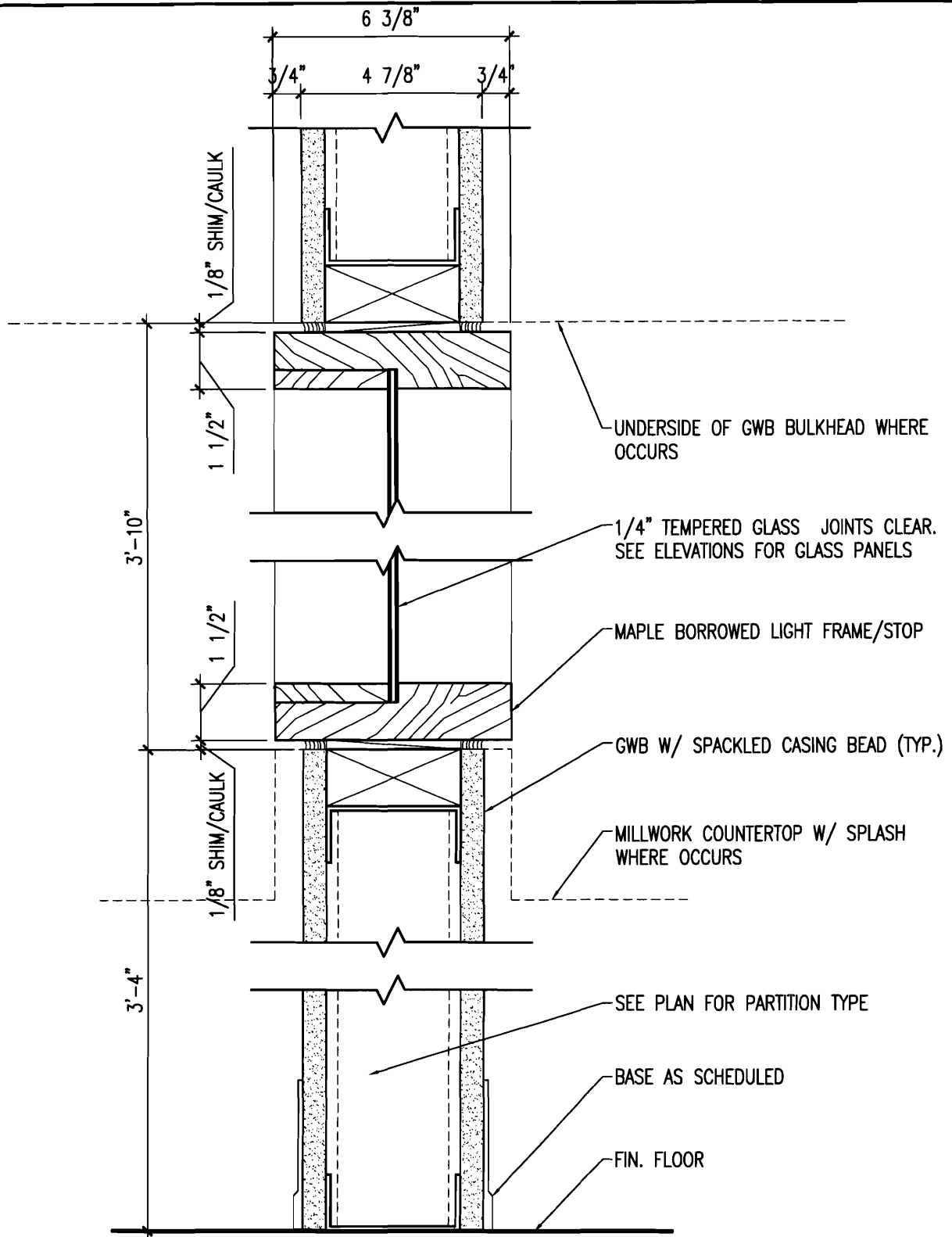
Williston, Vermont
 Boston, Massachusetts
 Portland, Maine
 © 2009 MorrisSwitzer

One Dana Street
 Portland, ME 04101
 t 207.773.8841
 f 207.773.8840
 morriswitzer.com


| | | | |
|----------------|-------|-----------|-----|
| Date | | 12/9/2009 | |
| Scale | | 1"=1'-0" | |
| Drawn | Check | AE | EQS |
| Project Number | | 28034 | |

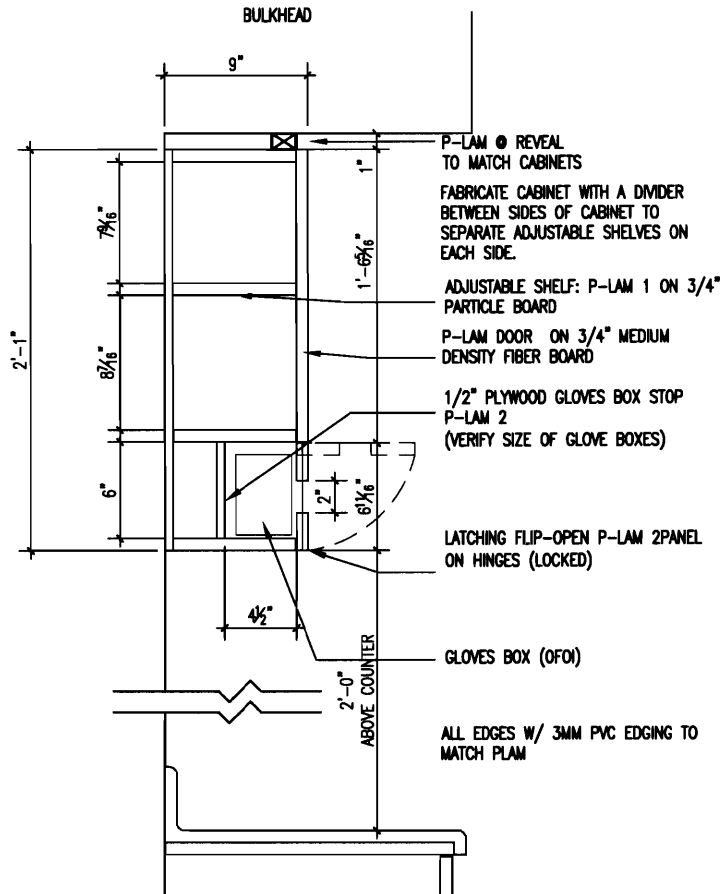
| | |
|--------------|---|
| Sheet Title | SECTION @ UNIT SECRETARY |
| Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS |

| | |
|-------------------|---------|
| DRAWING REFERENCE | 8/3A9-1 |
| Sheet Number | SKA-9 |



6 MAPLE LITE FRAMES FOR PATTERNED GLASS
 A9-2 3" = 1'-0"

| | | | | |
|--|---|--|------------------------------|---|
|  Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine <small>© 2009 MorrisSwitzer</small> | Date 12/9/2009 | Sheet Title | DRAWING REFERENCE 6/3A9-2 | |
| | Scale 1"=1'-0" | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | Sheet Number SKA-10 | |
| | Drawn AE | Check EQS | Project Number 28034 | - |
| | One Dana Street Portland, ME 04101 t 207.773.8841 f 207.773.8840 morriswitzer.com | | | |

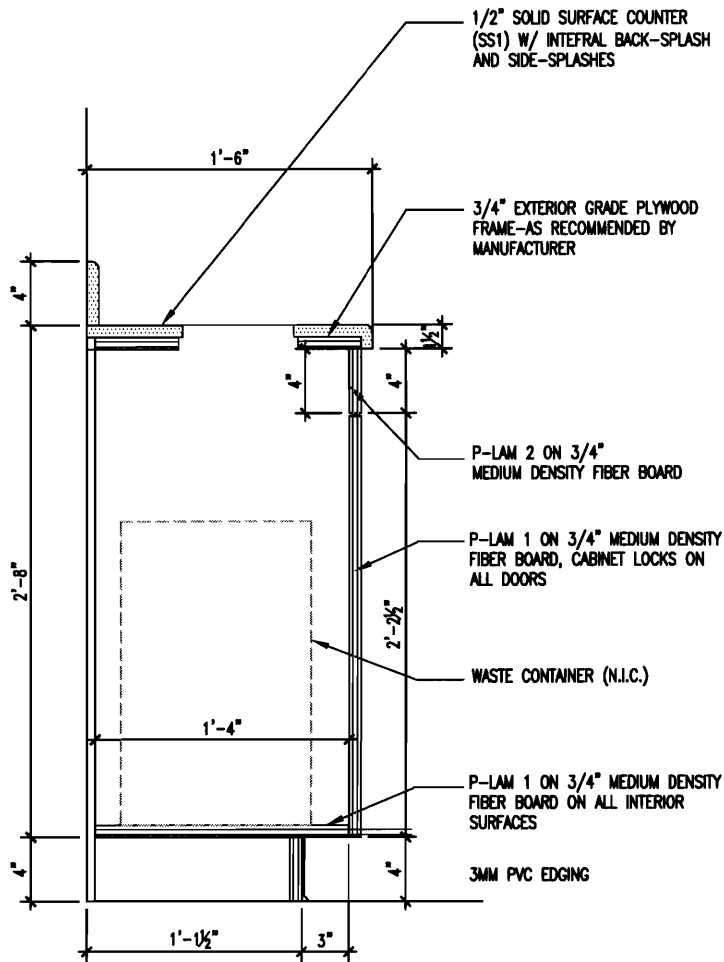


NOTE: ALL DOORS SHALL HAVE LOCKS - COORDINATE KEYING W/OWNER

1
TYPICAL UPPER CABINET AT HANDWASH STATION

3A9-2
1" = 1'-0"

| | | | | | | |
|--|-----------------------|-----------|--|--------------------------|--|--|
| <p style="margin: 0;">MorrisSwitzer Environments for Health</p> <p style="font-size: 8px; margin: 0;">Williston, Vermont Boston, Massachusetts Portland, Maine</p> <p style="font-size: 8px; margin: 0; text-align: right;">One Dana Street Portland, ME 04101 T 207.773.8841 F 207.773.8840</p> <p style="font-size: 8px; margin: 0; text-align: right;">© 2009 MorrisSwitzer morriswitzer.com</p> | Date | 12/9/2009 | Sheet Title | DRAWING REFERENCE | | |
| | Scale | 1"=1'-0" | TYPICAL UPPER CABINET AT HANDWASH STATION | | DRAWING REFERENCE | |
| | Drawn | AE | Check | EQS | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | |
| | Project Number | 28034 | | Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | |
| | | | Sheet Number | SKA-11 | | |



2 TYPICAL BASE CABINET AT WASTE
 3A9-2 1" = 1'-0"

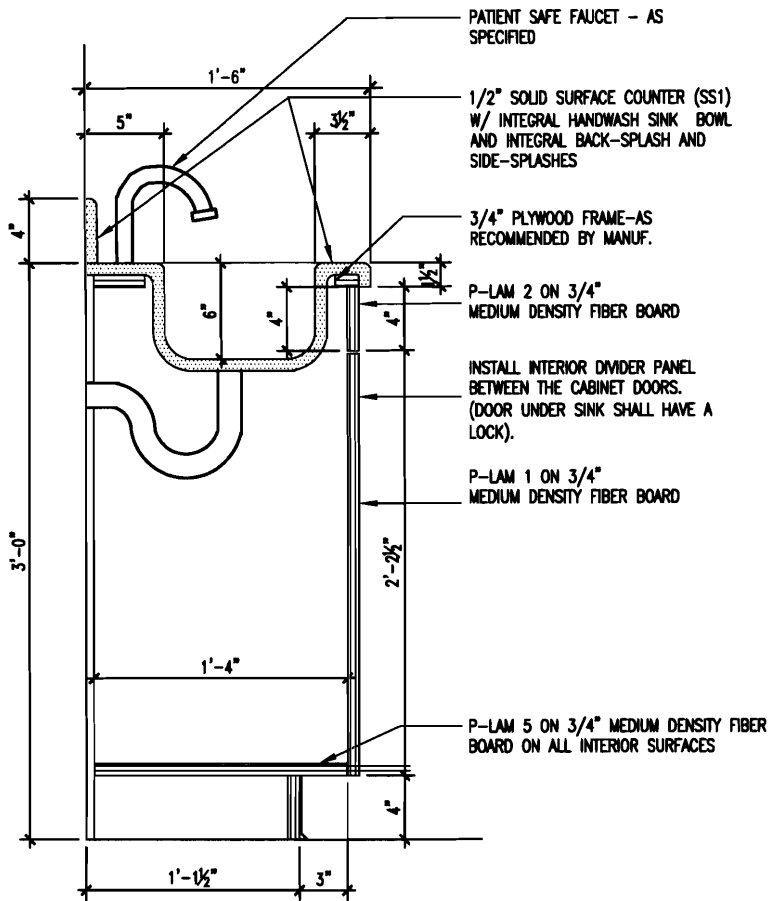
MorrisSwitzer
 Environments for Health
 Williston, Vermont
 Boston, Massachusetts
 Portland, Maine
 © 2009 MorrisSwitzer

One Dana Street
 Portland, ME 04101
 t 207.773.8841
 f 207.773.8840
 morriswitzer.com

| | | | |
|----------------|-------|-----------|--|
| Date | | 12/9/2009 | |
| Scale | | 1"=1'-0" | |
| Drawn | Check | | |
| AE | EQS | | |
| Project Number | | 28034 | |

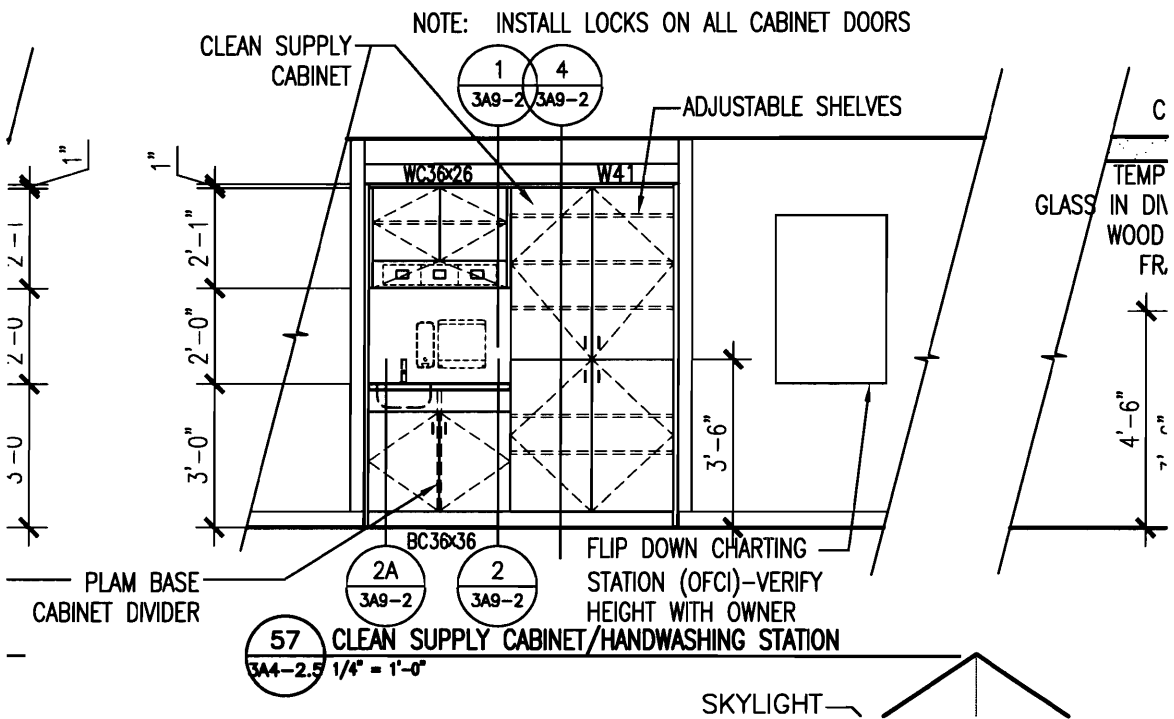
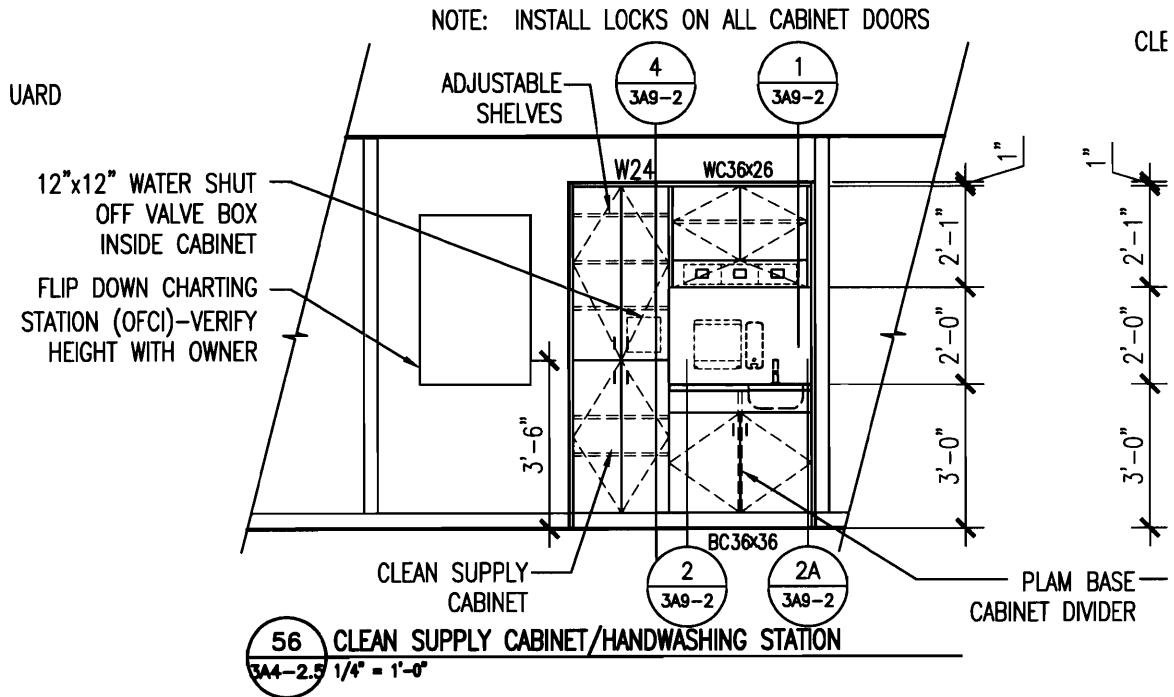
| | | | |
|--------------|--|---|--|
| Sheet Title | | TYPICAL BASE CABINET AT WASTE | |
| Project Name | | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | |

| | |
|-------------------|---------|
| DRAWING REFERENCE | 2/3A9-2 |
| Sheet Number | SKA-12 |



2A TYPICAL BASE CABINET AT HANDWASH STATION
 3A9-2 1" = 1'-0"

| | | | |
|--|---|--|-------------------------------|
| <p>MorrisSwitzer Environments for Health</p> <p>Williston, Vermont Boston, Massachusetts Portland, Maine</p> <p>© 2009 MorrisSwitzer</p> | Date 12/9/2009 | Sheet Title TYPICAL BASE CABINET AT HANDWASH STATION | DRAWING REFERENCE 2A/3A9-2 |
| | Scale 1"=1'-0" | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | - |
| | Drawn AE | | Sheet Number SKA-13 |
| | One Dana Street Portland, ME 04101 t 207.773.8841 f 207.773.8840 morriswitzer.com | Check EQS | Project Number 28034 |



MorrisSwitzer
Environments for Health

Williston, Vermont
Boston, Massachusetts
Portland, Maine
© 2009 MorrisSwitzer

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com

Date
12/9/2009

Scale
1/4"=1'-0"

Drawn
AE

Check
EQS

Project Number
28034

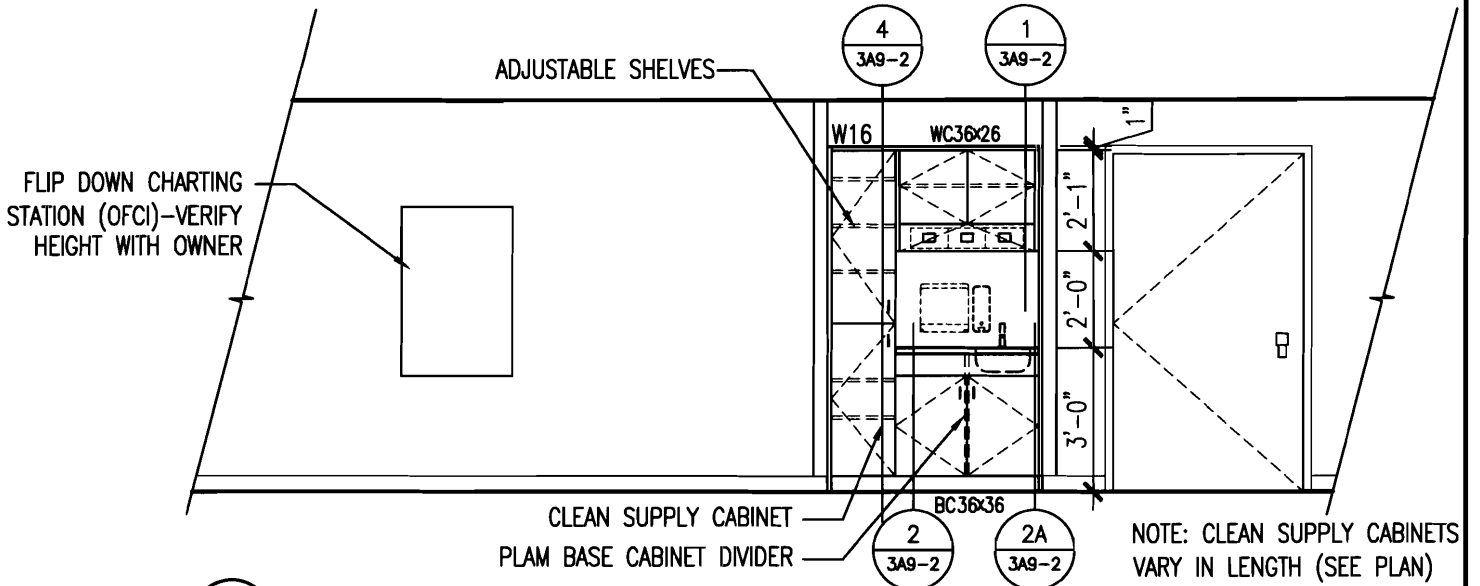
Sheet Title
CLEAN SUPPLY CABINET/
HANDWASHING STATION ELEVATIONS

Project Name
MAINE MEDICAL CENTER
PAVILION 6 RENOVATIONS

DRAWING REFERENCE
56 & 57/3A4-2.5

Sheet Number
SKA-14

NOTE: INSTALL LOCKS ON ALL CABINET DOORS



59 CLEAN SUPPLY CABINET/HANDWASHING STATION
 3A4-2.5 1/4" = 1'-0"

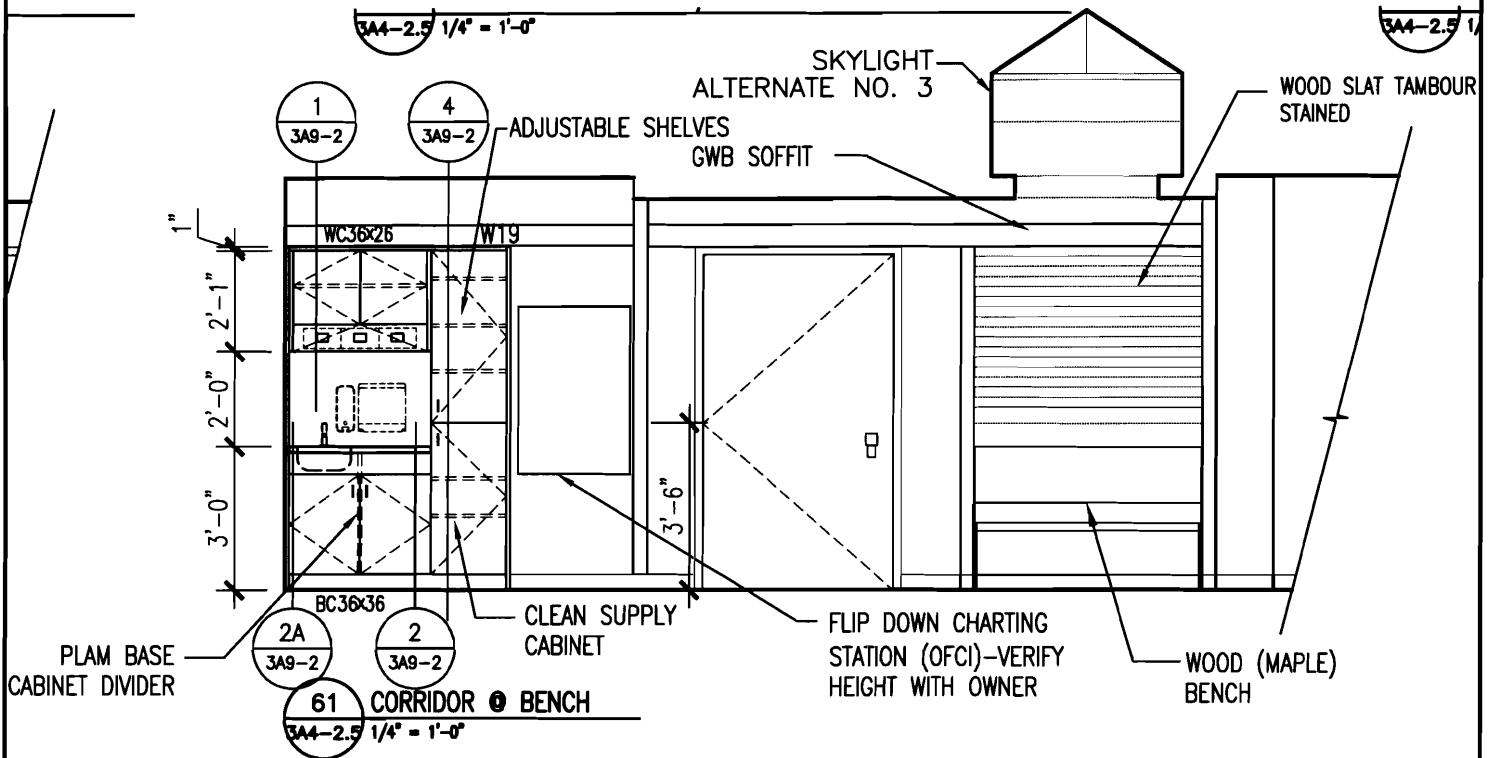
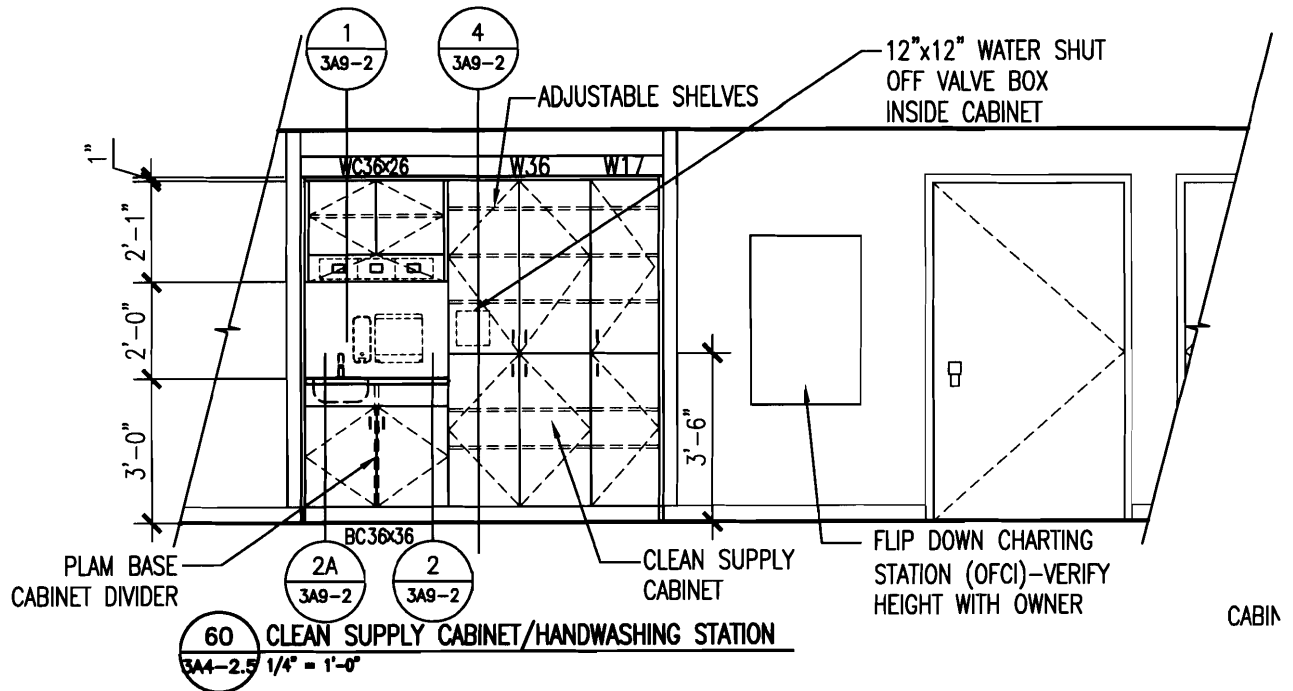
MorrisSwitzer
 Environments for Health
 Williston, Vermont
 Boston, Massachusetts
 Portland, Maine
 © 2009 MorrisSwitzer

One Dana Street
 Portland, ME 04101
 t 207.773.8841
 f 207.773.8840
 morriswitzer.com

| | | | |
|----------------|-------|------------|--|
| Date | | 12/9/2009 | |
| Scale | | 1/4"=1'-0" | |
| Drawn | Check | | |
| AE | EQS | | |
| Project Number | | 28034 | |

| | | | |
|--------------|--|---|--|
| Sheet Title | | CLEAN SUPPLY CABINET/ HANDWASHING STATION ELEVATIONS | |
| Project Name | | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | |

| | |
|-------------------|------------|
| DRAWING REFERENCE | 59/3A4-2.5 |
| Sheet Number | SKA-15 |



MorrisSwitzer
Environments for Health

Williston, Vermont
Boston, Massachusetts
Portland, Maine
© 2009 MorrisSwitzer

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com

Date
12/9/2009

Scale
1/4"=1'-0"

Drawn
AE

Check
EQS

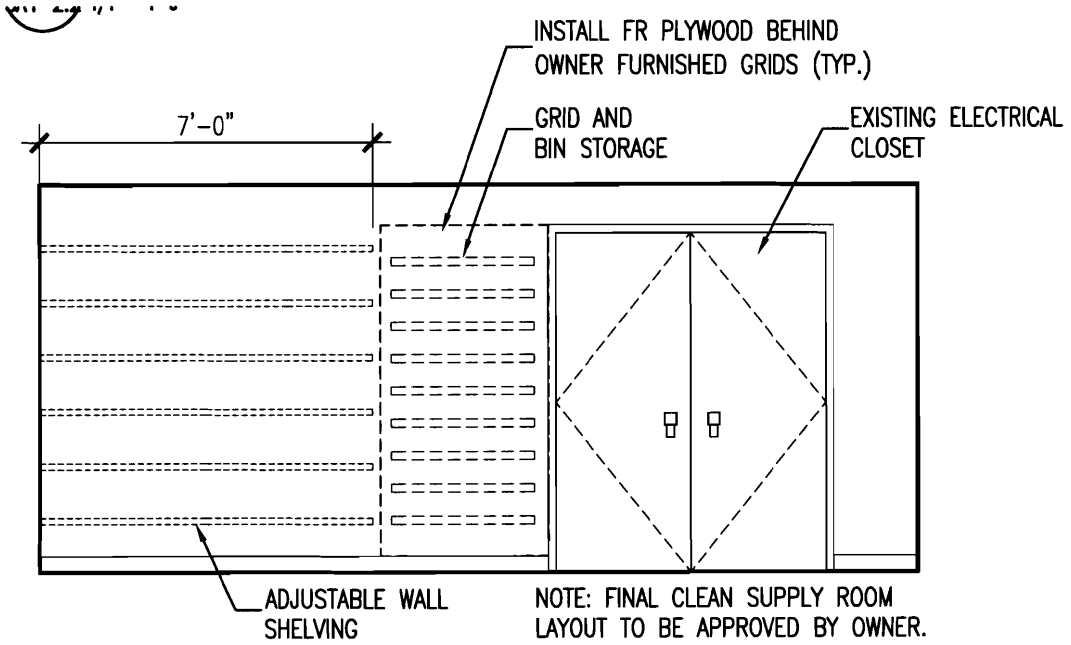
Project Number
28034

Sheet Title
CLEAN SUPPLY CABINET/
HANDWASHING STATION ELEVATIONS

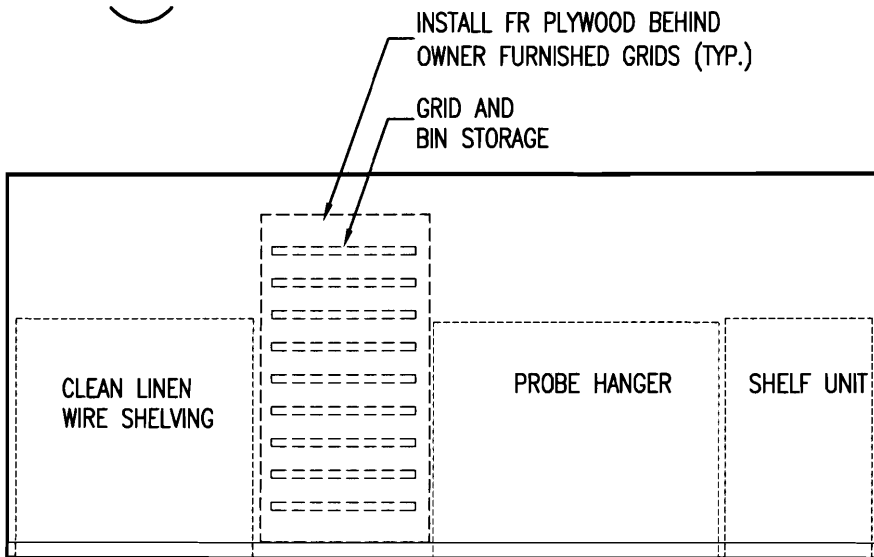
Project Name
MAINE MEDICAL CENTER
PAVILION 6 RENOVATIONS

DRAWING REFERENCE
60 & 61/3A4-2.5

Sheet Number
SKA-16



7 CLEAN SUPPLY - 2205
 3A4-2.2 1/4" = 1'-0"

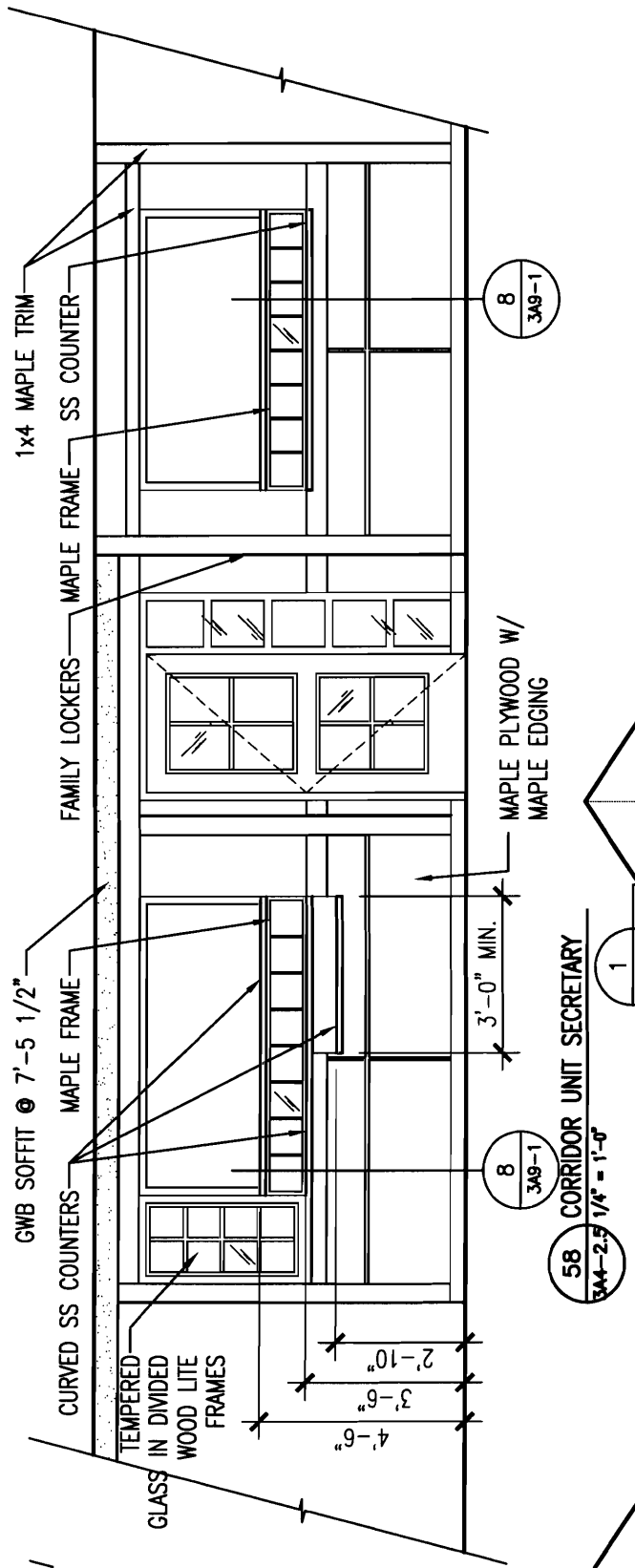


7A CLEAN SUPPLY - 2205
 3A4-2.2 1/4" = 1'-0"

| | | | |
|----------------|-------|------------|--|
| Date | | 12/9/2009 | |
| Scale | | 1/4"=1'-0" | |
| Drawn | Check | | |
| AE | EQS | | |
| Project Number | | 28034 | |

| | |
|--------------|---|
| Sheet Title | CLEAN SUPPLY ELEVATIONS |
| Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS |

| | |
|-------------------|----------------|
| DRAWING REFERENCE | 7 & 7A/3A4-2.2 |
| Sheet Number | SKA-17 |



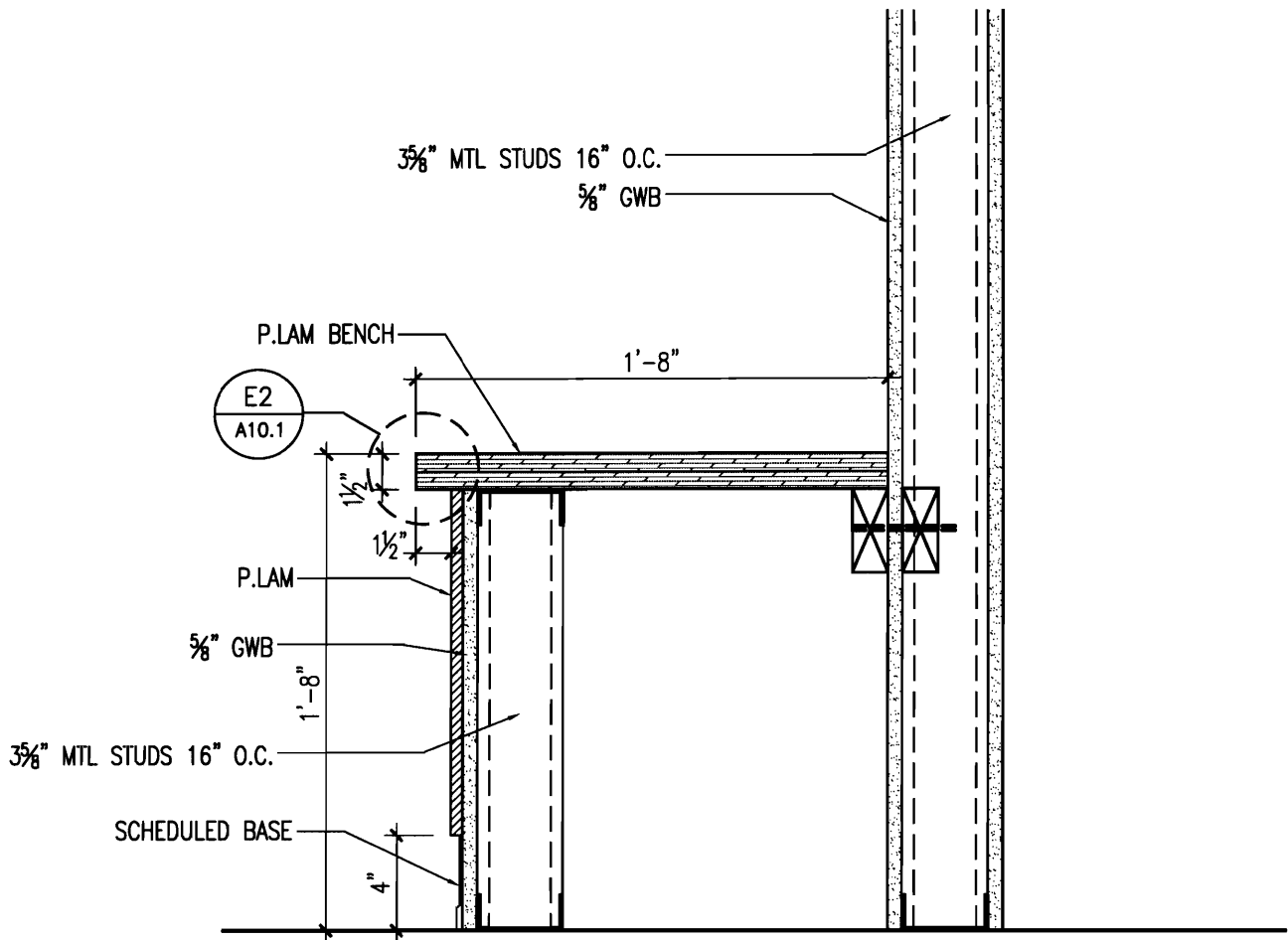
MorrisSwitzer
Environments for Health
 Williston, Vermont
 Boston, Massachusetts
 Portland, Maine
 © 2009 MorrisSwitzer

One Dana Street
 Portland, ME 04101
 T 207.773.8841
 F 207.773.8840
 morriswitzer.com


| | | |
|----------------|-------|------------|
| Date | | 12/9/2009 |
| Scale | | 1/4"=1'-0" |
| Drawn | Check | |
| AE | EQS | |
| Project Number | | 28034 |

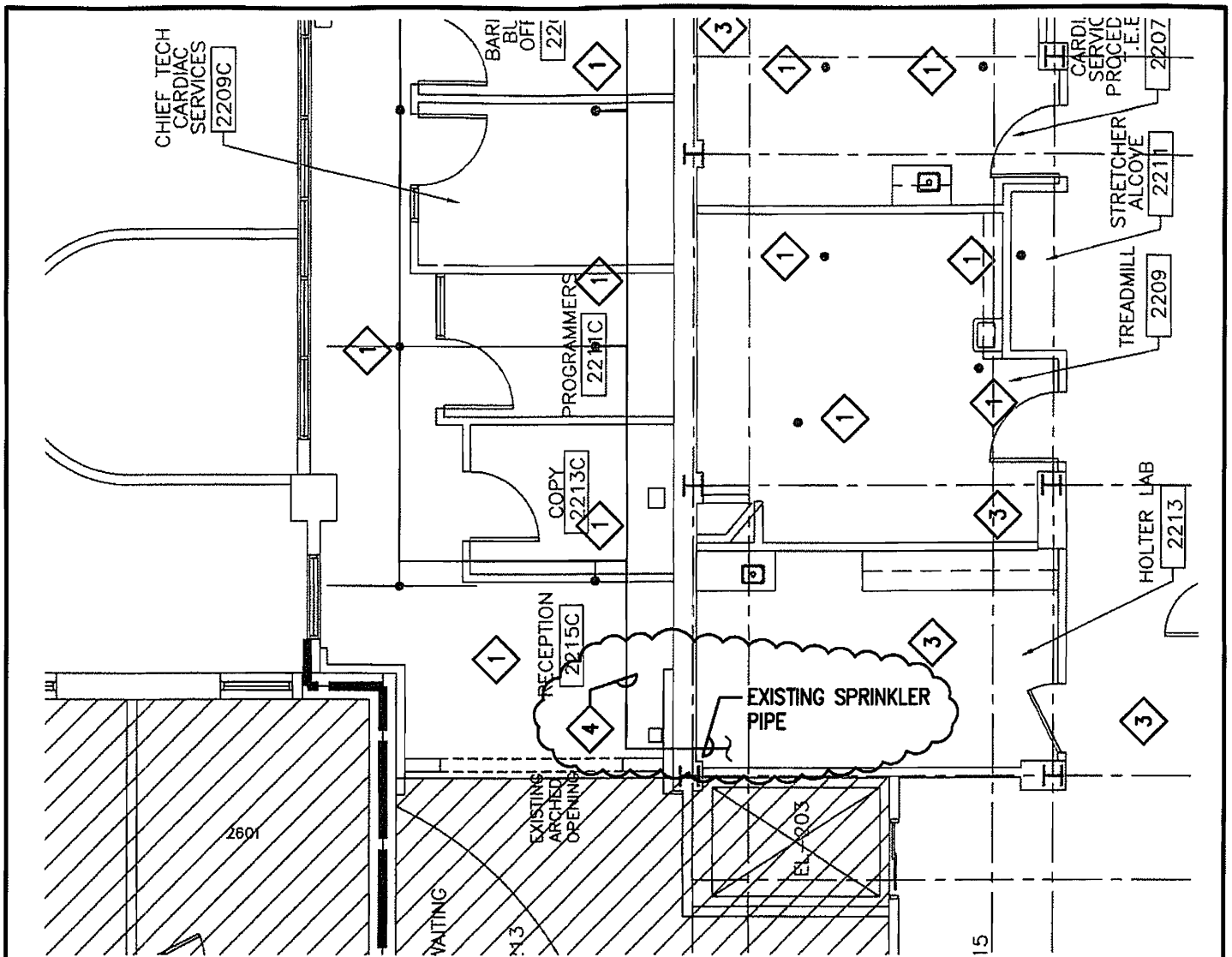
| | |
|--------------|---|
| Sheet Title | CORRIDOR UNIT SECRETARY |
| Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS |

| | |
|-------------------|------------|
| DRAWING REFERENCE | 58/3A4-2.5 |
| Sheet Number | SKA-18 |



7 BENCH SECTION
 3A9-2 1 1/2" = 1'-0"

| | | | | |
|---|--------------------------------|---------------------|---|-------------------------------------|
|  Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer | Date 12/9/2009 | | Sheet Title BENCH SECTION | DRAWING REFERENCE 7/3A9-2 |
| | Scale 1"=1'-0" | | | - |
| | Drawn AE | Check EQS | Project Name MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | Sheet Number SKA-19 |
| | Project Number 28034 | | | |



FIRE PROTECTION WORK NOTES:

- 1 RELOCATE EXISTING SPRINKLERS WITHIN THE AREA AND PROVIDE NEW SPRINKLERS PER NFPA 13 TO ACCOMODATE NEW PARTITIONS.
- 2 NO EXISTING SPRINKLERS WITHIN THE SPACE. PROVIDE SPRINKLERS AND SPRINKLER LINES IN AREAS SHOWN UNDER SPEC SECTION 01030 ALTERNATE #7.
- 3 NO EXISTING SPRINKLERS WITHIN THE SPACE. PROVIDE SPRINKLERS AND SPRINKLER LINES.
- 4 EXISTING 2-1/2" SPRINKLER LINE FROM 4" FIRE PROTECTION RISER.

| | | | |
|--|--|---|-------------------------------------|
| FIRE PROTECTION SECOND FLOOR PAVILION "A" INTERIM OCCUPANCY MAINE MEDICAL CENTER – PAVILION 6 RENOVATIONS PORTLAND, MAINE | | REFERENCE DWG: 1FP1.0 | DATE: 12/09/09 SCALE: 1/8"=1'-0" |
| | | PROJECT NO.: 09018.00 | SKETCH NO.: SKFP-1 |
| 92 MONTVALE AVE SUITE 4100 STONEHAM, MA 02180 | FITZMEYER & TOCCI ASSOCIATES, INC. MECHANICAL/ELECTRICAL ENGINEERS | TEL: 781-481-0210 FAX: 781-481-0203 www.f-t.com | DRN BY: PL CHK BY: SEL |

PLUMBING FIXTURE SCHEDULE

| TAG | DESCRIPTION | MAKE | MODEL | WASTE SIZE | VENT SIZE | WATER SUPPLY | | | FAUCET/ VALVE | ACCESSORIES / REMARKS |
|-------|----------------------------------|--------------------------|------------------------------|------------|-----------|----------------|------|------|--|--|
| | | | | | | C.W. | H.W. | T.W. | | |
| P-1 | WATER CLOSET, HC | CRANE | 31083 'SANWALTON' | 4" | 2" | 1-1/4" | --- | --- | SLOAN-ROYAL 952-1.6 F.A.P. HYDRAULIC FLUSHOMETER | PROVIDE WITH CHURCH OPEN FRONT SEAT. |
| P-1A | WATER CLOSET, HC | ACORN | 1684-ADA-W-2-EG 03-FV-SPS | 4" | 2" | 1-1/4" | --- | --- | ACORN - AIR-TROL 03-FLUSH VALVE | PROVIDE UNIT LESS SEAT. SEE NOTE 4 BELOW. |
| P-1B | WATER CLOSET, HC | CRANE | 3709 'SANWALTON' | 4" | 2" | 1-1/4" | --- | --- | SLOAN-ROYAL 111-1.6 GPF | PROVIDE WITH CHURCH OPEN FRONT SEAT. |
| P-2 | LAVATORY, HC | ACORN | 1652FA-ADA-1 -EG-4 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | ACORN - AIR-TROL VALVE, 4- H & C | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS & REMOVABLE ACCESS PANEL. SEE NOTE 4 BELOW. |
| P-2A | LAVATORY, HC | AMERICAN STD. | 0355.012 'LUCERNE' | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SLOAN MODEL -SL2711 SINGLE LEVER HANDLE | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS. |
| P-3 | LAVATORY, HC | F.B.O. | --- | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SLOAN MODEL -SL2711 SINGLE LEVER HANDLE | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS & REMOVABLE ACCESS PANEL. |
| P-4 | HAND SINK | F.B.O. | --- | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SLOAN MODEL -SL2711 SINGLE LEVER HANDLE | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS & REMOVABLE ACCESS PANEL. |
| P-5 | EXAM S.S. SINK | ELKAY | ELUAD1414 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SLOAN MODEL -SL2711 SINGLE LEVER HANDLE | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS. UNDERMOUNT SINK |
| P-6 | COUNTER S.S. SINK | ELKAY | BPSFR1215 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SPEAKMAN SEF-1800 COMB. EYEWASH/FAUCET | PROVIDE LAWLER MODEL 911E/F THERMOSTATIC MIXING VALVE, SET 95° F TEPID WATER, SUPPLIES & DRAIN CONNECTIONS. |
| P-7 | COUNTER S.S. SINK | ELKAY | LR-1919 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | | SPEAKMAN SEF-1800 COMB. EYEWASH/FAUCET | PROVIDE LAWLER MODEL 911E/F THERMOSTATIC MIXING VALVE, SET 95° F TEPID WATER, SUPPLIES & DRAIN CONNECTIONS. |
| P-8 | SHOWER, HC | TILE ENCLOSURE F.B.O. | --- | 2" | 2" | 1/2" | 1/2" | | ACORN M0532-E505-1 HEAD LOCATION SEE PLAN | PROVIDE HAND SHOWER, WALL BOX & HOSE BIB, DRAIN, TRAP ADA COMPLIANT. SEE SPECIFICATION. COORDINATE HEAD LOCATION. |
| P-9 | FLUSH RIM SERVICE SINK | AMERICAN STD. | 9512.013 | 4" | 2" | 1-1/4" 1/2" | 1/2" | --- | SLOAN 117 CHICAGO 910-G-777-19K | PROVIDE WITH RIM GUARD 7832.017 (QTY. 3) AND BEDPAN CLEANER ASSEMBLY & CHICAGO 815VB. |
| P-10 | COUNTER S.S. SINK | ELKAY | LR-1919 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | --- | CHICAGO 786-SWE29CP | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS. |
| P-11 | COUNTER S.S. SINK DOUBLE BOWL | ELKAY | LRAD-3319 | 1-1/2" | 1-1/2" | 1/2" | 1/2" | --- | ELKAY LKE4100F | PROVIDE DRAIN STRAINER, TRAP, SUPPLIES WITH STOPS. |
| P-12 | CLOTHES WASHER FITTING | SYMMONS | W-602 | 2" | 1-1/2" | 1/2" | 1/2" | --- | | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS. |
| P-13 | DRINKING FOUNTAIN, HC | ACORN | 1672-1-BP- 1-FA | 1-1/2" | 1-1/2" | 1/2" | --- | | PENAL-TROL SINGLE TEMPERATURE VALVE | PROVIDE DRAIN, TRAP, SUPPLIES W/STOPS & REMOVABLE ACCESS PANEL. SEE NOTE 4 BELOW. |
| WH-1 | WALL HYDRANT | J.R. SMITH | 5609QT | --- | --- | 3/4" | --- | --- | --- | PROVIDE WATER CONNECTION IN COOLING TOWER. |
| FD'A' | FLOOR DRAIN | J.R. SMITH | 2005YA-050TP-U | 2", 3" | 2" | --- | --- | --- | | PROVIDE TRAP PRIMER VALVE AND CONNECTION TO FLOOR DRAIN. |
| FD'B' | FLOOR SINK | J.R. SMITH | 3040Y-03-FBS-C-U | 3" | 2" | --- | --- | --- | | PROVIDE TRAP PRIMER VALVE AND CONNECTION TO FLOOR SINK. |
| RD'A' | ROOF DRAIN | J.R. SMITH | 1310 Y-R-C | 3", 4" | --- | --- | --- | --- | | |

- NOTES: 1. PROVIDE BALL VALVE SHUT OFFS AT ALL FIXTURE BRANCH LINE TAKE-OFFS FROM MAINS AND RISERS.
 2. ALL FIXTURES TO BE INSTALLED IN ACCORDANCE WITH ADA REGULATIONS.
 3. COORDINATE ALL FIXTURE POWER REQUIREMENTS WITH THE ELECTRICAL CONTRACTOR.
 4. FIXTURES SHALL BE PROVIDED WITH COLOR OPTION TO BE SELECTED BY THE ARCHITECT.

ABBREVIATIONS

GENERAL NOTES

PLUMBING
 PLUMBING LEGEND, NOTES AND SCHEDULES
 MAINE MEDICAL CENTER - PAVILION 6 RENOVATIONS
 PORTLAND, MAINE

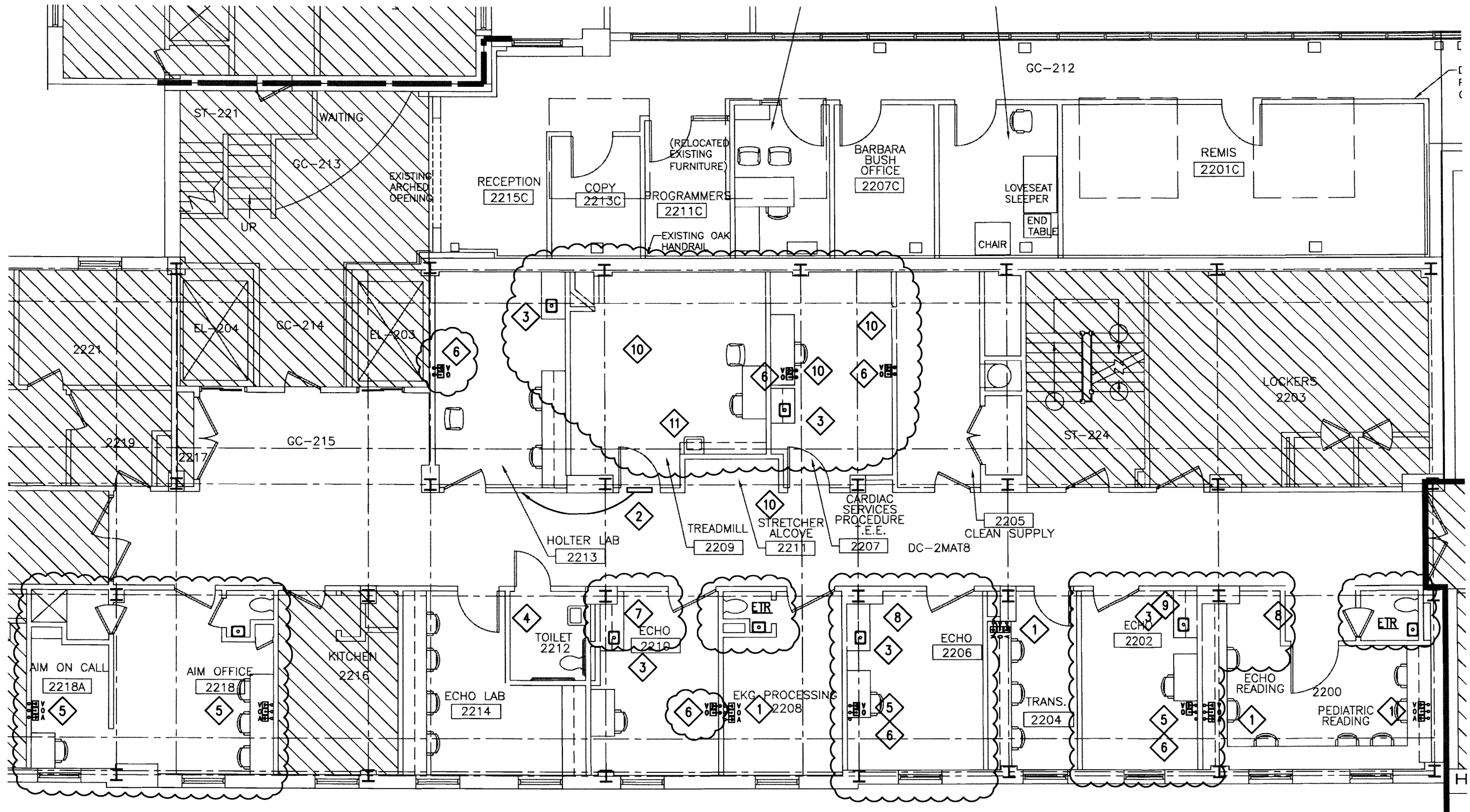
FITZEMEYER & TOCCI ASSOCIATES, INC.
 MECHANICAL/ELECTRICAL ENGINEERS

92 MONTVALE AVE
 SUITE 4100
 STONEHAM, MA 02180

TEL: 781-481-0210
 FAX: 781-481-0203
 www.f-t.com

DWG. REF. NO.
 3P0.0
 SCALE:
 NONE
 DRN BY: PL
 DATE: 12-09-09

PROJ. NO.
 09018.00
 DRAWING NO.
 SKP-1



PLUMBING
SECOND FLOOR PAVILION "A" INTERIM OCCUPANCY
MAINE MEDICAL CENTER – PAVILION 6 RENOVATIONS
PORTLAND, MAINE

FITZMEYER & TOCCI ASSOCIATES, INC.
 MECHANICAL/ELECTRICAL ENGINEERS

| | |
|------------------------|-----------------------------|
| DWG. REF. NO. 1P1.0 | PROJ. NO. 09018.00 |
| SCALE: 1/8"=1'-0" | DRAWING NO. SKP-2 |
| DRN BY: PL | DATE: 12-09-09 |

92 MONTVALE AVE
 SUITE 4100
 STONEHAM, MA 02180

TEL: 781-481-0210
 FAX: 781-481-0203
 www.f-t.com

PLUMBING WORK NOTES:

- 1 RETAIN EXISTING MEDICAL GAS OUTLETS (OX, AIR, VAC).
- 2 RELOCATE EXISTING MEDICAL GAS ZONE VALVE BOX AND CONNECTIONS.
- 3 PROVIDE SINK AND FAUCET WITH WATER, WASTE AND VENT PIPING. EXTEND AND CONNECT NEW SINK TO EXISTING WATER, WASTE AND VENT SYSTEMS. PROVIDE STAINLESS STEEL UNDERMOUNT SINK (ELKAY ELUAD1414) IN CORIAN COUNTER TOPS.
- 4 DISCONNECT AND REMOVE EXISTING SHOWER AND ALL RELATED PIPING BACK TO EXISTING BRANCHES. PROVIDE NEW WALL HUNG SINK AND FAUCET AND FLOOR MOUNTED WATER CLOSET WITH FLUSH VALVE WITH WATER, WASTE AND VENT PIPING. EXTEND AND CONNECT NEW SINK AND WATER CLOSET TO EXISTING WATER, WASTE AND VENT SYSTEMS.
- 5 DISCONNECT AND REMOVE MEDICAL GAS OUTLETS (OX, AIR, VAC) AND CAP BACK INTO WALL

6 PROVIDE NEW MEDICAL GAS OUTLETS (OX, VAC & SLIDE) AND PIPING EXTENDED AND CONNECTED TO NEAREST ACTIVE BRANCH SERVING THE AREA.

- 7 DISCONNECT AND REMOVE EXISTING WATER CLOSET AND ALL RELATED PIPING BACK TO WALL AND CAPPED.
- 8 DISCONNECT AND REMOVE EXISTING SHOWER AND ALL RELATED PIPING BACK TO WALL AND CAPPED.
- 9 DISCONNECT AND REMOVE EXISTING WATER CLOSET, SINK, AND ALL RELATED PIPING BACK TO WALL AND CAPPED.
- 10 DISCONNECT AND REMOVE EXISTING SINK AND ALL RELATED PIPING BACK TO WALL AND CAPPED.
- 11 PROVIDE NEW WALL HUNG SINK AND FAUCET WITH WATER, WASTE AND VENT PIPING. EXTEND AND CONNECT NEW SINK AND WATER CLOSET TO NEAREST EXISTING WATER, WASTE AND VENT SYSTEMS.

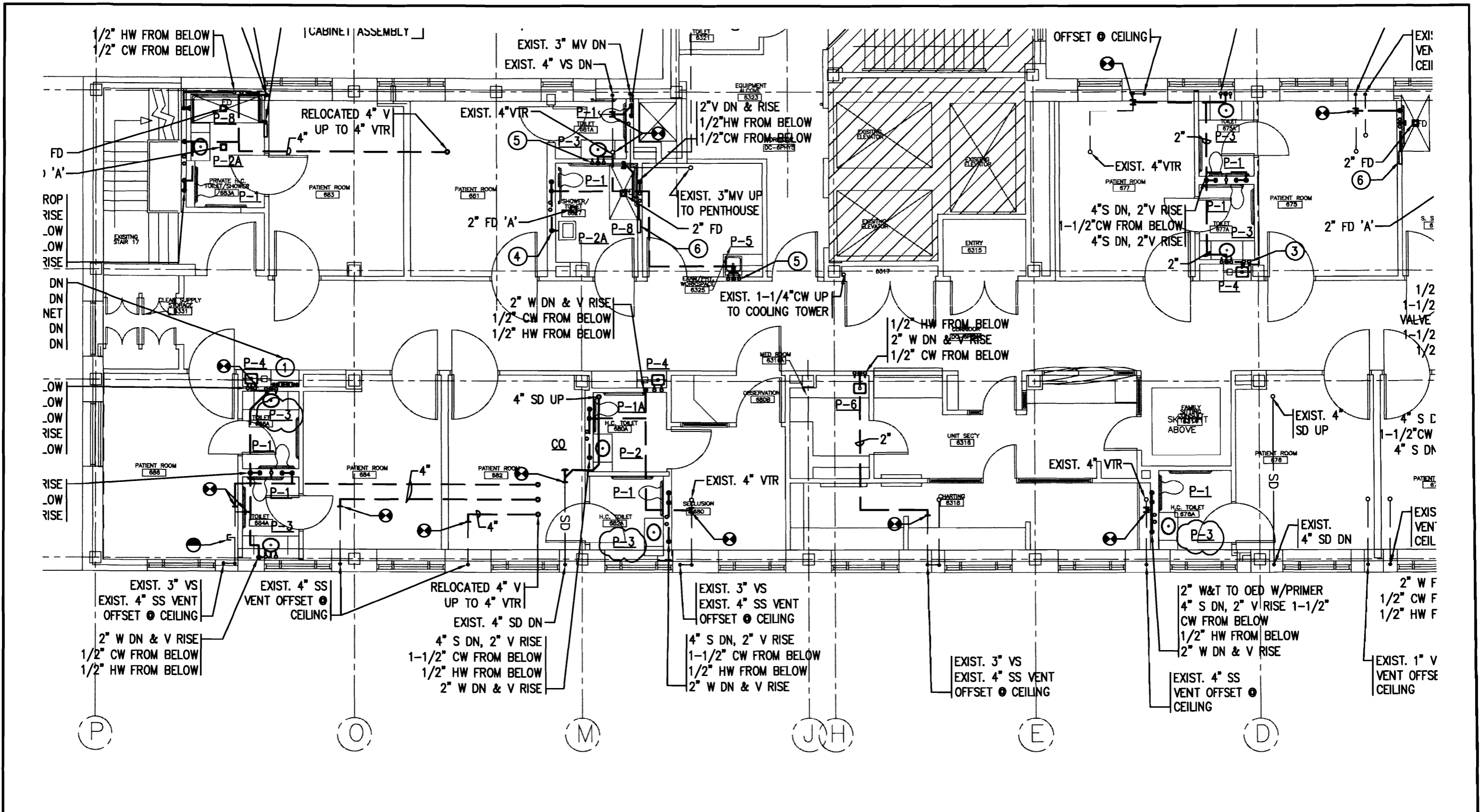
PLUMBING
SECOND FLOOR PAVILION "A" INTERIM OCCUPANCY
MAINE MEDICAL CENTER – PAVILION 6 RENOVATIONS
PORTLAND, MAINE

FITZEMEYER & TOCCI ASSOCIATES, INC.
MECHANICAL/ELECTRICAL ENGINEERS

92 MONTVALE AVE
SUITE 4100
STONEHAM, MA 02180

TEL: 781-481-0210
FAX: 781-481-0203
www.f-t.com

| | |
|------------------------|-----------------------|
| DWG. REF. NO. 1P1.0 | PROJ. NO. 09018.00 |
| SCALE: 1/8"=1'-0" | DRAWING NO. |
| DRN BY: PL | SKP-3 |
| DATE: 12-09-09 | |



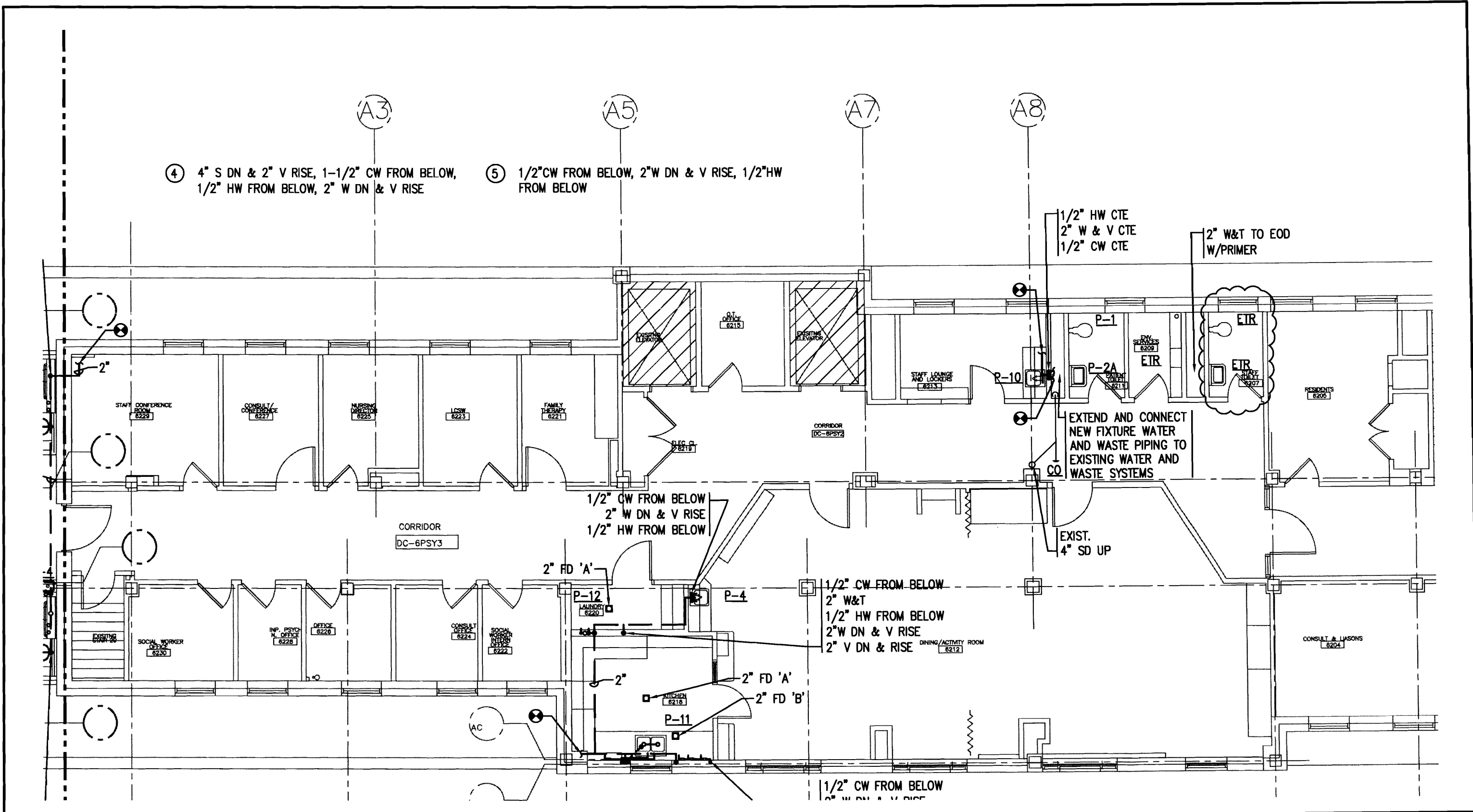
PLUMBING
SIXTH FLOOR PAVILION "A" & "C"
MAINE MEDICAL CENTER – PAVILION 6 RENOVATIONS
PORTLAND, MAINE

FITZMEYER & TOCCI ASSOCIATES, INC.
 MECHANICAL/ELECTRICAL ENGINEERS

| | |
|------------------------|-----------------------------|
| DWG. REF. NO. 3P2.1 | PROJ. NO. 09018.00 |
| SCALE: 1/8"=1'-0" | DRAWING NO. SKP-4 |
| DRN BY: PL | DATE: 12-09-09 |

92 MONTVALE AVE
 SUITE 4100
 STONEHAM, MA 02180

TEL: 781-481-0210
 FAX: 781-481-0203
 www.f-t.com



- ④ 4" S DN & 2" V RISE, 1-1/2" CW FROM BELOW, 1/2" HW FROM BELOW, 2" W DN & V RISE
- ⑤ 1/2" CW FROM BELOW, 2" W DN & V RISE, 1/2" HW FROM BELOW

PLUMBING
SIXTH FLOOR PAVILION "A" & "C"
MAINE MEDICAL CENTER - PAVILION 6 RENOVATIONS
PORTLAND, MAINE

FITZMEYER & TOCCI ASSOCIATES, INC.
 MECHANICAL/ELECTRICAL ENGINEERS

| | |
|------------------------|-----------------------------|
| DWG. REF. NO. 3P2.1 | PROJ. NO. 09018.00 |
| SCALE: 1/8"=1'-0" | DRAWING NO. SKP-5 |
| DRN BY: PL | |
| DATE: 12-09-09 | |

92 MONTVALE AVE
 SUITE 4100
 STONEHAM, MA 02180

TEL: 781-481-0210
 FAX: 781-481-0203
 www.f-t.com

November 3, 2009

Mr. Daniel Hebert
President
Hebert Construction Corp., LLC
9 Gould Road
Lewiston, ME 04240

Re: Maine Medical Center Construction Projects – Silica Exposure

Dear Dan:

The purpose of this memoranda is to confirm and emphasize certain responsibilities of the contractor under Article 10 of the AIA A201 General Conditions in the contract for the above referenced projects. Article 10 of the General Conditions specifies in various paragraphs that the contractor is responsible for minimizing potential employee hazards from contractor-initiated activities in the work area, and responsible for notifying MMC of any potential hazards that employees may encounter.

In the case of materials commonly known to contain silica – such as concrete, brick, and similar materials – we request that Hebert Construction Corp., LLC notify MMC in advance when it is about to commence activities that may lead to the creation of airborne particulates containing silica, and to describe for MMC those measures that it intends to employ to minimize the generation of airborne particulates containing silica.

Sincerely,

Daniel F. Doughty, AIA
Manager, Facilities Development

C: Walter Pochebit, Director Construction and Property Management
Marshall Bartlett, Project Manager
Leslie Davis, AIA, Architect
Henry Dunn, PE, Project Manager
Nancy Innes, Project Manager
William Pogar, AIA, Architect
Richard Saklad, CSI, Architect
Christopher Simmons, Assistant PM

Dent of Building Inspections

JAN 14 2010

RECEIVED

December 4, 2009

Maine Medical Center
Pavilion 6 Renovations
Portland, Maine

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com

ADDENDUM No. 1

This Addendum forms a part of the contract documents and modifies the original Drawings and the Specifications dated November 19, 2009. The enclosed additions, deletions, corrections, and changes should be as binding as if incorporated in the original documents. Acknowledgment of receipt of this addendum will be required as part of the contract agreement.

Drawings:

A. Architectural

1. **Drawing No. 1A1-1 Second Floor Pavilion A Interim Remodel Plan**
 - a. Re-issued with this Addendum.

2. **Drawing No. 1A6-1 Second Floor Pavilion A Interim Occupancy Reflected Ceiling Plan**
 - a. Re-issued with this Addendum. Refer to RCP Legend on 3A6-1.

3. **Drawing No. 1FP1.0 Second Floor Pavilion "A" Interim Occupancy Fire Protection Plan**
 - a. Fire Protection Work Notes, Note 3, delete the words "IN AREAS INDICATED".
 - b. Add Note 3 to Areas GC-213 and GC214.

4. **Drawing No. 1P1.0 Second Floor Pavilion "A" Interim Occupancy Plumbing Plan**
 - a. In Rooms 2202, 2206, install new med gas outlets to replace existing, in the same location as the existing outlets.
 - b. In Rooms 2218 and 2218A, change Note 1 to Note 5.

5. **Drawing No. 1E1.0 Second Floor Pavilion "A" Interim Occupancy Electrical Plan**
 - a. Re-issued with this Addendum.

6. **Drawing No. 2AD-1 Second Floor Pavilions C & D Interim Occupancy Demolition Plan & Typ. Patient Room Elev.**
 - a. Rooms 2406 and 2408, Do not remove the two partitions entirely. Create openings in each partition so only 1'-0" of wall is left at each end to support a header. Existing ceiling grids will remain for new ceiling Type 3. Existing ceiling tile will be saved for relocation after P6 is finished.
Patch flooring where openings are created partitions. Install new VCT in 2206 to match existing VCT floors in 2408 and 2410.
 - b. Add Note 8 to all Patient Room Toilets.

7. **Drawing No. 2A1-1 Second Floor Pavilions C & D Interim Occupancy Remodel Plan**
 - a. Stair door ST-216, add Note 1, both sides of door.
 - b. Corridor door DC-20PC5, the words "card reader" (above Activity Room borrowed lites) should go with the "CR" designation above it.
 - c. Stair door 2410, add Note 1, corridor side of door.

- d. Clarification: Unit Entrance Doors DC-20PC2, the push plates shown on the drawing will be part of the final phase, after the P6 patients move back to P6.
- 8. Drawing No. 2A6-1 Second Floor Pavilions C & D Interim Occupancy Reflected Ceiling Plan**
- a. The dotted lines indicate existing cubicle curtain tracks in Patient Rooms. NOTE: These cubicle curtain tracks shall be removed, stored and reinstalled in the same locations after the Pavilion 6 Patients return to their new space. No break-away type track and curtains will be required during the temporary occupancy. Refer to RCP Legend on 3A6-1.
- b. Rooms 2406, 2408 and 2410, see Item 6 above. Existing ceiling grids will remain for new ceiling Type 3. Existing ceiling tile will be saved for relocation after P6 is finished.
- 9. Drawing No. 2P1.0 Second Floor Pavilions C & D Interim Occupancy Plumbing Plan**
- a. Clarification: Replace faucet to be single lever type on the existing sink left in 2408.
- 10. Drawing No. 2M1.0 Second Floor Pavilions C & D Interim Occupancy Mechanical Plan**
- a. Staff Toilet 2411, Change Note 2 to Note 5.
- 11. Drawing No. 2E1.0 Second Floor Pavilions C & D Interim Occupancy Electrical Plan**
- a. Staff Toilet 2411 needs no work. For Staff use only.
- 12. Drawing No. 3A1-1A Sixth Floor Pavilions A & C Demolition and Remodel Plans Alternate 2.**
- a. Note: This drawing shows the exterior walls in plan, as they are modified by Alternate 2.
- 13. Drawing No. 3A3-1 Wall Sections, Details & Window Types**
- a. Note the following dimensions in each area:
1. Pavilion 2A – 10'- 0" from finish floor to underside of deck.
 2. Pavilion 2C &D – 10'- 0" from finish floor to underside of deck.
 3. Pavilion 6 - 10'- 0" from finish floor to underside of deck.
- b. Detail 2, Wall Section (Alternate # 2), Change "Rigid Insulation" to Read "Open Cell Spray-Polyurethane Foam". Note: Cost of new 5/8" GWB finish layer is carried in the base bid.
- c. Clarification: Detail 6, Window Types, Window Note 2: Furnishing and installing insulated metal panels is included in the Base Bid. Alternate No. 1 reflects the same configuration of glazing and insulated metal panels as the Base Bid, with new window aluminum frames in stead of existing aluminum frames.
- 14. Drawing No. 3A4-2.1 Mounting Heights and Accessory Schedule**
- a. Issued with this Addendum.
- 15. Drawing No. 3A5-5-2 Room Finish Schedule**
- a. Reissued with this Addendum.
- 16. Drawing No. 3ID1-1 Sixth Floor Pavilions A & C Finish Plan**
- a. Issued with this Addendum. Plan shows one option of Floor Pattern Plan as a level of complexity for the options to be approved by Owner.

“Alternate No. 9 (P6A &C) for chilled water system sized to support existing Pavilion “A” air handler replacement, including Alternate CHILL-20 and CHWP-1 and CHWP-2, and 4 chilled water supply and return mains (with caps for future), in lieu of 2-1/2” run out piping to Pavilion “A” roof.”

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com

3. Section 078400 – Firestopping

- a. Item 2.02, Maine Medical Center only allows 3M Firestopping. Please delete reference to all other manufacturer’s specified that have products similar to 3M.

4. Section 081416 – Flush Wood Doors

- a. Page 2, Item 2.02, Paragraph A, subparagraph 1, Change “Premium Grade” to read “Custom Grade” for all doors.
- b. Page 3, Item 2.04, Note: Door facings are different in each area of the Work as follows:
 - 1. Pavilion 2A – Doors are Plain Sliced, book matched Oak, Clear Finish.
 - 2. Pavilion P2C & D: Doors are Plain Sliced Birch, Book matched, Clear Finish
 - 3. Pavilion 6A: Doors are Plain Sliced, book matched Oak, finish to match existing doors in that area.
 - 4. Pavilion C: Doors are Maple, as specified.

5. Section 08800 – Glazing

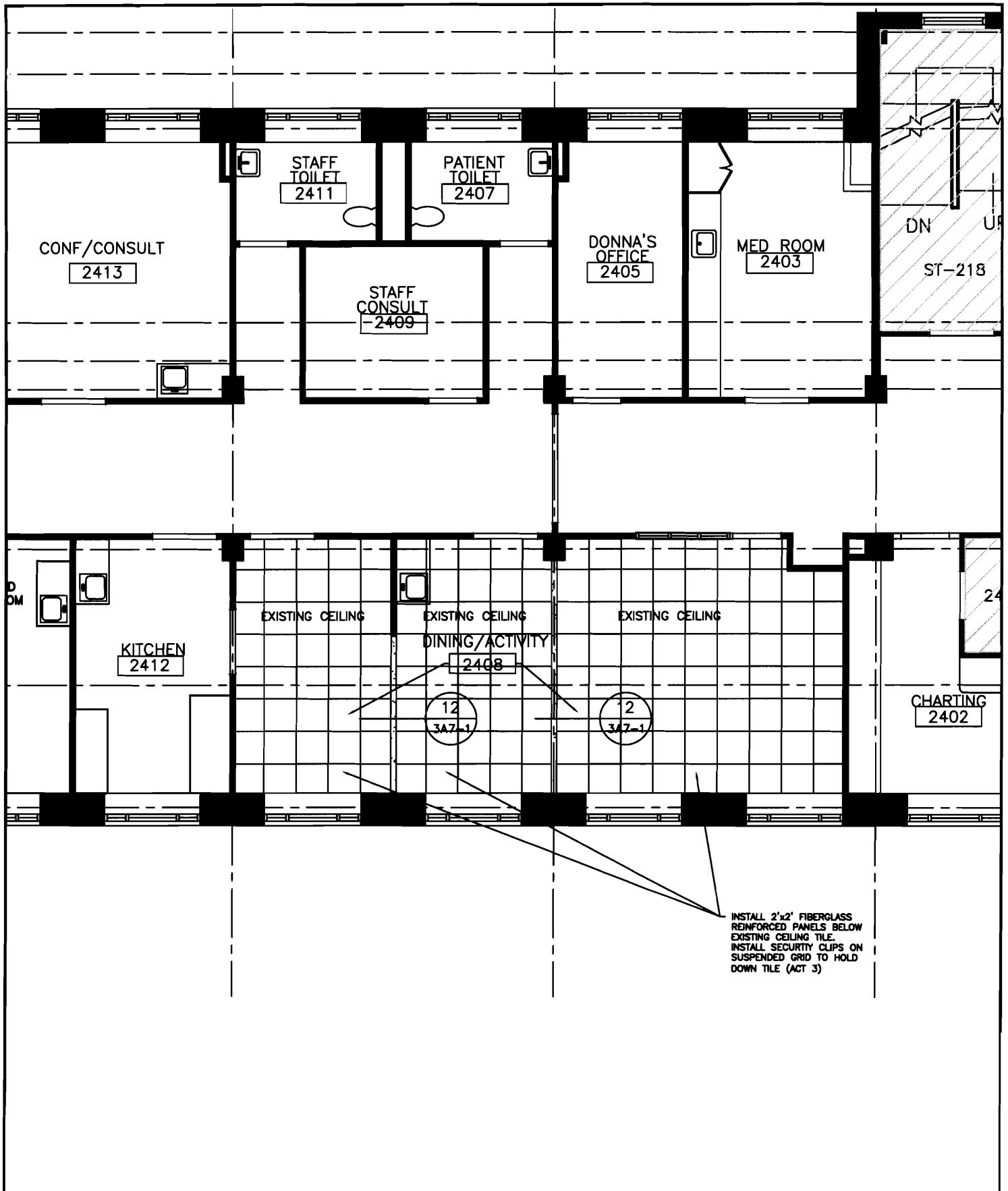
- a. Page 3, Item 2.01, Paragraph A, add subparagraph 5 as follows:

“5. Insulated Glass Units in Existing Frame (Base Bid only) shall consist on 3/8” clear tempered glass for inboard lite, 3/16” tempered outboard lite, with a 5/8” air space.”
- b. Item 2.01, Paragraph B., insulated metal panels shall have a dark bronze finish to match existing panels installed for Pavilion A and C.


Sketch Drawings Issued with This Addendum:

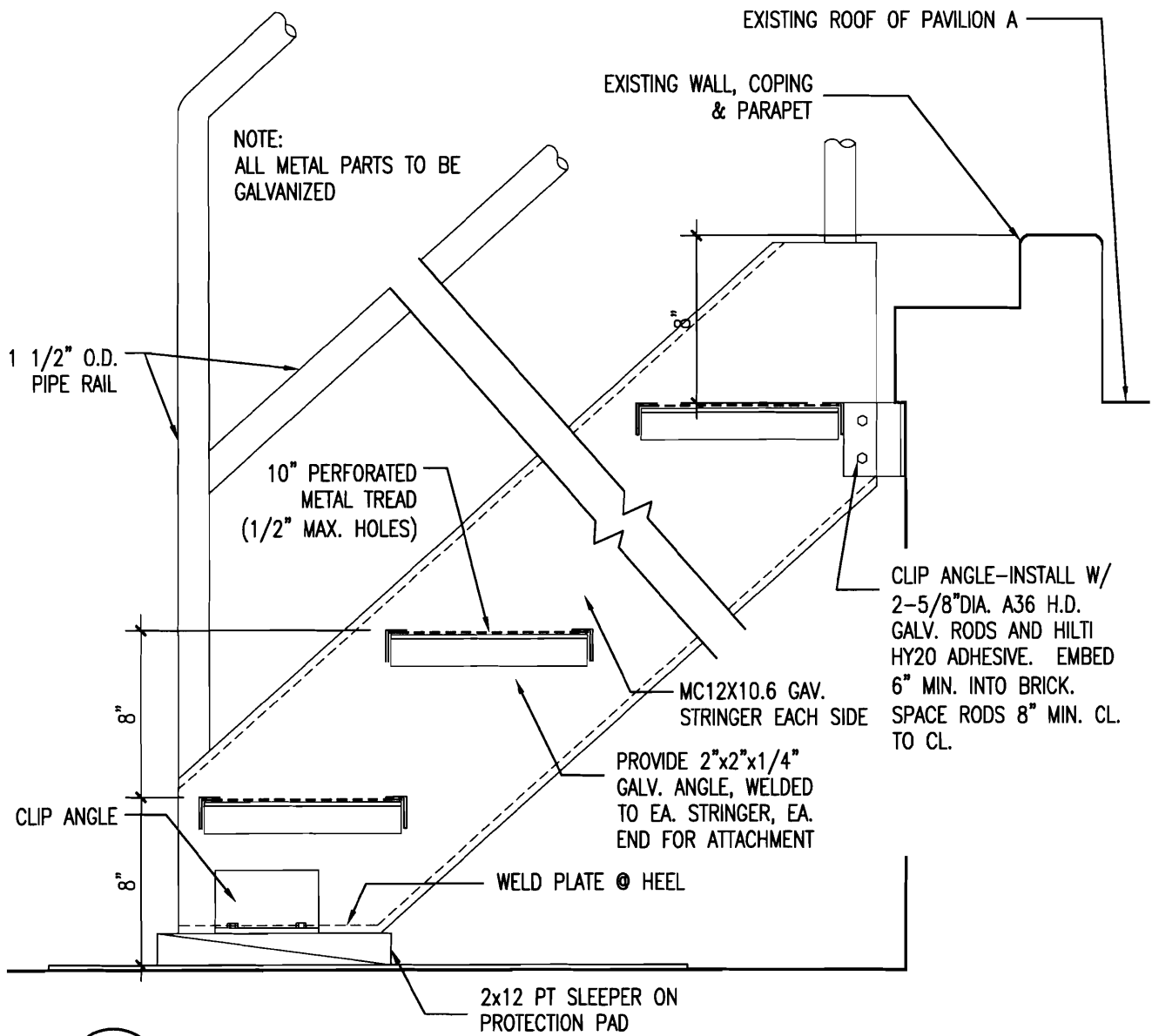
- 1. SKA-1 Stair Detail
- 2. SKA-2 Guardrail at Roof
- 3. SKA-3 P2C & D Dining/Activity Room 2408 Reflected Ceiling Plan
- 4. SKA-4 P2A Phasing Plan

End of Addendum 1



INSTALL 2'x2' FIBERGLASS REINFORCED PANELS BELOW EXISTING CEILING TILE. INSTALL SECURITY CLIPS ON SUSPENDED GRID TO HOLD DOWN TILE (ACT 3)

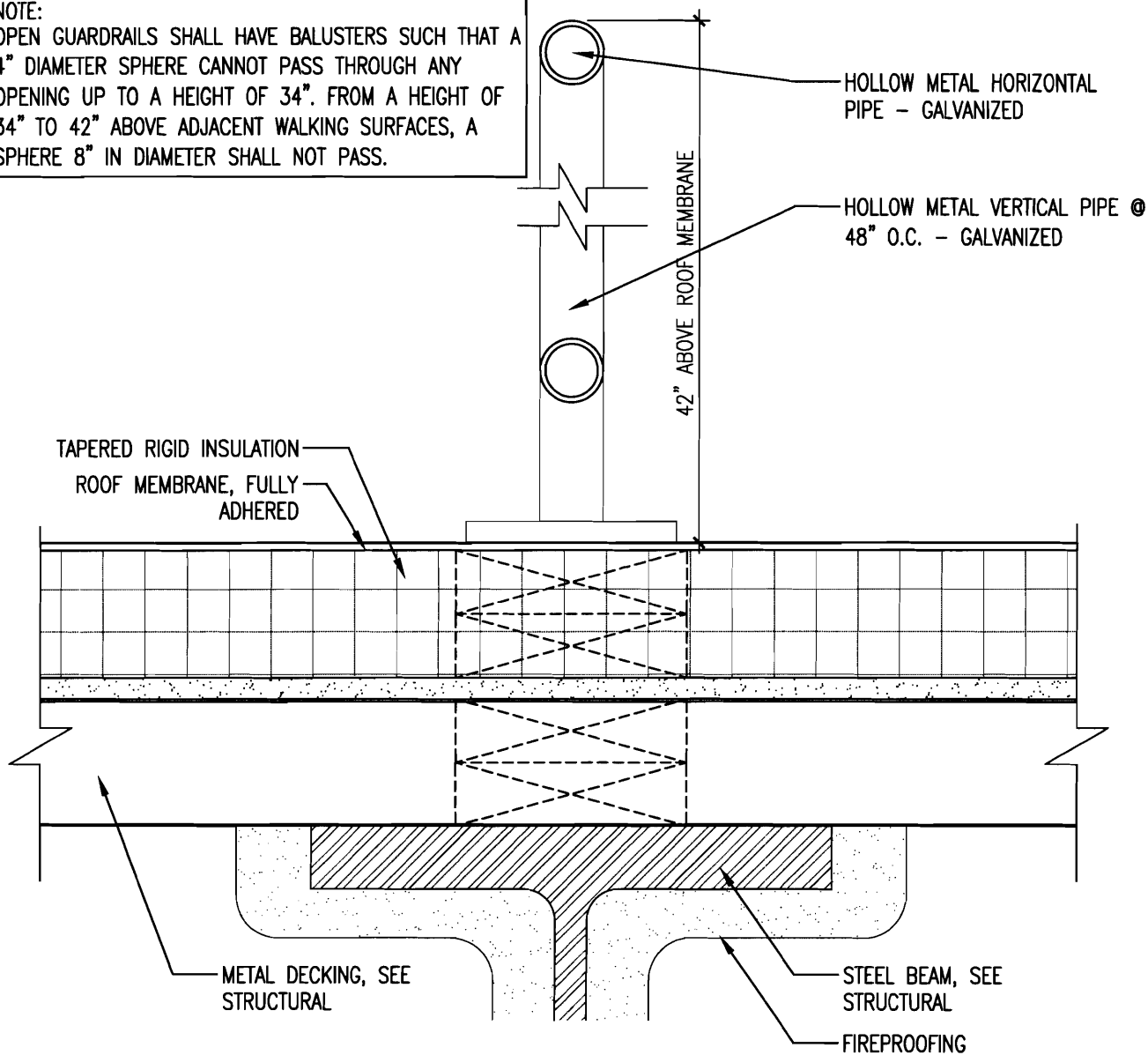
| | | | | | |
|--|----------------|------------|-------------|---|--------------|
|  MorrisSwitzer Environments for Health Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer | Date | 12/4/2009 | Sheet Title | P2C & D DINING/ACTIVITY ROOM 2408 | |
| | Scale | 1/8"=1'-0" | | REFLECTED CEILING PLAN | |
| | Drawn | AE | Check | EQS | Project Name |
| | Project Number | 28034 | | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | |
| | | | | 2A6-1 | |
| | | | | Sheet Number | |
| | | | | SKA-3 | |



10 STAIR DETAIL
3A3-3.1 1 1/2" = 1'-0"

| | | | | | |
|--|----------------|--------------|--------------|---|--------------|
| <p>MorrisSwitzer Environments for Health</p> <p>Williston, Vermont Boston, Massachusetts Portland, Maine</p> <p>One Dana Street Portland, ME 04101 t 207.773.8841 f 207.773.8840 morriswitzer.com</p> <p>© 2009 MorrisSwitzer</p> | Date | 12/4/2009 | Sheet Title | 10/3A3-3.1 | |
| | Scale | 1 1/2"=1'-0" | STAIR DETAIL | - | |
| | Drawn | JB | Check | EQS | Sheet Number |
| | Project Number | 28034 | Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS | SKA-1 |

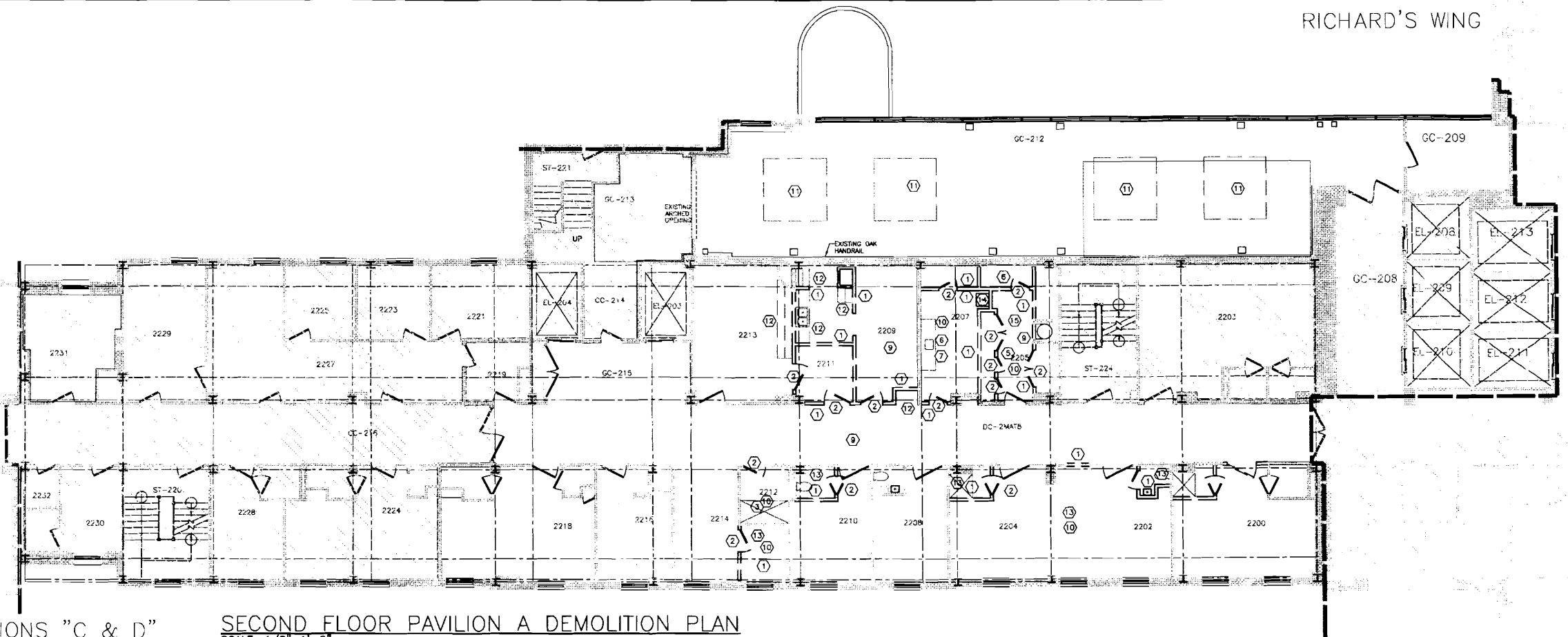
NOTE:
 OPEN GUARDRAILS SHALL HAVE BALUSTERS SUCH THAT A 4" DIAMETER SPHERE CANNOT PASS THROUGH ANY OPENING UP TO A HEIGHT OF 34". FROM A HEIGHT OF 34" TO 42" ABOVE ADJACENT WALKING SURFACES, A SPHERE 8" IN DIAMETER SHALL NOT PASS.



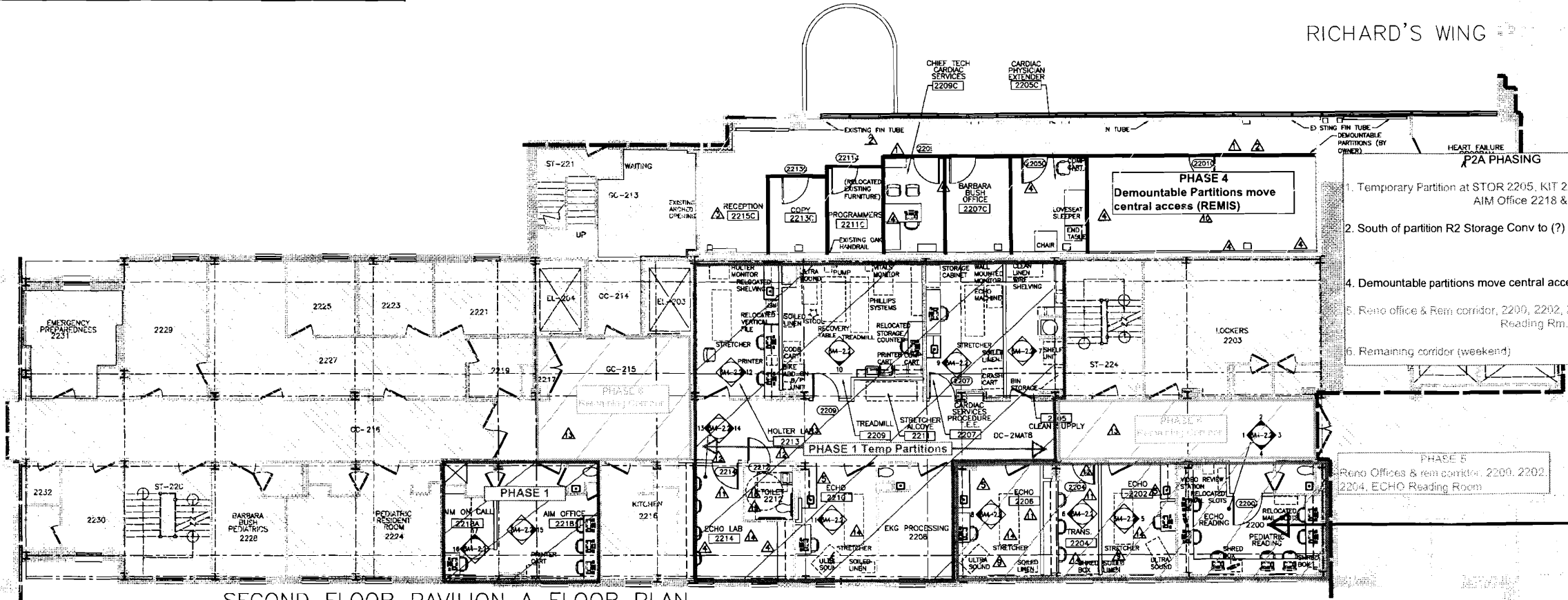
12 GUARDRAIL DETAIL
 3A3-3.1

SCALE: 3" = 1'-0"

| | | | | | | |
|---|----------------|-----------|-------------|------------------|--------------|---|
| <p>MorrisSwitzer Environments for Health</p> <p>Williston, Vermont Boston, Massachusetts Portland, Maine © 2009 MorrisSwitzer</p> <p>One Dana Street Portland, ME 04101 t 207.773.8841 f 207.773.8840 morriswitzer.com</p> | Date | 12/4/2009 | Sheet Title | GUARDRAIL DETAIL | 12/3A3-3.1 | |
| | Scale | 3"=1'-0" | | | - | |
| | Drawn | JB | Check | EQS | Project Name | MAINE MEDICAL CENTER PAVILION 6 RENOVATIONS |
| | Project Number | 28034 | | | Sheet Number | SKA-2 |



PAVILIONS "C & D" SECOND FLOOR PAVILION A DEMOLITION PLAN
SCALE: 1/8"=1'-0"



PAVILIONS "C & D" SECOND FLOOR PAVILION A FLOOR PLAN
SCALE: 1/8"=1'-0"

NOTE: ALL NEW PARTITIONS SHALL BE TYPE (2)
REFER TO DRAWING 3A5-1

RICHARD'S WING

RICHARD'S WING

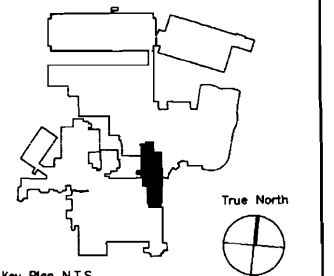
MorrisSwitzer
Environments for Health
Williston, Vermont
Boston, Massachusetts
Portland, Maine
© 2009 MorrisSwitzer

One Dana Street
Portland, ME 04101
t 207.773.8841
f 207.773.8840
morriswitzer.com



BECKER
structural engineers, inc.
75 York Street
Portland, ME 04101-4701
Tel: 207-879-1838
Fax: 207-879-1822
www.beckermec.com

MECHANICAL / ELECTRICAL ENGINEERS
92 Mainville Ave, Suite 4100
Sterling, MA 02180
Tel: 781-481-0210
Fax: 781-481-0203
email: info@f-t.com
www.f-t.com
Project No.: 09018.00



Maine Medical Center
Portland, Maine

MAINE MEDICAL CENTER
PAVILION 6 RENOVATIONS

MorrisSwitzer Project Number 28034
Date 12/4/2009
Scale NOT TO SCALE
Sheet Title and Number

SECOND FLOOR PAVILION A INTERIM OCCUPANCY PHASING PLAN
SKA-4

- PHASE 4**
Demountable Partitions move central access (REMIS)
1. Temporary Partition at STOR 2205, KIT 2216, Tread 2213, AIM Office 2218 & On-Call 2218
 2. South of partition R2 Storage Conv to (?) move out of 2200
 3. Demountable Partitions (BY OWNER)
 4. Demountable partitions move central access (REMIS)
 5. Reno office & Rem corridor, 2209, 2202, 2204, ECHO Reading Rm. ECHO 2206
 6. Remaining corridor (weekend)
- PHASE 5**
Reno Offices & rem corridor, 2200, 2202, 2204, ECHO Reading Room

