UNIVERSITY OF KENTUCKY
Purchasing Division

REQUEST FOR PROPOSALS

UK-2352-23

Fire and Smoke Resistance Compliance

ADDENDUM # 2

5/15/2023

New Due Date – 5/23/2023

ATTENTION: This is not an order. Read all instructions, terms and conditions carefully.

IMPORTANT: RFP AND ADDENDUM MUST BE RECEIVED BY 05/23/2023 @ 3:00 P.M. LEXINGTON, KY TIME

Offeror must acknowledge receipt of this and any addendum as stated in the Request for Proposal.

This Addendum is being posted to:

1. Extend the bid due date to **New Due Date – 5/23/2023**
2. Updated Scope of Services
3. Post Questions and Answers
4. Post Life Safety Plans
5. Post IPAC Risk Assessment

OFFICIAL APPROVAL
UNIVERSITY OF KENTUCKY

David D. Stefanic / Category Specialist / 859-257-5792

SIGNATURE

_____

_____

Typed or Printed Name

University of Kentucky
Purchasing Division
322 Peterson Service Building
Lexington, KY 40506-0005

7.0 SCOPE OF SERVICES

7.1 Detailed Services Defined

The successful awardee should provide appropriate and sufficient staff, equipment, vehicles and transportation, labor, materials, tools, and supervision necessary for all inspections, repairs and maintenance throughout the duration of the contract.

Normal work hours are 7:00 AM to 4:00 PM, Monday-Friday.

The successful awardee should perform all work in a first-class professional manner in accordance with the plans, specifications, recommendations of the equipment and material manufacturers, governing codes, and instructions by The University's Point of Contact. All quotes and invoices should be detailed, listing all prices for materials and labor costs separately, lump sum quotes and invoices will not be accepted.

The Firestop survey is an inspection that determines where breached fire-resistant walls and ceilings are located within the building. Firestopping is a passive fire protection system used to seal openings in fire resistance-rated walls and/or floor assemblies. Based on the survey results, the necessary repairs can begin to prevent the spread of fire and smoke throughout a building. Surveys will focus on the breaches to compartmentation of a building and will provide a comprehensive and detailed breakdown of penetrations within rated fire barriers throughout the building.

FIRESTOP SURVEY INCLUDES THE FOLLOWING:

• A detailed fire barrier survey; Statement of Conditions (SOC), including type of barrier, description of penetration requiring firestop correction, and recommended UL listed firestop system.

• Minor firestop repairs ("Caulk and Walk") completed during the survey

"Minor repairs" refers to firestop repairs of metallic pipe, conduit, or tubing where the penetrating item is less than the maximum size noted in the UL approved firestopping system and the annular space does not exceed the maximum spacing specified. The minor repair will meet the requirements of UL systems where the only materials needed to complete the repair are backing and/or firestop caulk or putty. An example would be UL system W-L-1049

• Any open junction box or electrical box found open will be documented and the missing cover replaced. Cover will be provided by facilities.

• Any items found to be in contact with or supported by the sprinkler system piping will be noted and reported to FMMC.

- Any fire barrier deficiency found that is above and beyond the scope of repairs for minor firestop issues will be noted and reported to FMMC.

• Also, digital pictures of the penetration/opening in need of repair will be provided.

What is Firestopping?

Firestopping is simply a group of products that is designed to help prevent the spread of fire and smoke by filling in any holes around penetrating items in fire rated walls, ceilings and floors. Some firestop products will even expand in the presence of heat.

Firestopping Materials for Minor Repairs Include:

1. Sealants (Intumescent)
2. Putties
3. Pillows
4. Bricks / Plugs
5. Spray Products

Holes and openings in fire rated barriers and/or walls due to conduit, pipes, wires, supporting structure, or any other item that may penetrate the fire rated construction.

Common Firestopping / Firewall Issues:

1. Incomplete firestopping
2. Mixing manufacturer's products
3. Improper Installation – firestop caulk

UK Facilities Management Medical Center (FMMC) is tasked with maintaining the code compliance and integrity of fire-resistance-rated assemblies across the UK HealthCare enterprise. A comprehensive barrier management program is being created to ensure that these assemblies will continually meet NFPA and Joint Commission requirements while keeping our patients, staff, and visitors safe. The first step in the process is to assess the current state of all fire and smoke resistant barriers in our facilities and to make the necessary repairs to meet code requirements. FMMC has determined that it will be beneficial to outsource some assessment and repairs to a 3rd party contractor. This document outlines the scope and expectations for any vendor submitting quotes for the project.

FMMC will:

- Provide the most up to date version of the Life Safety Drawings to the contractor.
- Assist with questions or concerns about the location of barriers to be assessed.
- Access to every space included in the assessment, escorts in areas as required.
- Provide junction box covers.

Approved contractor will:

- Inspect interior fire-resistance-rated partitions, barriers, and walls for non-compliant through-penetrations and/or membrane penetrations. Includes any horizontal assemblies that are not floor/ceiling assemblies, ie corridor lids.
    - Penetrations include but are not limited to:

        - Conduit, pipes, tube (metallic or not)
        - Wire, cable, and cable trays
        - Ducts
        - Structural elements
        - Openings where any of the above items have been removed
        - Stubbed conduit without compliant plugs
    - Both sides of through-penetrations will be inspected
    - Does not include:
        - Opening protectives
        - Dampers
        - Floor/ceiling penetrations
        - Smoke partitions
- Determine if these penetrations are code compliant or need to be repaired.
- Provide labor and materials to complete the minor firestop repairs.
  "Minor repairs" refers to firestop repairs of metallic pipe, conduit, or tubing where the penetrating item is less than the maximum size noted in the UL approved firestopping system and the annular space does not exceed the maximum spacing specified. The minor repair will meet the requirements of UL systems where the only materials needed to complete the repair are backing and/or firestop caulk or putty. An example would be UL system W-L-1049
- Record the location and type of all non-compliant penetrations on approved drawings.
- Identify and install covers on any open junction boxes visible when inspecting the barriers.
- Note any code related issues above the ceilings that are not related to penetrations and bring them to the attention of the FMMC representative.
    - Example: wires or pipes supported by sprinkler lines
    - Other than minor penetrations incorrectly installed or covered, including but not limited to:
        - Scab patches
        - Large open holes in masonry walls
        - Unprotected cable trays
        - Penetrations filled with foam or anything other than approved firestopping products
- Provide detailed electronic reports about all deficient penetrations.
- Reports should include:
    - Deficiencies with photos
    - Location of the deficiency
    - Location and status of any penetrations with deficiencies that are inaccessible
- Inspectors will work closely with the Compliance Manger for scheduling of areas and access to the areas, no inspector will be in the facility without checking in first

UNIVERSITY OF KENTUCKY
Purchasing Division

Written Questions and Answers

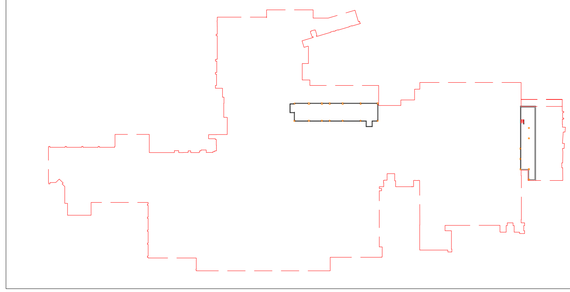
Fire and Smoke Resistance Compliance
UK-2352-23
Closing Date: 05/23/2023
Today's Date: 05/15/2023

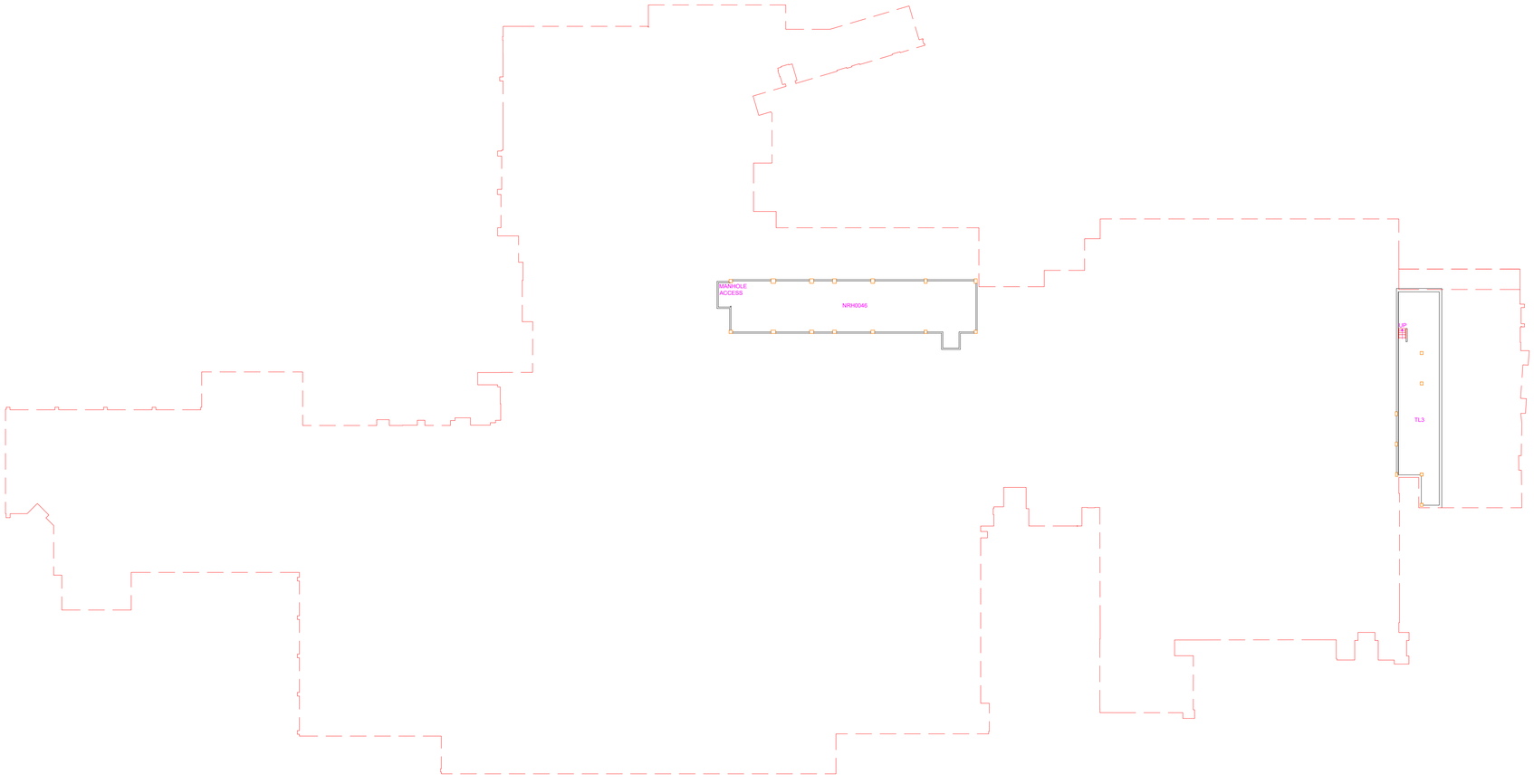
No.	Question		Answer
1	Is the University's preference that the firestop contractor performing the work be an FM Approved Firestop Contractor certified under FM-4991?		The University would like to have at least one member of the team certified, but I don't know if it would be required.
2	Does the University give credit / preference to firms that are certified by the Small Business Administration as HUBZone small business concerns?		Please refer to section 5.0 of the RFP.
3	What are the infection control risk procedures, and what make and model of infection control unit does the University prefer?		Please see form attached to Addendum #2
4	Does the University want every open penetration found during the survey to be marked in an AutoCAD type format on drawings for future use by UK HealthCare's staff?		Does not have to be AutoCAD, PDF is acceptable. Any unrepairable holes does need to be documented for easy location.
5	Please define "Minor Repairs."		Please see updated section 7.1 – Detailed Services Defined posted with Addendum #2.
6	Regarding Section 8.1 (Alternate Pricing), can you please list Alternate Services that would qualify under this RFP?		This is where we are asking vendors to provide what services they would provide as it relates to the scope and intent of the RFP. If there are services your firm offers, this is the section to let us know.
7	Will life safety plans be made available before the bid due date?		Please find attached with Addendum #2.
8	Will major repairs be priced separately?		Yes
9	Only penetrations are mentioned in this RFP – are joints included as well?		Unprotected joints should be included in the inspection deficiencies but not included in the "minor repairs" pricing. These repairs should be mentioned in

			section 8.2 as related services your firm offers.
10	What material is the building standard – Hilti, STI, or 3M?		STI is the current product carried in the hospital for internal use. There is no specification for the brand used by the contractor. As long as the material has been tested as part of a UL approved system, it is acceptable.

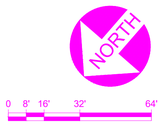
HEPA FILTERED AIR

SMOKE COMPARTMENTS





BASEMENT FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)



UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
HEALTHCARE			
BUSINESS	FS: FULLY SPRINKLERED PS: PARTIALLY SPRINKLERED NS: NON-SPRINKLERED		
AMBULATORY HEALTH CARE			

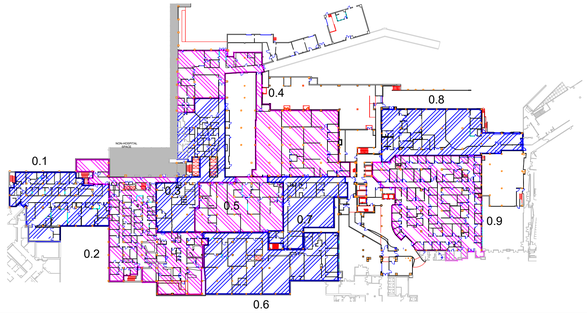
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

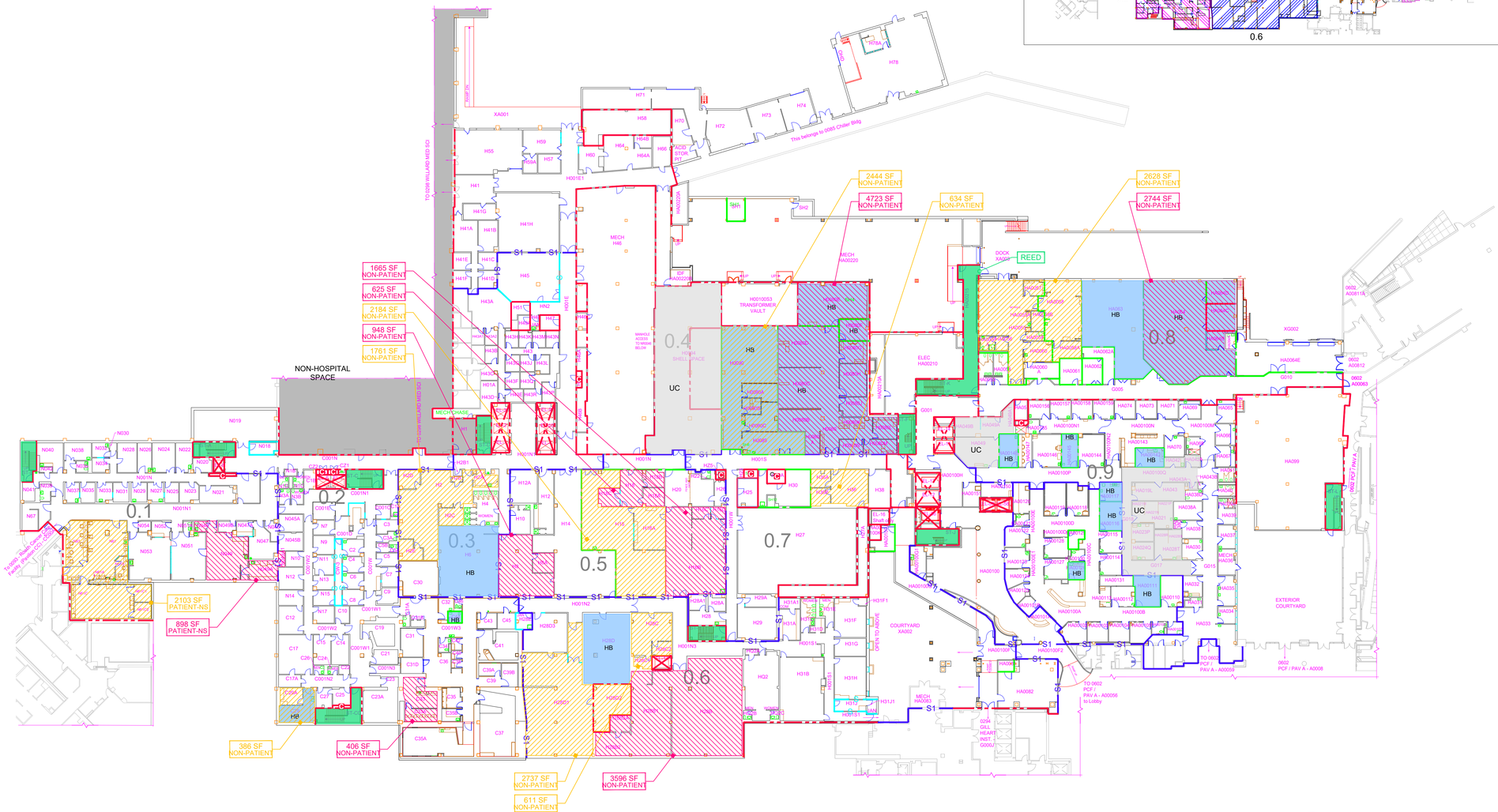
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

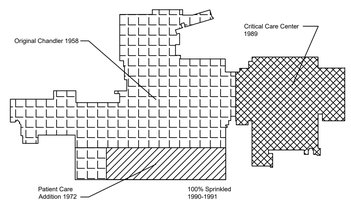
LEVEL(S)	BUILDING#
1B-BASEMENT	0293

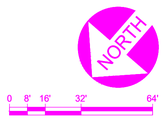
SMOKE COMPARTMENTS





GROUND FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and
CRITICAL CARE CENTER (PAV HA)





UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

COMPARTMENT LEGEND

ID	AREA	NOTES
0.1	10,160 SF	FS
0.2	17,547 SF	FS
0.3	11,472 SF	FS
0.4	19,358 SF	FS
0.5	9,309 SF	FS
0.6	14,583 SF	FS
0.7	7,403 SF	FS
0.8	11,532 SF	FS
0.9	18,622 SF	FS

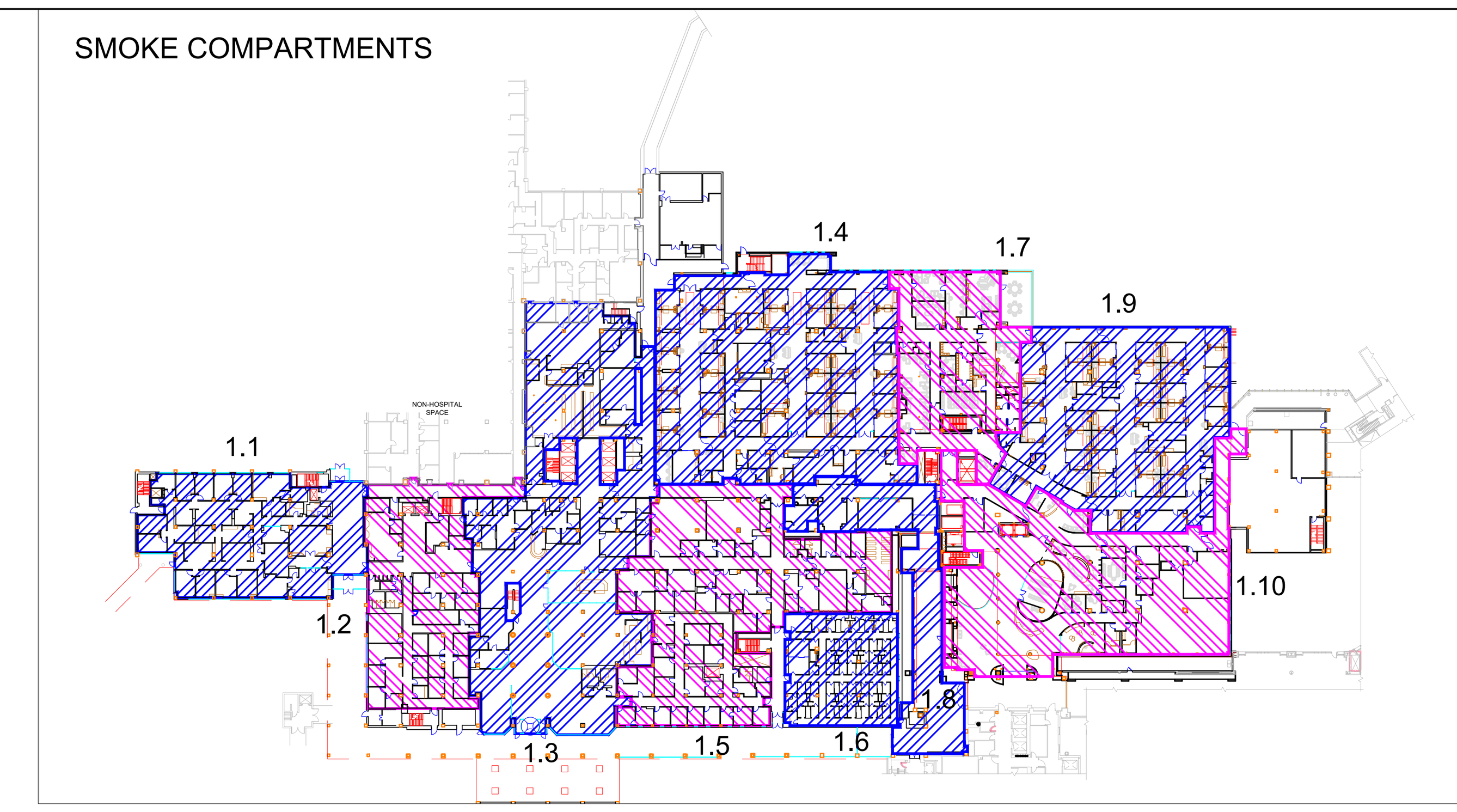
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

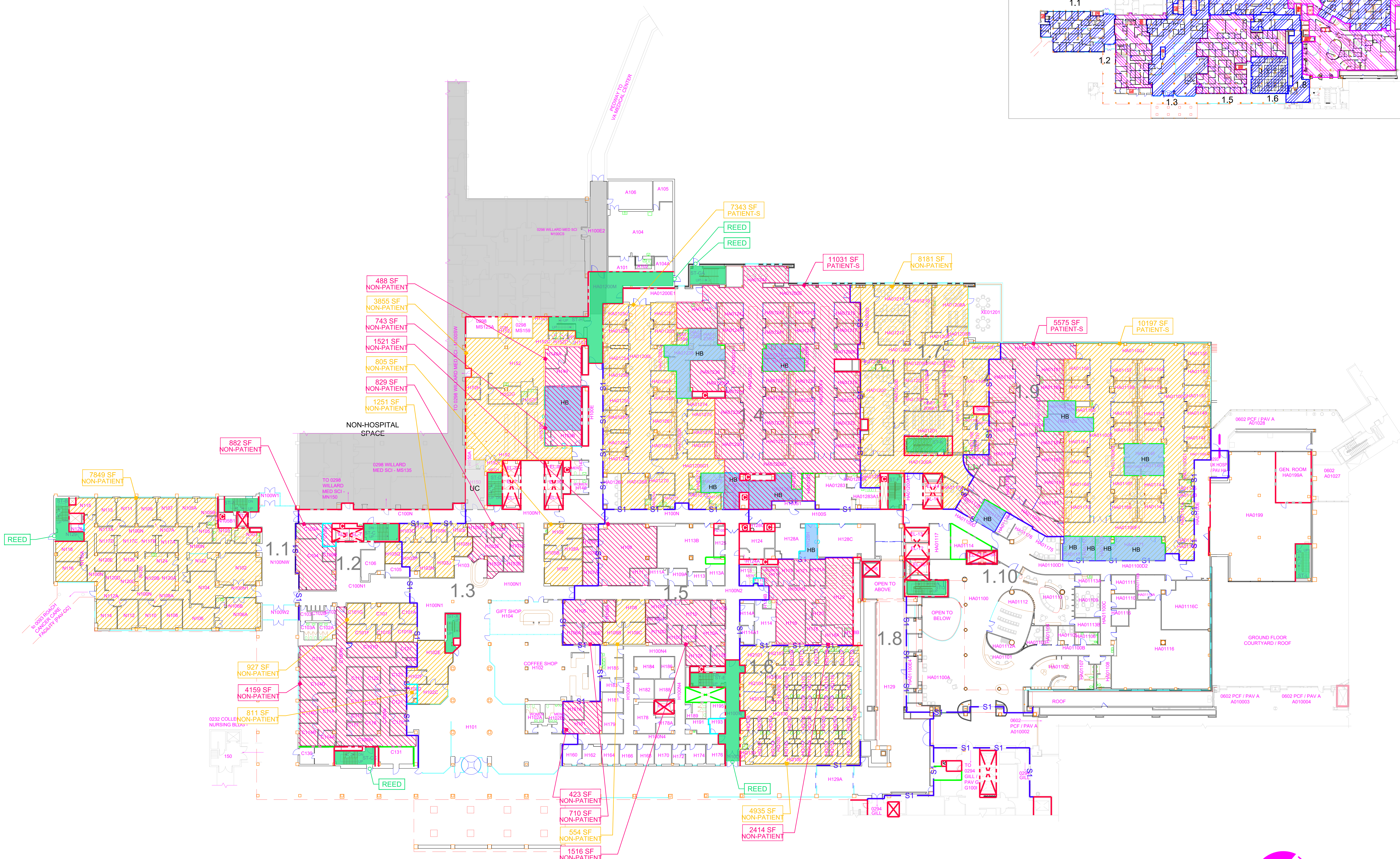
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

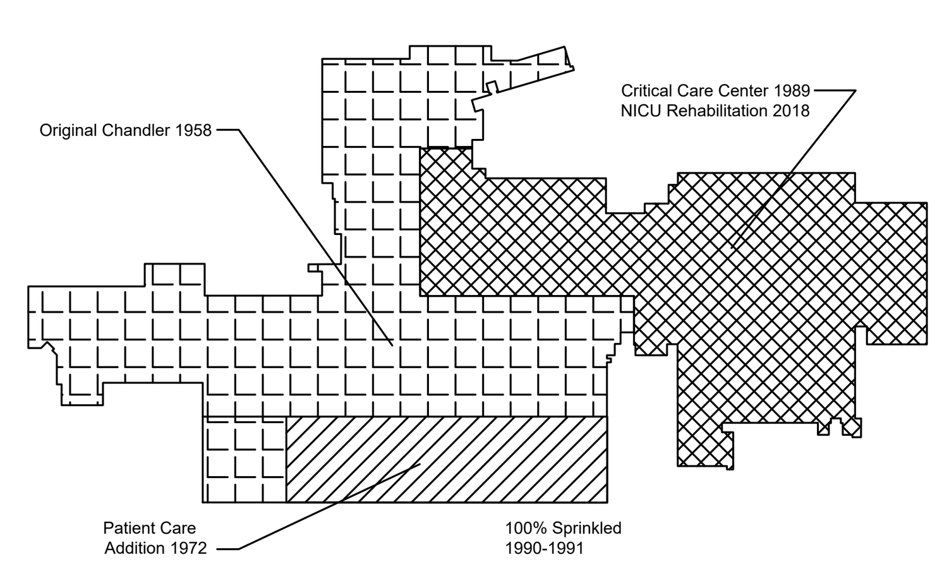
UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

LEVEL(S)	BUILDING#
00-GROUND	0293





FIRST FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)



NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
— W — W — W —	FIRE WALL
— · · — · · —	2HR FIRE BARRIER
— · S — · S —	2HR FIRE/SMOKE BARRIER
— · — · —	1HR FIRE BARRIER
— S — S —	1HR FIRE/SMOKE BARRIER
— S1 — S1 —	1HR SMOKE BARRIER
— S — S — S —	SMOKE PARTITION
—□—□—	ATRIUM SEPARATION

NON-SURVEYED AREA

C — VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX — HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE — SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES
1.1	9,580 SF	FS
1.2	9,566 SF	FS
1.3	23,044 SF	FS
1.4	20,263 SF	FS
1.5	16,519 SF	FS
1.6	4,935 SF	FS
1.7	8,471 SF	FS
1.8	6,314 SF	FS
1.9	15,955 SF	FS
1.10	17,016 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

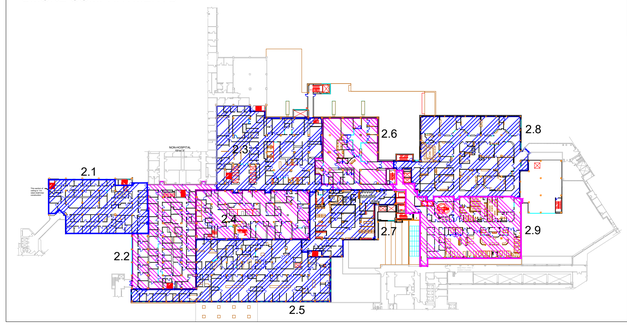
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

LEVEL(S)	BUILDING#
01-ONE	0293

SMOKE COMPARTMENTS



UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

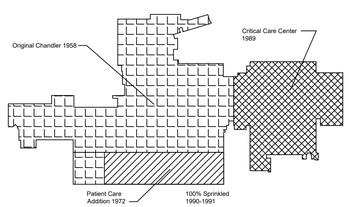
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
2.1	10,230 SF	FS
2.2	12,652 SF	FS
2.3	17,030 SF	FS
2.4	11,574 SF	FS
2.5	18,294 SF	FS
2.6	9,201 SF	FS
2.7	8,682 SF	FS
2.8	18,160 SF	FS
2.9	14,292 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

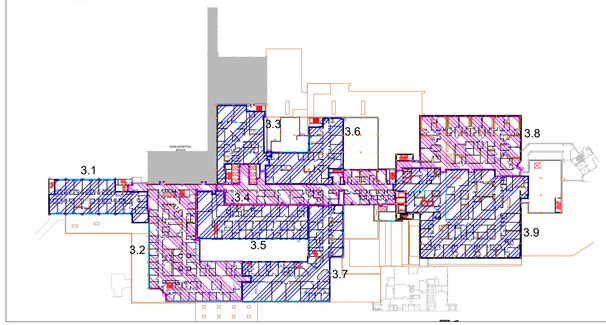
LEVEL(S)	BUILDING#
02-TWO	0293

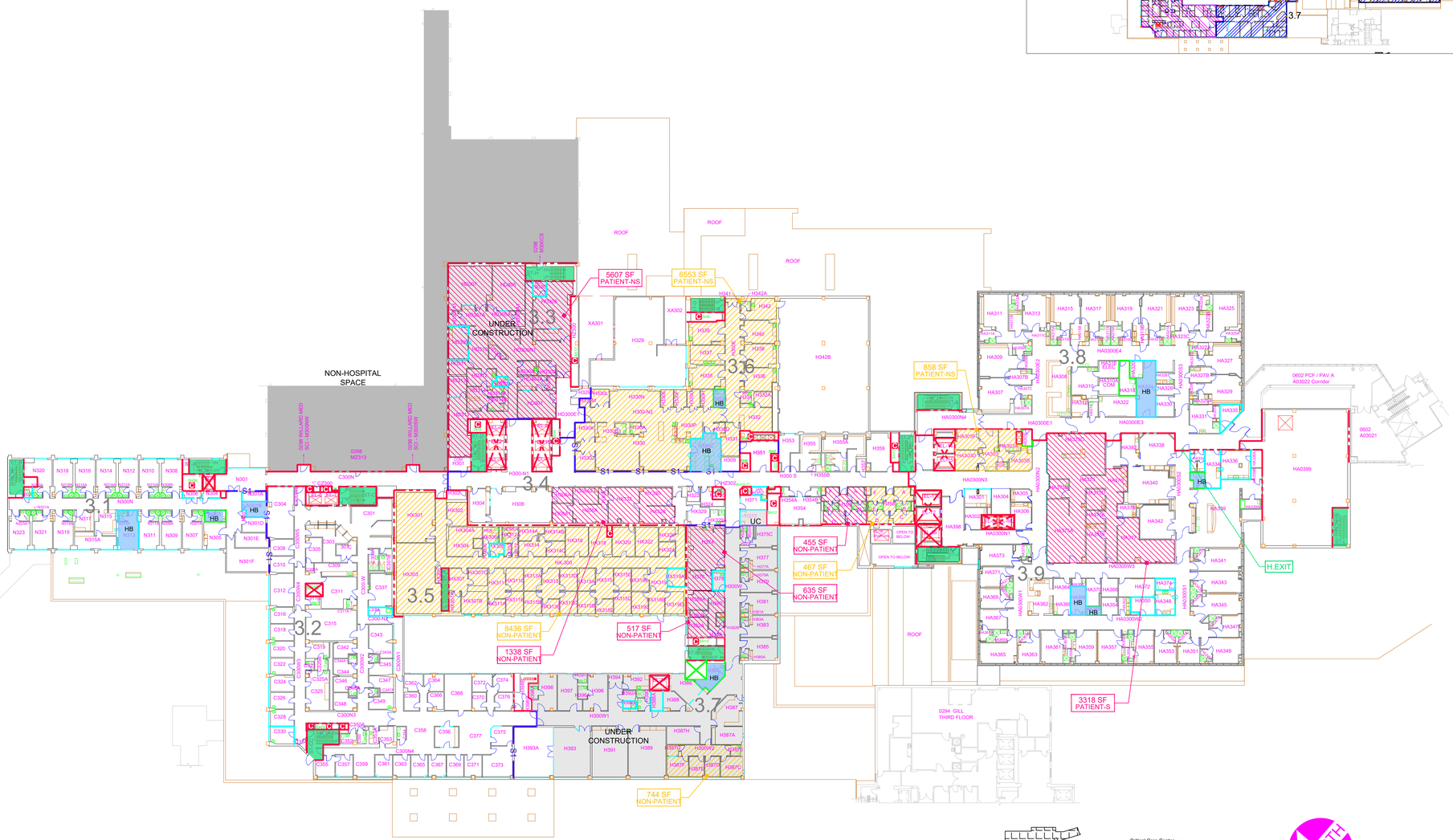
SECOND FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)

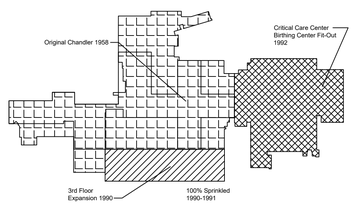
NORTH

0 8' 16' 32' 64'

SMOKE COMPARTMENTS







NORTH

0 8' 16' 32' 64'

THIRD FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
	3.1	6,389 SF	FS
	3.2	16,047 SF	FS
	3.3	6,122 SF	FS
	3.4	9,400 SF	FS
	3.5	8,665 SF	FS
	3.6	6,832 SF	FS
	3.7	11,159 SF	FS
	3.8	11,809 SF	FS
	3.9	20,512 SF	FS
HEALTHCARE			
BUSINESS	FS: FULLY SPRINKLERED		
AMBULATORY HEALTH CARE	PS: PARTIALLY SPRINKLERED		
	NS: NON-SPRINKLERED		

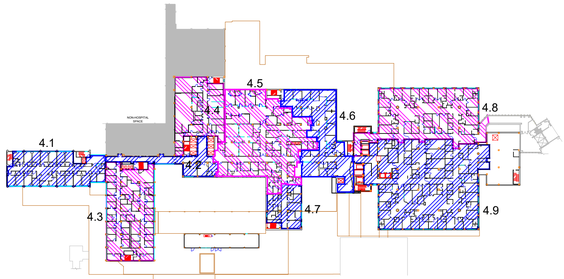
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

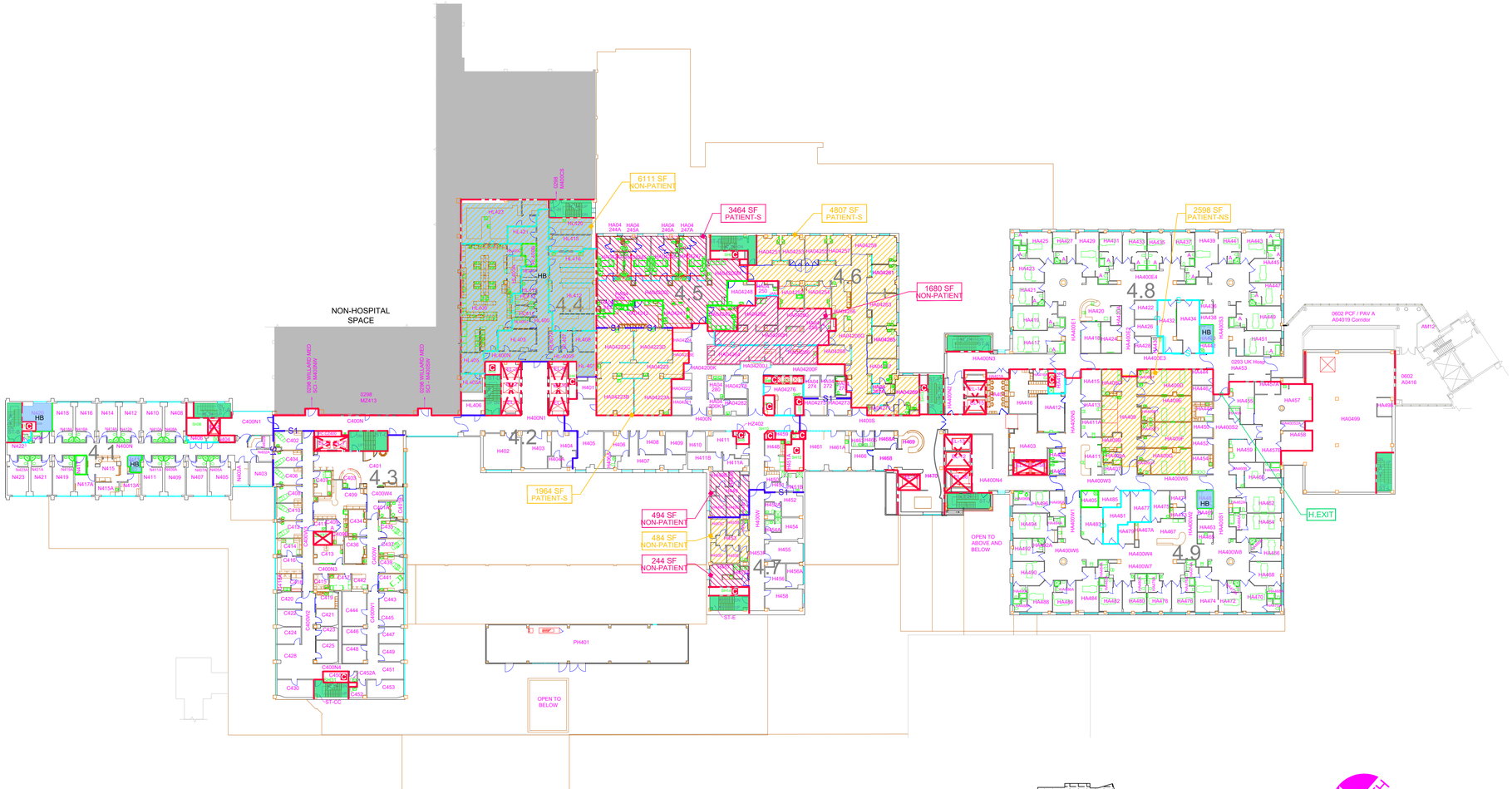
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

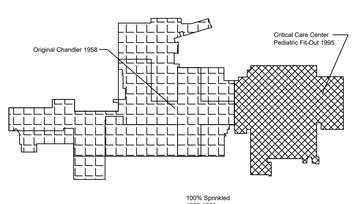
LEVEL(S)	BUILDING#
03-THREE	0293

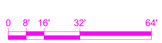
SMOKE COMPARTMENTS





FOURTH FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)





UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

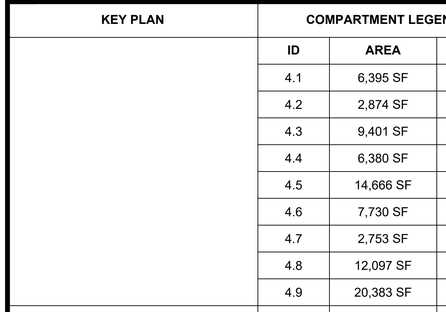
AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
4.1	6,395 SF	FS
4.2	2,874 SF	FS
4.3	9,401 SF	FS
4.4	6,380 SF	FS
4.5	14,666 SF	FS
4.6	7,730 SF	FS
4.7	2,753 SF	FS
4.8	12,097 SF	FS
4.9	20,383 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

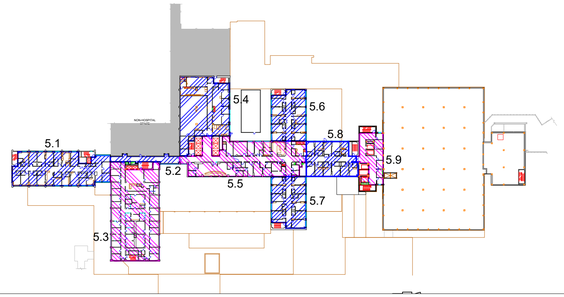
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

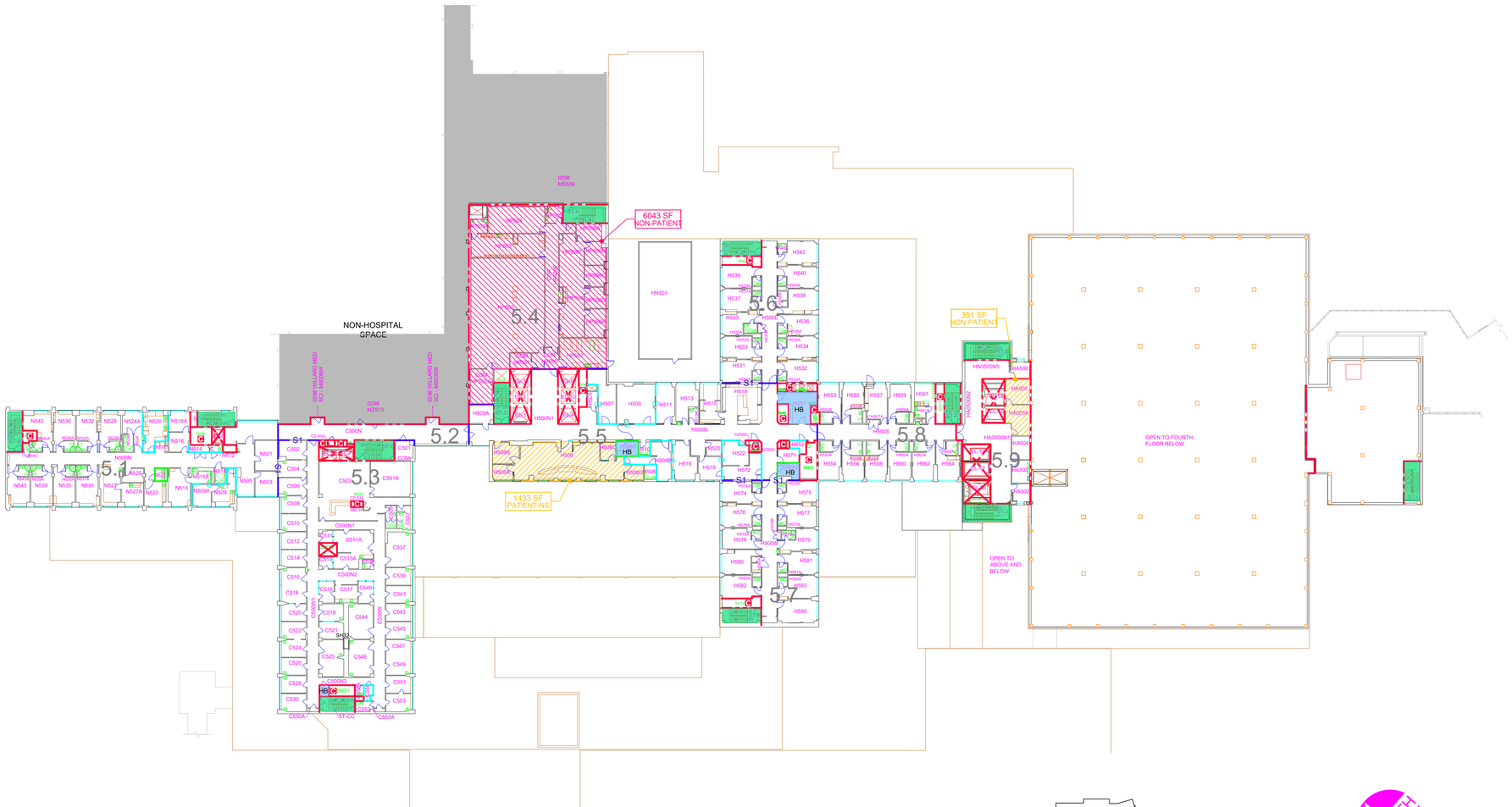
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

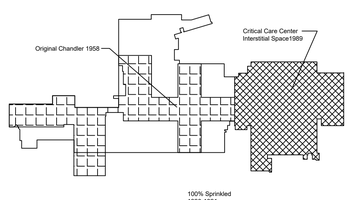
LEVEL(S)	BUILDING#
04-FOUR	0293

SMOKE COMPARTMENTS





FIFTH FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)



0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES
5.1	6,284 SF	FS
5.2	937 SF	FS
5.3	9,605 SF	FS
5.4	6,419 SF	FS
5.5	8,124 SF	FS
5.6	3,546 SF	FS
5.7	3,559 SF	FS
5.8	3,502 SF	FS
5.9	2,284 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

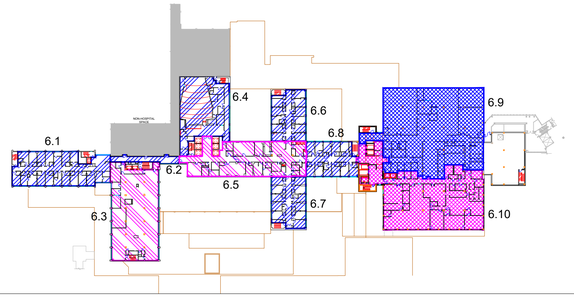
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

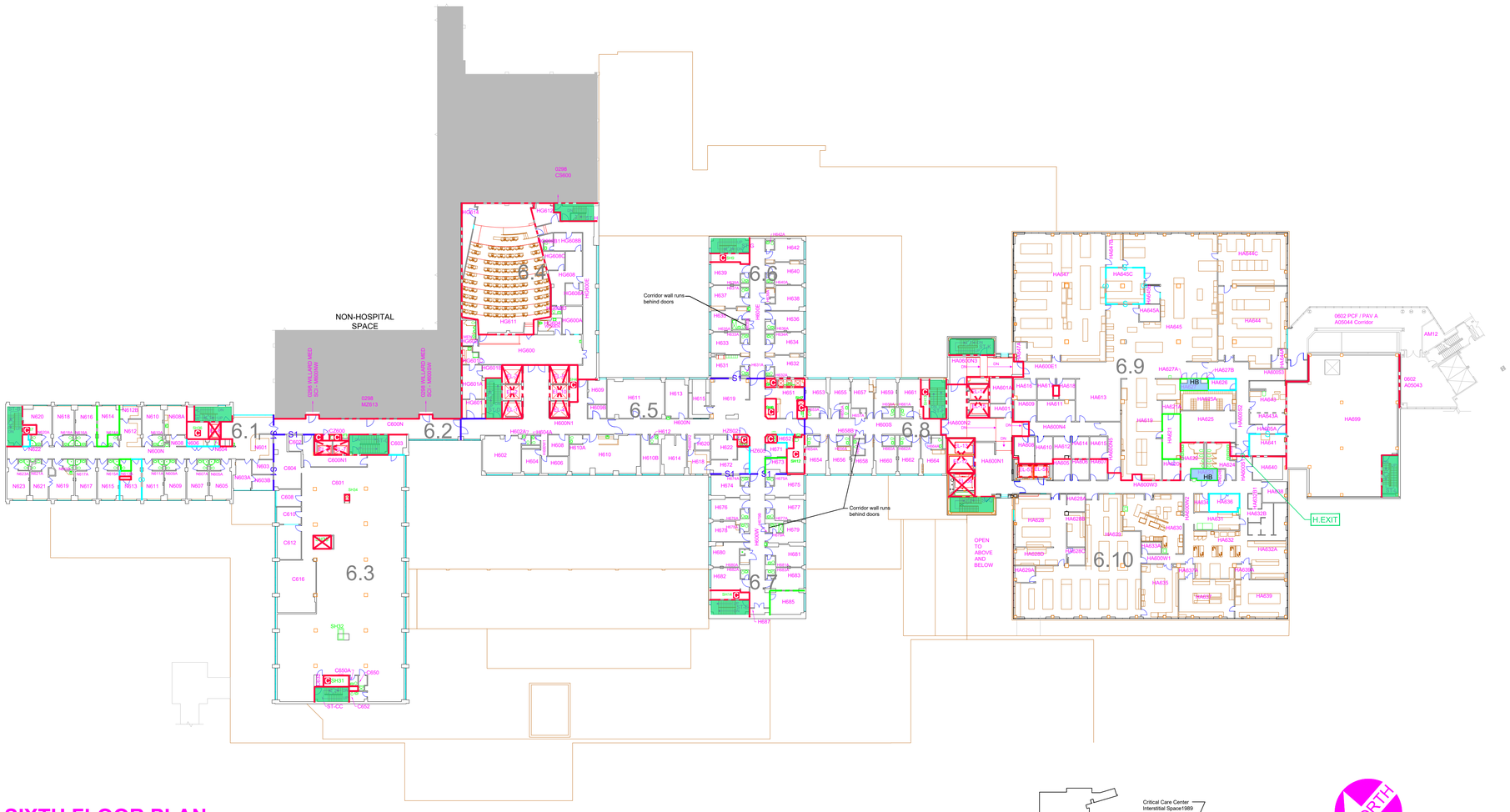
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

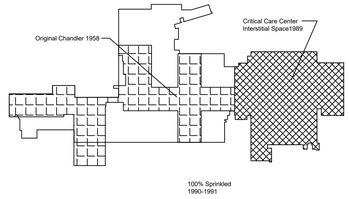
LEVEL(S)	BUILDING#
05-FIVE	0293

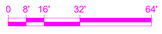
SMOKE COMPARTMENTS





SIXTH FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)





UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES
6.1	6,345 SF	FS
6.2	908 SF	FS
6.3	9,360 SF	FS
6.4	6,513 SF	FS
6.5	8,170 SF	FS
6.6	3,547 SF	FS
6.7	3,559 SF	FS
6.8	3,607 SF	FS
6.9	18,154 SF	FS
6.10	13,840 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

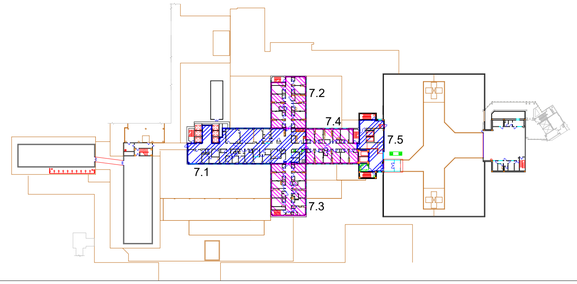
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

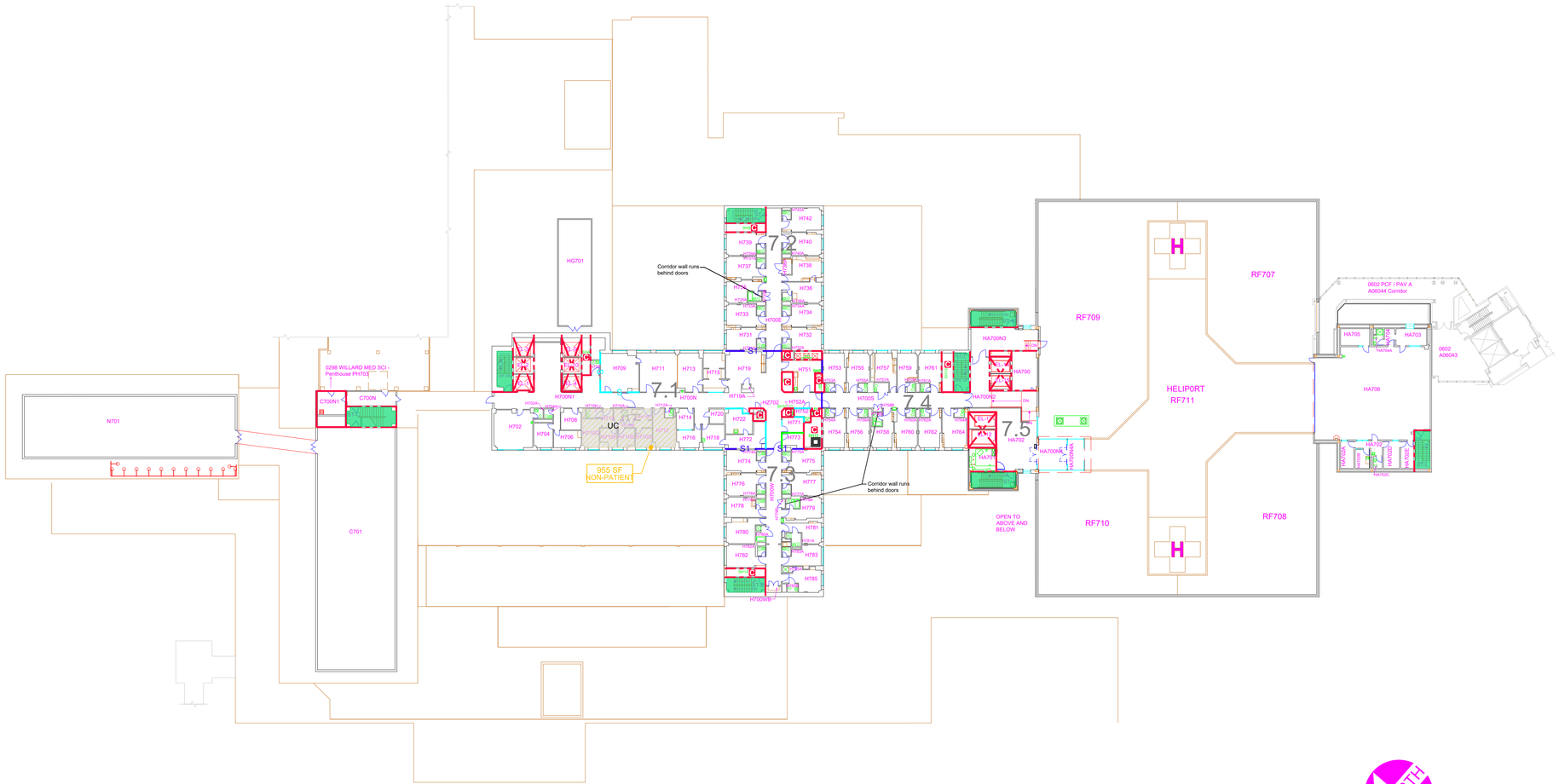
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

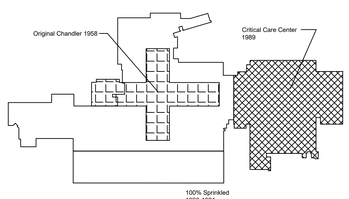
LEVEL(S)	BUILDING#
06-SIX	0293

SMOKE COMPARTMENTS





SEVENTH FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)



NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES
7.1	8,125 SF	FS
7.2	3,552 SF	FS
7.3	3,722 SF	FS
7.4	3,585 SF	FS
7.5	2,396 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

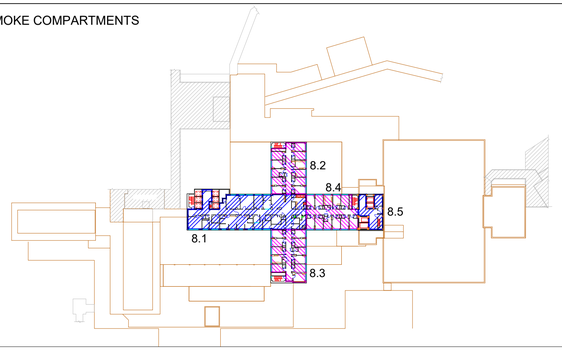
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

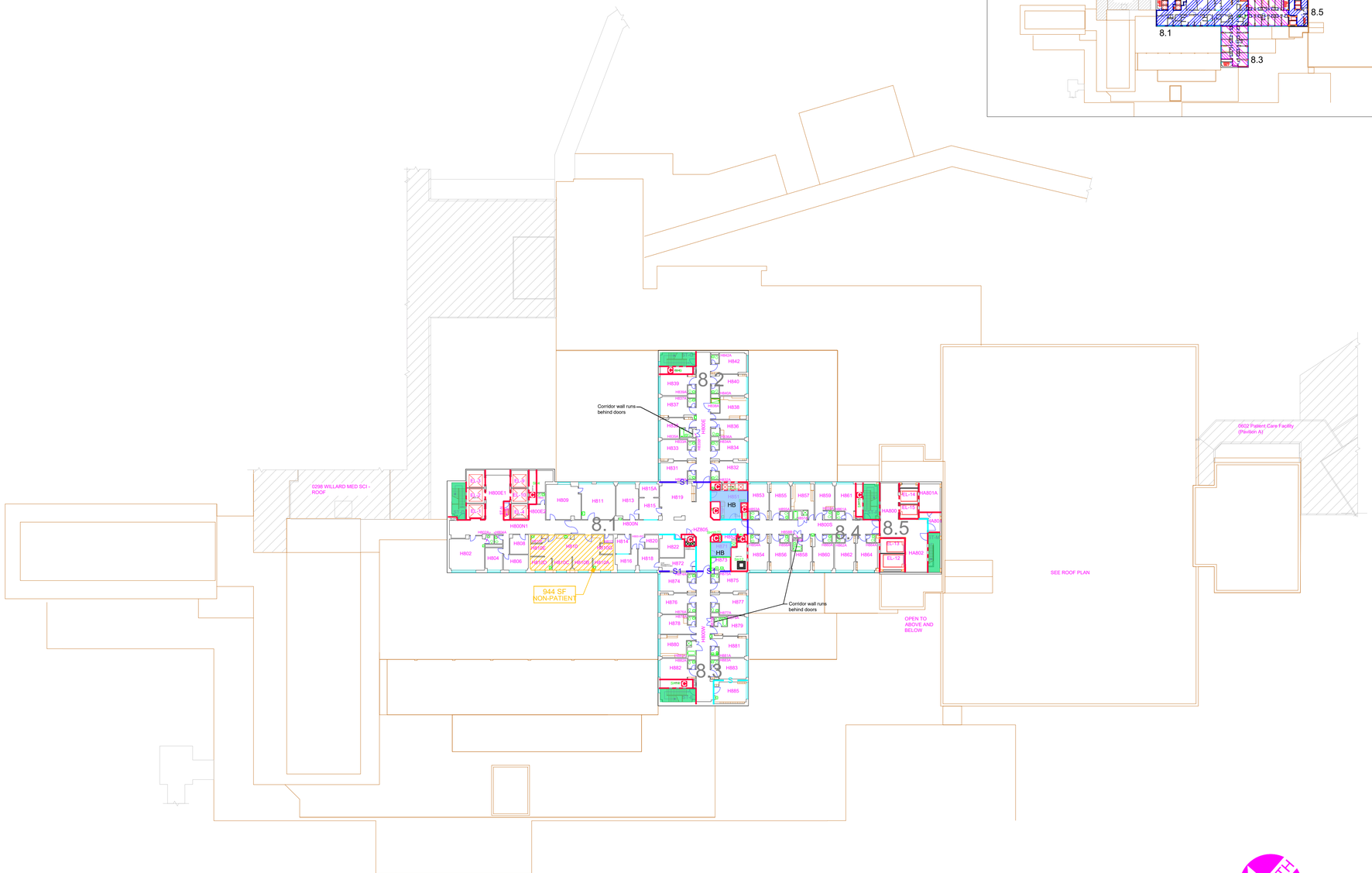
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

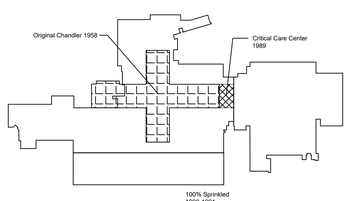
LEVEL(S)	BUILDING#
07-SEVEN	0293

SMOKE COMPARTMENTS





EIGHTH FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)



0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES
8.1	7,885 SF	FS
8.2	3,545 SF	FS
8.3	3,467 SF	FS
8.4	3,552 SF	FS
8.5	1,222 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

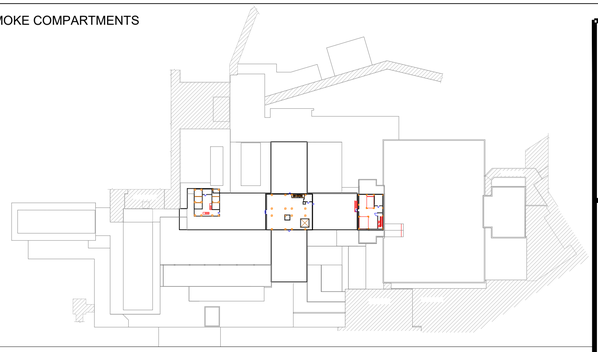
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

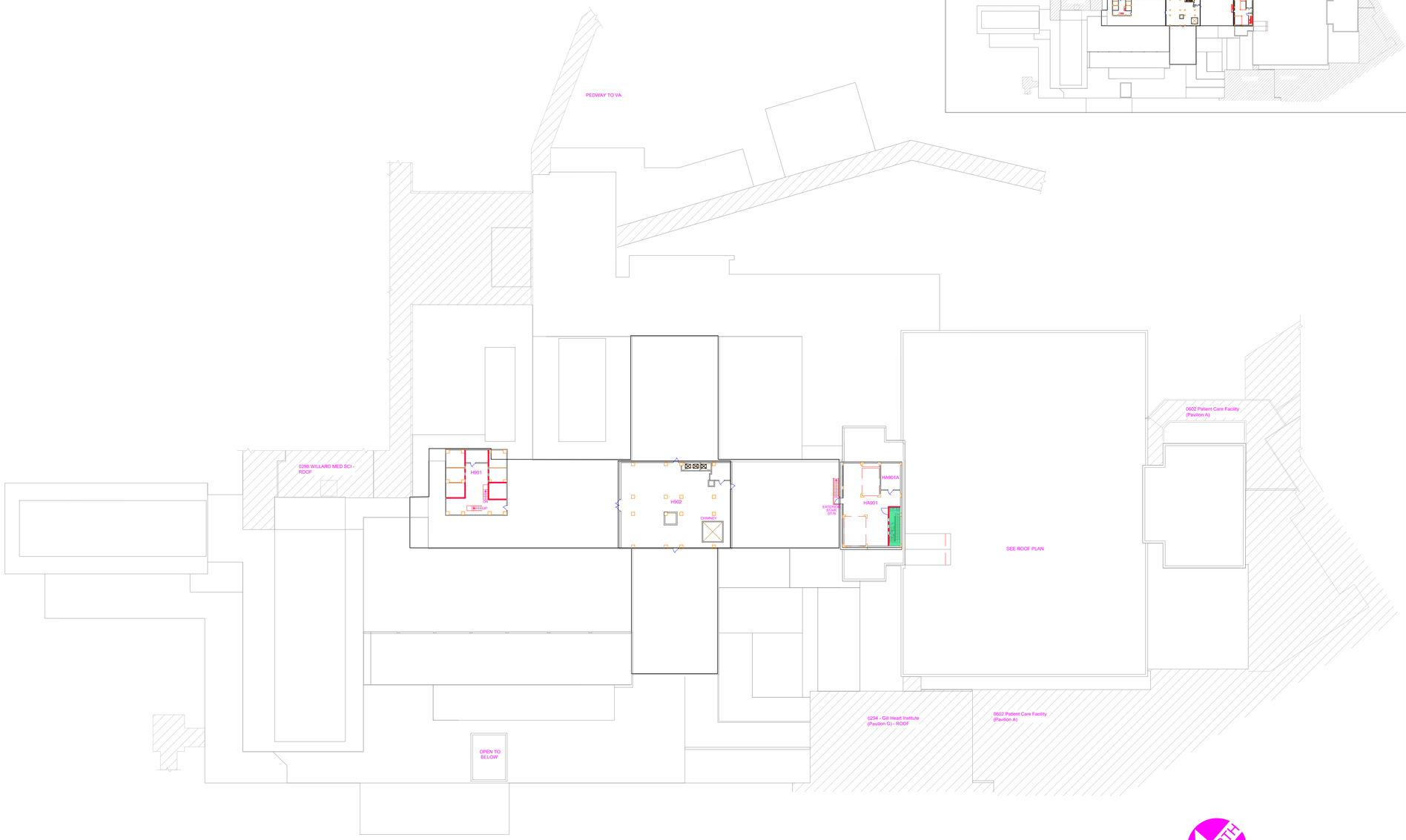
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

LEVEL(S)	BUILDING#
08-EIGHT	0293

SMOKE COMPARTMENTS





PENTHOUSE [9th] FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

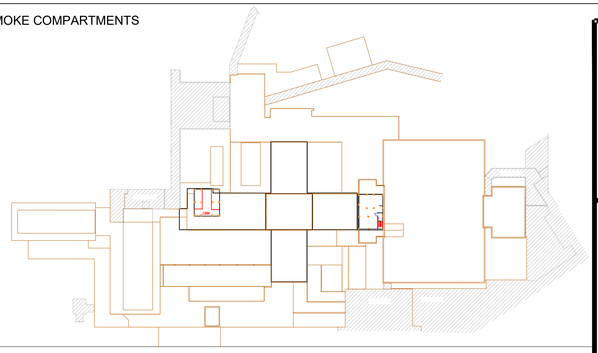
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

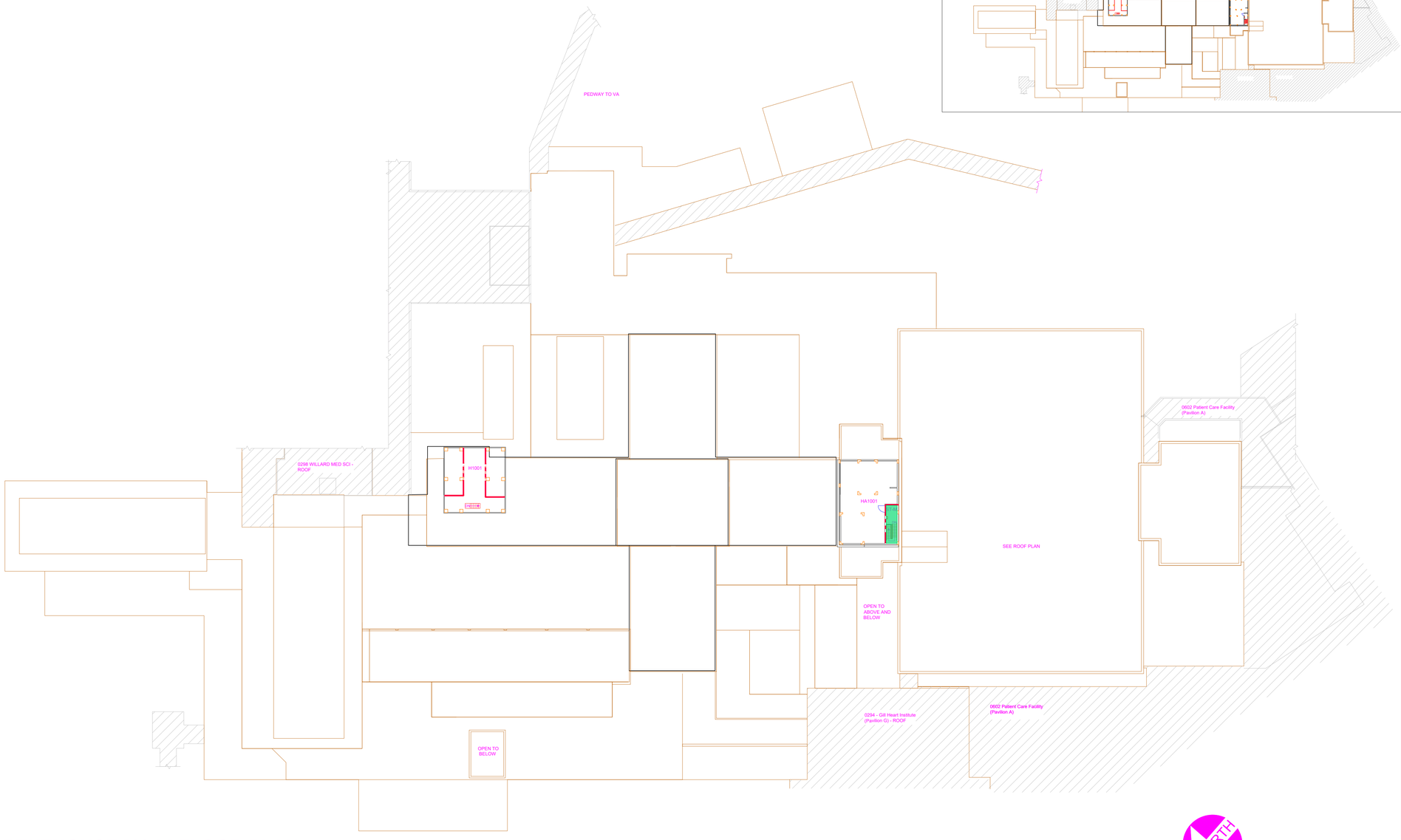
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

LEVEL(S)	BUILDING#
09-PENTHOUSE	0293

SMOKE COMPARTMENTS





PENTHOUSE [10th] FLOOR PLAN
UK CHANDLER HOSPITAL (PAV H) and CRITICAL CARE CENTER (PAV HA)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

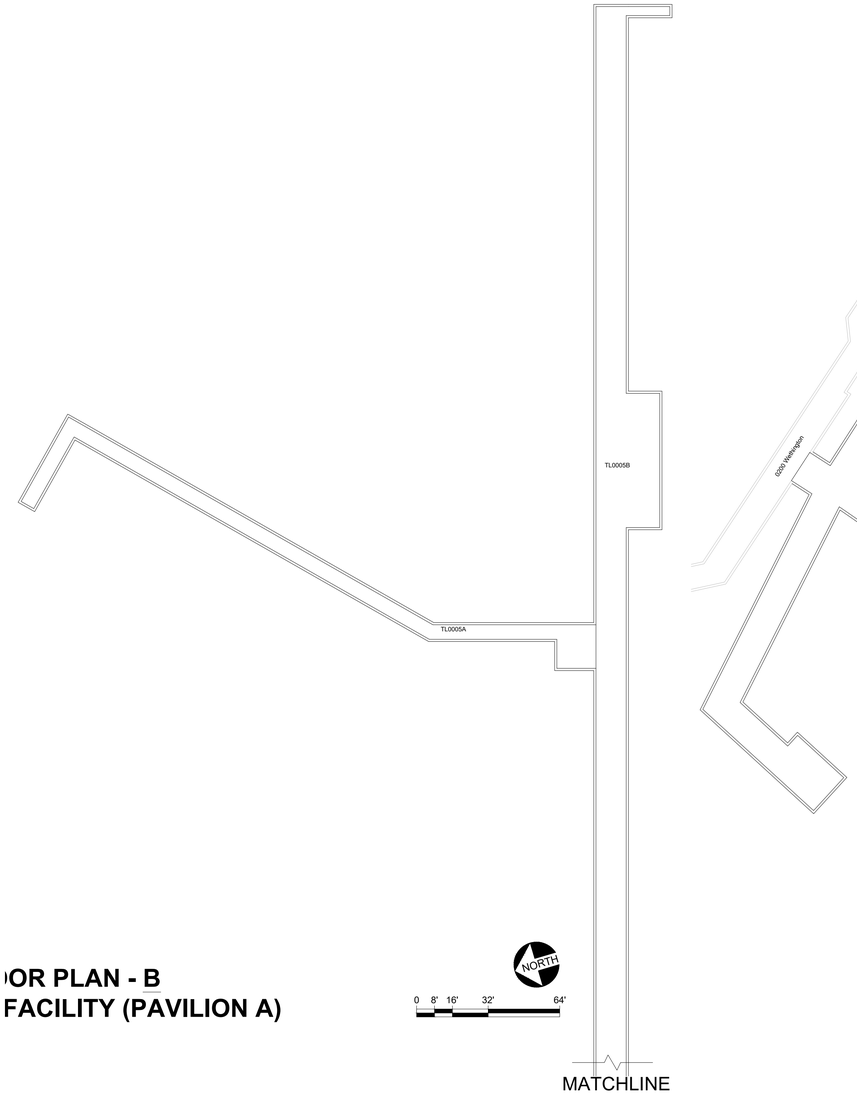
KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
HEALTHCARE			
BUSINESS	FS: FULLY SPRINKLERED PS: PARTIALLY SPRINKLERED NS: NON-SPRINKLERED		
AMBULATORY HEALTH CARE			

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

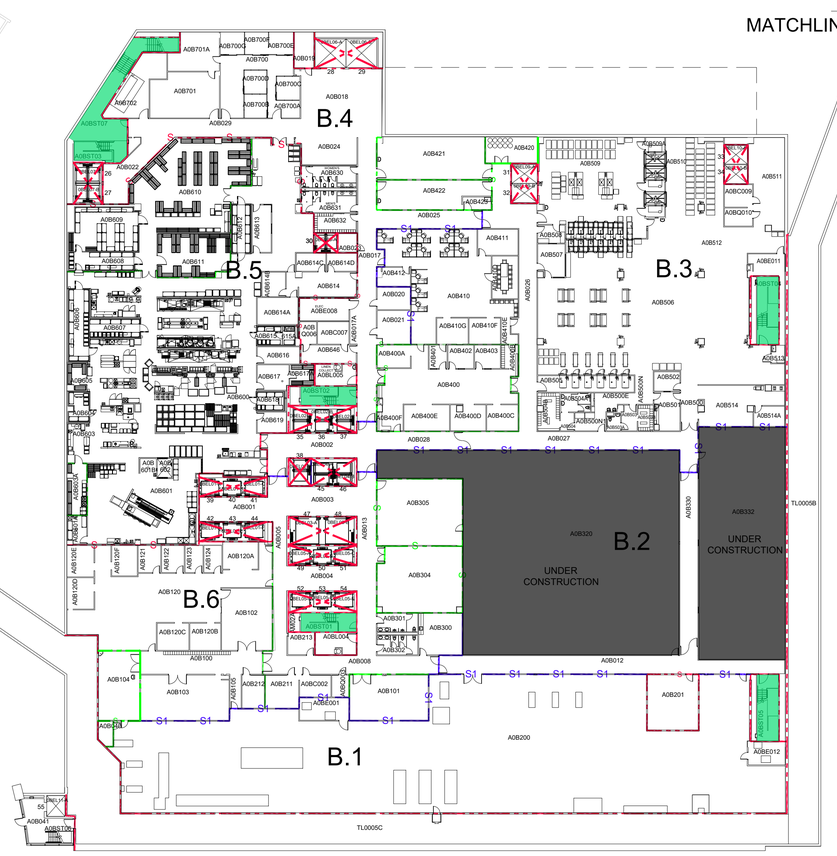
ORIGINAL DATE:	LAST REVISED:
11/30/2021	11/30/2021

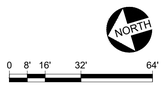
UK CHANDLER HOSPITAL (PAV H) AND CRITICAL CARE CENTER (PAV HA)

LEVEL(S)	BUILDING#
10-PENTHOUSE	0293

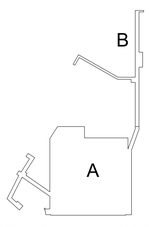


)OR PLAN - B
FACILITY (PAVILION A)





BASEMENT FLOOR PLAN - A
PATIENT CARE FACILITY (PAVILION A)



KEY PLAN - BASEMENT
N.T.S

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

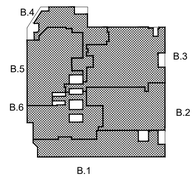
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
B.1	14,645 SF	FS
B.2	16,614 SF	FS
B.3	22,652 SF	FS
B.4	9,782 SF	FS
B.5	17,854 SF	FS
B.6	13,227 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

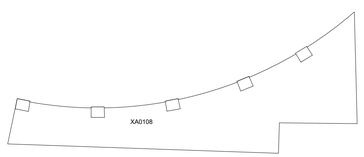
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

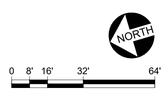
PATIENT CARE FACILITY
(PAVILION A)

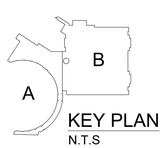
LEVEL(S)	BUILDING#
01B-BASEMENT	0602

GROUND FLOOR PLAN - B
PATIENT CARE FACILITY (PAVILION A)



GROUND FLOOR PLAN - A
PATIENT CARE FACILITY (PAVILION A)





UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

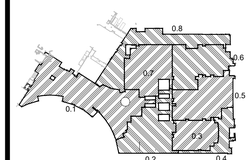
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
0.1	32,962 SF	FS
0.2	18,888 SF	FS
0.3	11,059 SF	FS
0.4	6,562 SF	FS
0.5	18,660 SF	FS
0.6	17,367 SF	FS
0.7	17,530 SF	FS
0.8	18,153 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

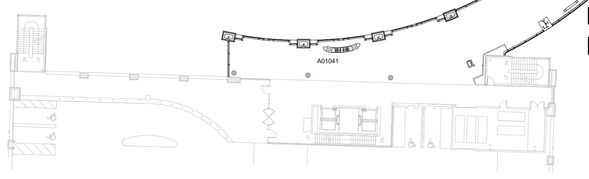
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

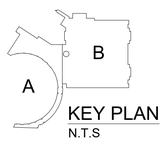
PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
00-GROUND	0602

FIRST FLOOR PLAN - B
PATIENT CARE FACILITY (PAVILION A)



FIRST FLOOR PLAN - A
PATIENT CARE FACILITY (PAVILION A)



KEY PLAN
N.T.S

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

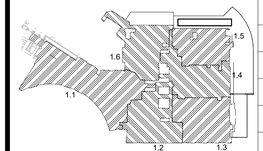
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
1.1	38,267 SF	FS
1.2	20,138 SF	FS
1.3	20,457 SF	FS
1.4	19,424 SF	FS
1.5	16,270 SF	FS
1.6	19,245 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

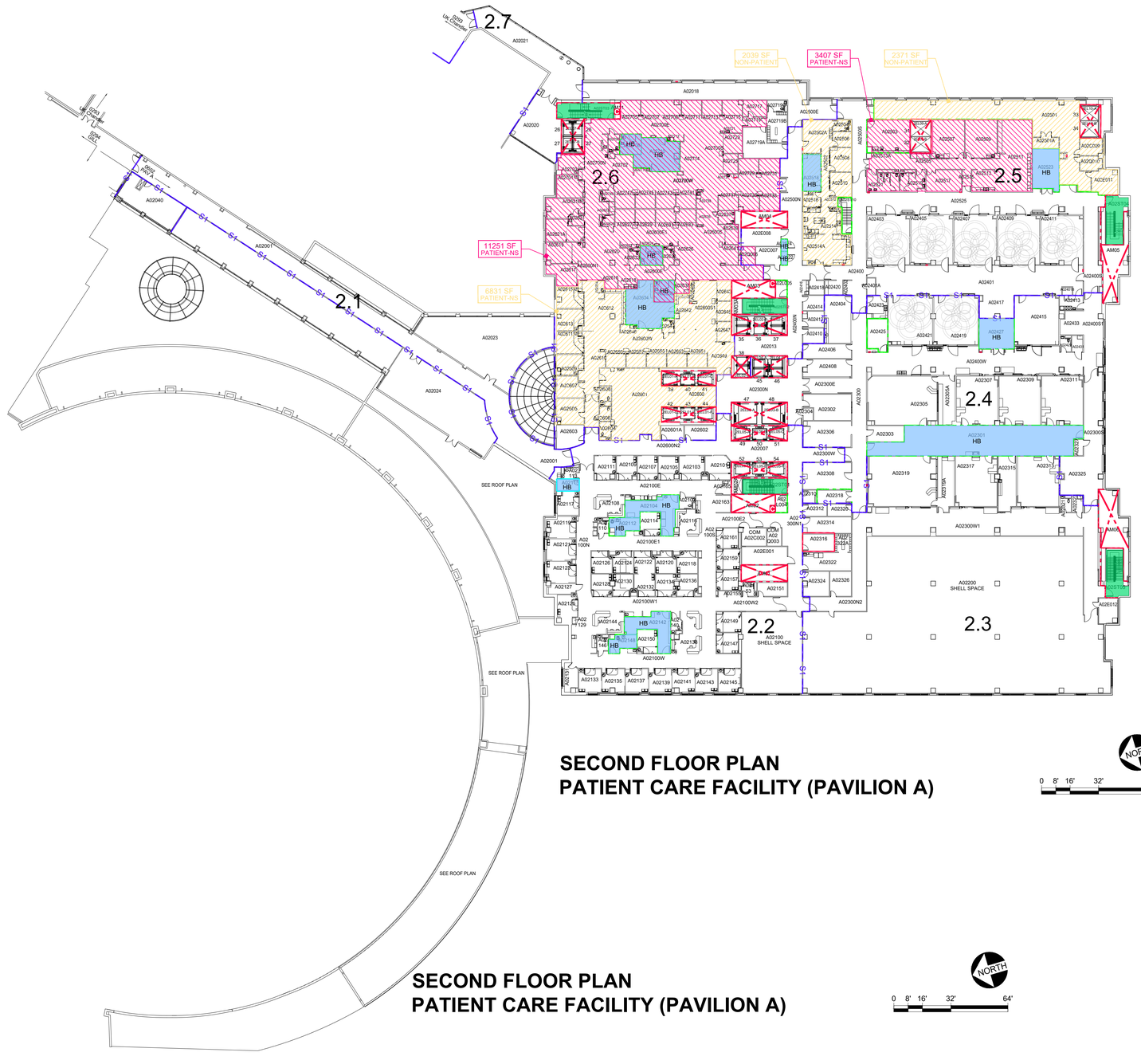
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
01-ONE	0602



SECOND FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

SECOND FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

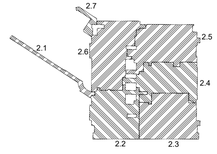
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
2.1	3,066 SF	FS
2.2	18,893 SF	FS
2.3	20,889 SF	FS
2.4	16,903 SF	FS
2.5	20,983 SF	FS
2.6	21,763 SF	FS
2.7	1,610 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
02-TWO	0602

THIRD FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

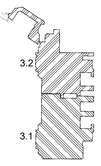
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
3.1	15,925 SF	FS
3.2	14,686 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
03-THREE	0602

FOURTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN

COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE

BUSINESS

AMBULATORY HEALTH CARE

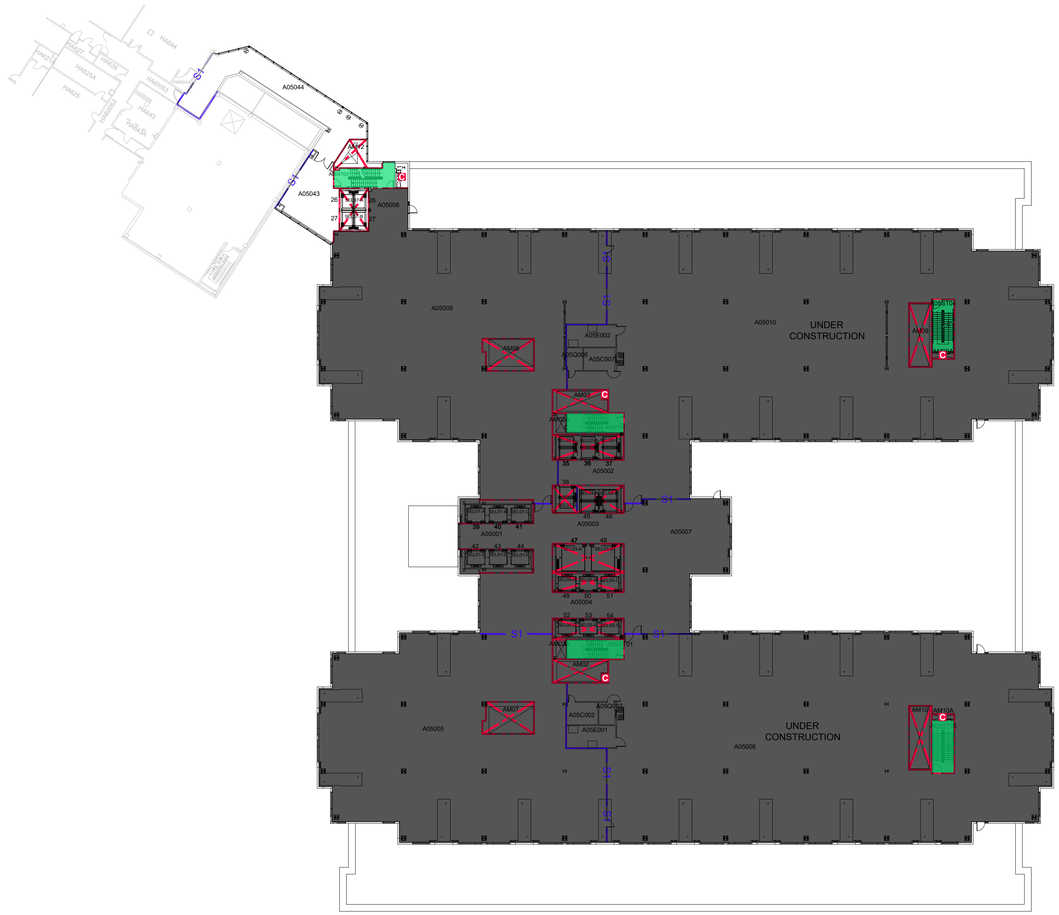
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
04-FOUR	0602



FIFTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

C — **VERTICAL SHAFT OR CHUTE**
COLOR CORRESPONDS TO RATING

HX — **HAZARDOUS AREA**
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

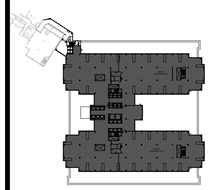
AREA SUITE TYPE — **SUITE AREA** (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — **REQUIRED EXTERIOR EXIT DOOR**
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — **GENERAL NOTE**

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
05-FIVE	0602

SIXTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

71,807 Gross Square Ft.

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

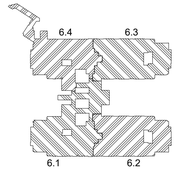
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
6.1	17,716 SF	FS
6.2	14,984 SF	FS
6.3	14,984 SF	FS
6.4	15,288 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

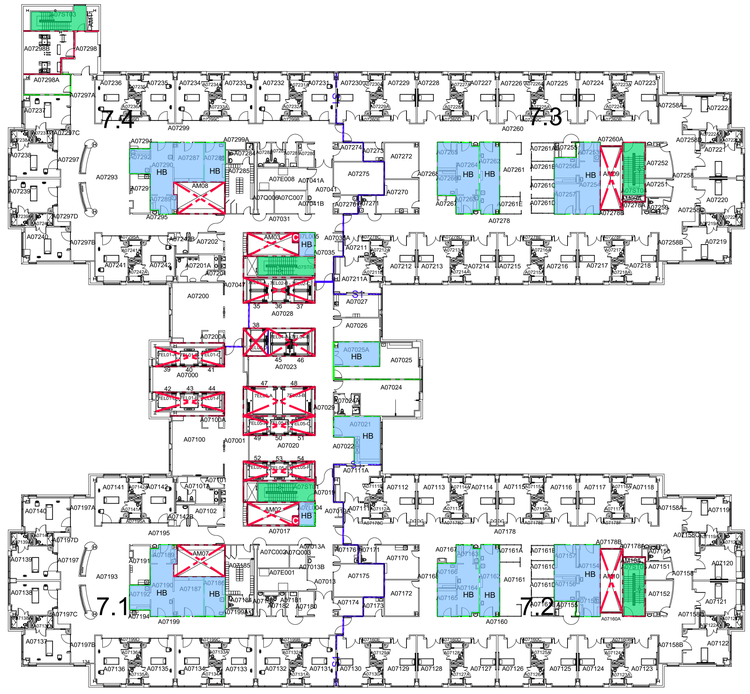
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
06-SIX	0602



SEVENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

C — **VERTICAL SHAFT OR CHUTE**
COLOR CORRESPONDS TO RATING

HX — **HAZARDOUS AREA**
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

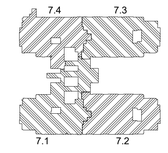
AREA SUITE TYPE — **SUITE AREA** (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — **REQUIRED EXTERIOR EXIT DOOR**
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — **GENERAL NOTE**

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
7.1	17,716 SF	FS
7.2	14,984 SF	FS
7.3	14,984 SF	FS
7.4	13,595 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

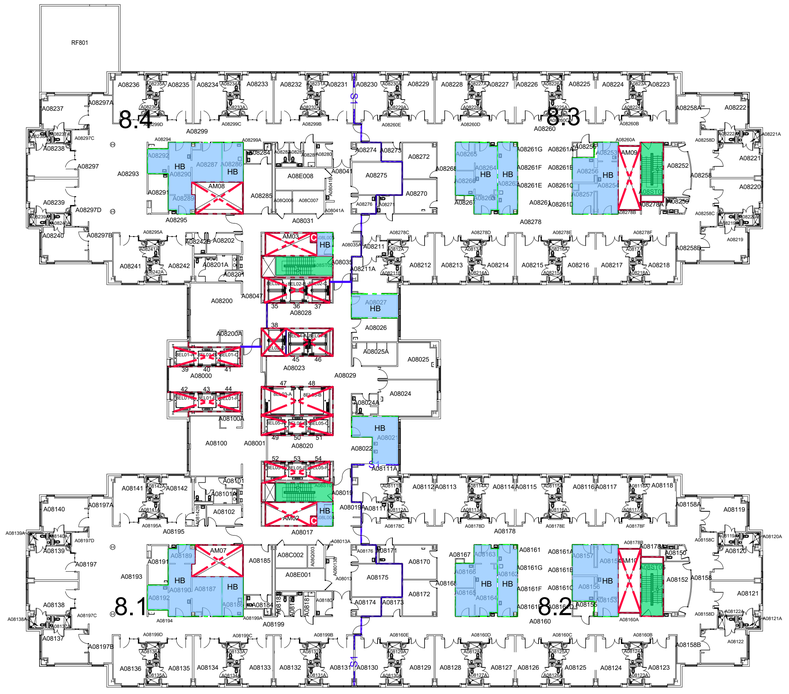
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
07-SEVEN	0602



EIGHTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

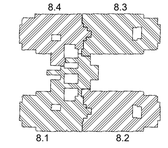
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



HEALTHCARE

BUSINESS

AMBULATORY HEALTH CARE

COMPARTMENT LEGEND

ID	AREA	NOTES
8.1	17,716 SF	FS
8.2	14,984 SF	FS
8.3	14,984 SF	FS
8.4	13,128 SF	FS

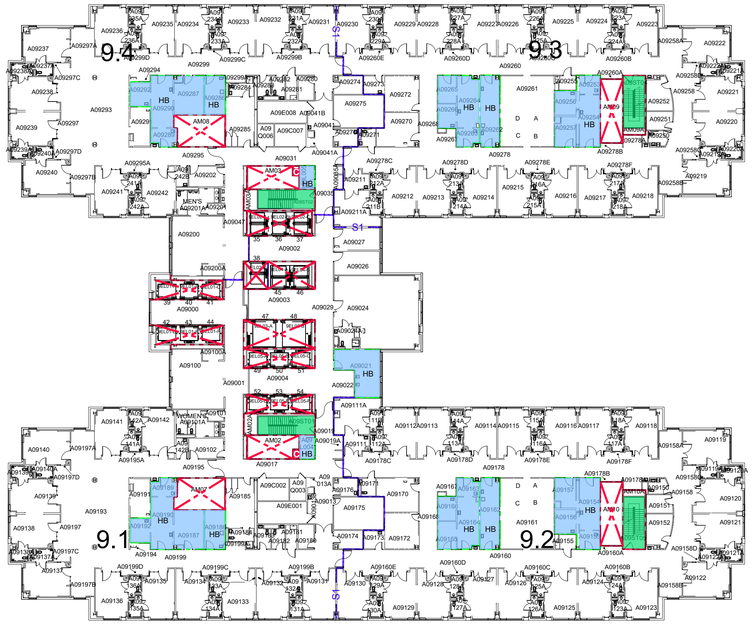
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
08-EIGHT	0602



NINTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

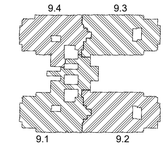
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
9.1	17,716 SF	FS
9.2	14,984 SF	FS
9.3	14,984 SF	FS
9.4	13,116 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

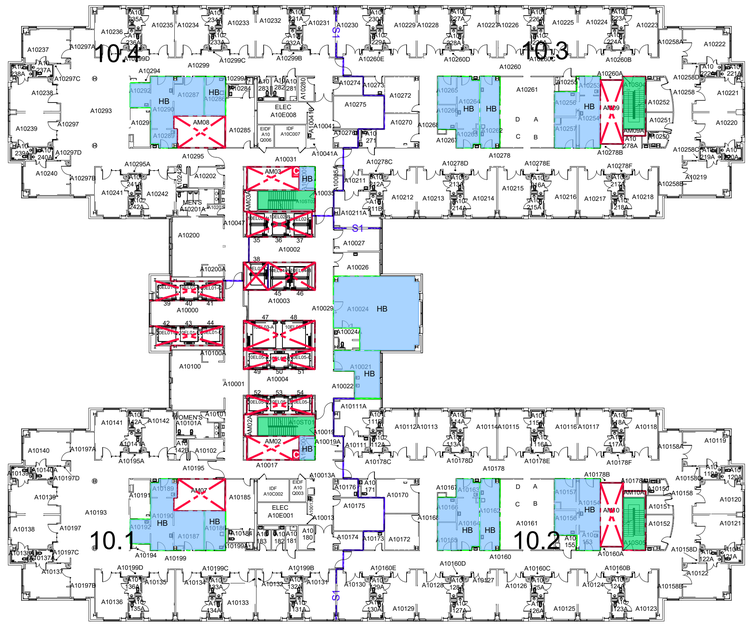
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
09-NINE	0602



TENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

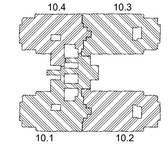
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
10.1	17,716 SF	FS
10.2	14,984 SF	FS
10.3	14,984 SF	FS
10.4	13,105 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

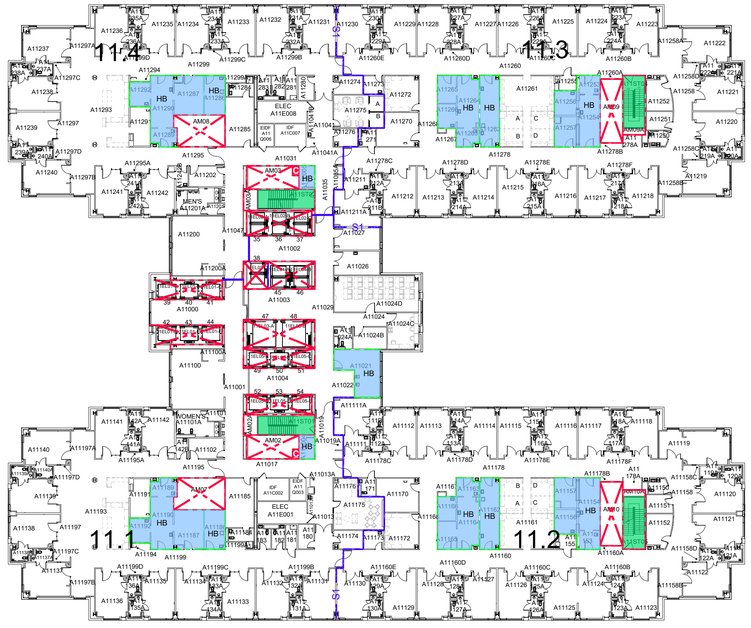
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
10-TEN	0602



ELEVENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

C — **VERTICAL SHAFT OR CHUTE**
COLOR CORRESPONDS TO RATING

HX — **HAZARDOUS AREA**
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

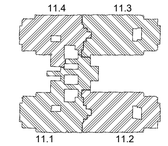
AREA SUITE TYPE — **SUITE AREA** (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — **REQUIRED EXTERIOR EXIT DOOR**
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — **GENERAL NOTE**

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
11.1	17,716 SF	FS
11.2	14,984 SF	FS
11.3	14,984 SF	FS
11.4	13,105 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

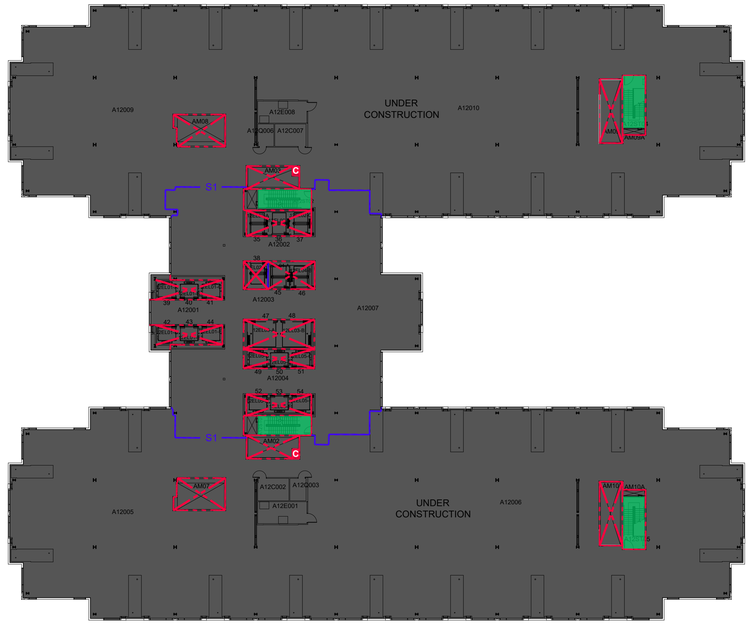
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
11-ELEVEN	0602



TWELFTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE
LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

C — **VERTICAL SHAFT OR CHUTE**
COLOR CORRESPONDS TO RATING

HX — **HAZARDOUS AREA**
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA SUITE TYPE — **SUITE AREA** (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — **REQUIRED EXTERIOR EXIT DOOR**
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — **GENERAL NOTE**

KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
HEALTHCARE BUSINESS AMBULATORY HEALTH CARE			

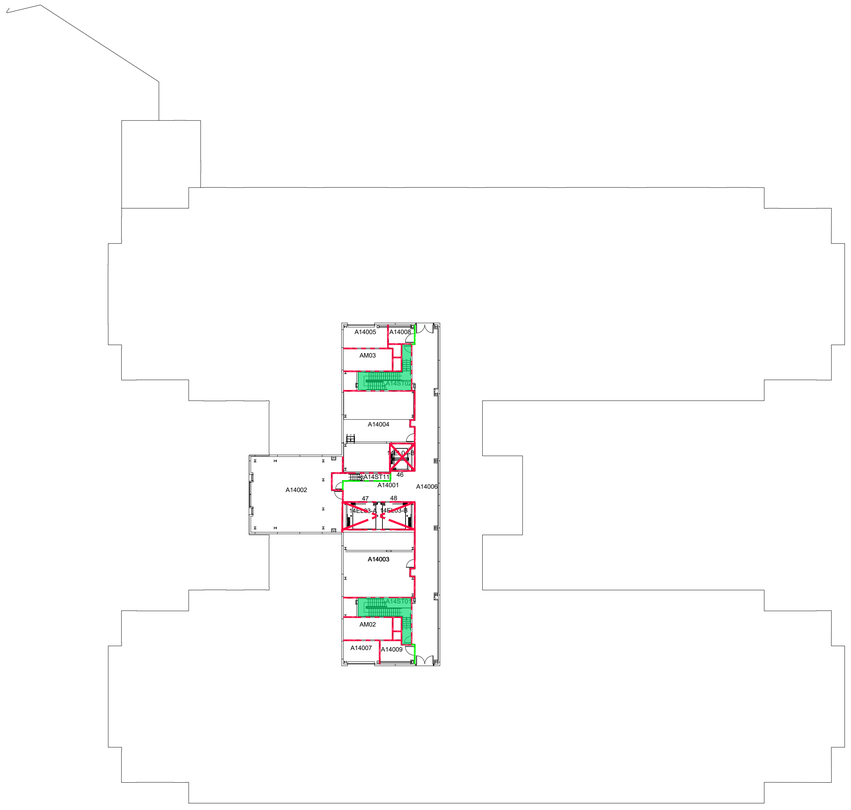
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
12-TWELVE	0602



FOURTEENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

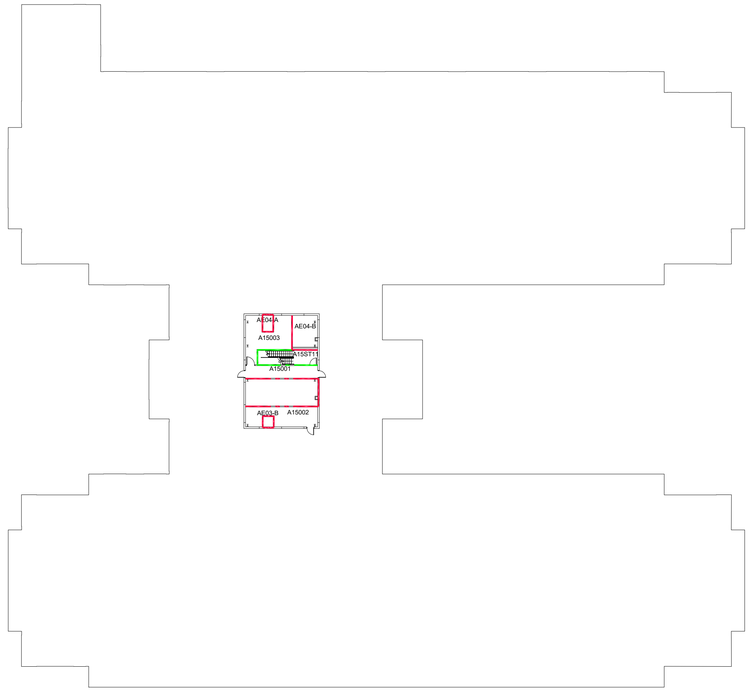
KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
HEALTHCARE			
BUSINESS	FS: FULLY SPRINKLERED PS: PARTIALLY SPRINKLERED NS: NON-SPRINKLERED		
AMBULATORY HEALTH CARE			

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
14-FOURTEEN	0602



FIFTEENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

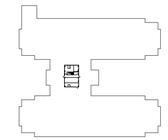
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

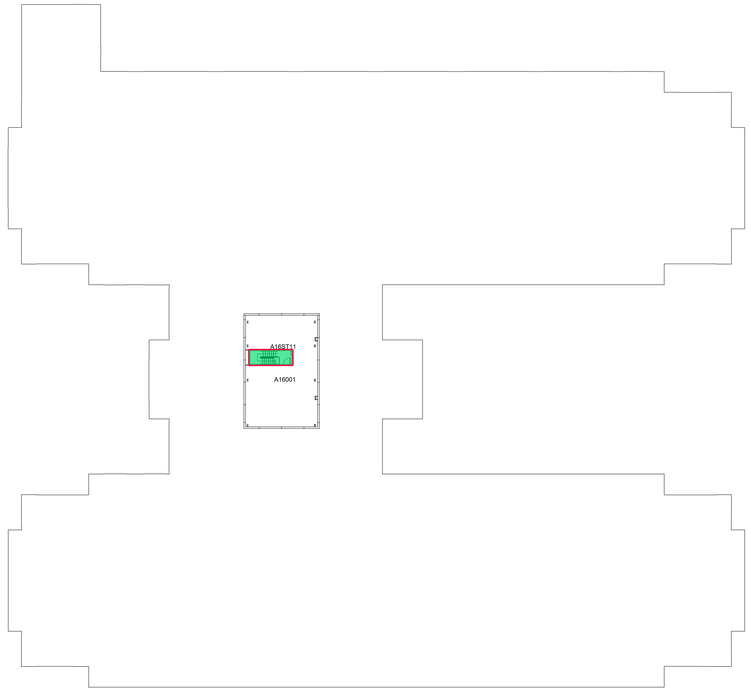
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
15-FIFTEEN	0602



SIXTEENTH FLOOR PLAN
PATIENT CARE FACILITY (PAVILION A)

NORTH

0 8' 16' 32' 64'

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
S S S	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

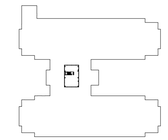
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

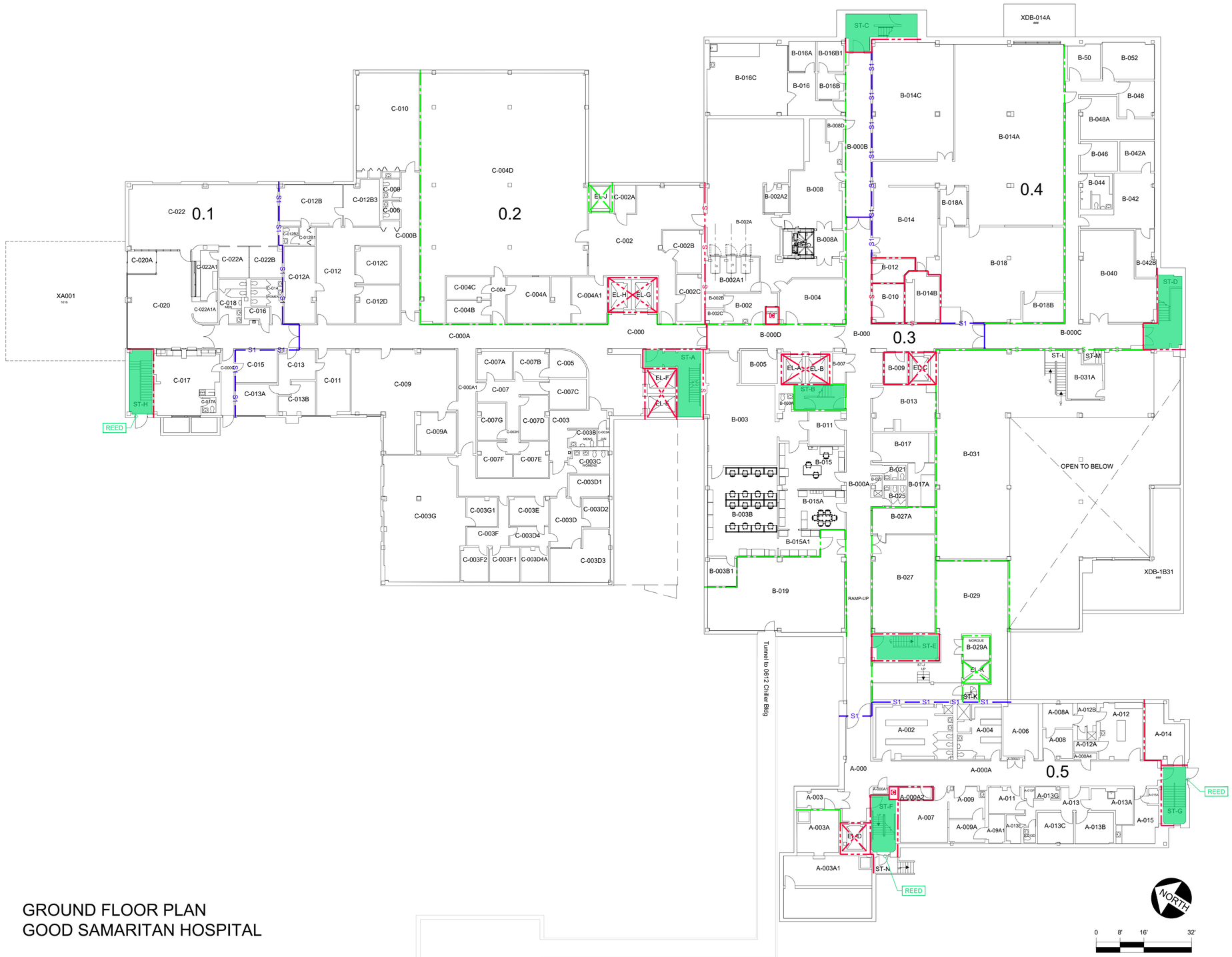
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/04/2021	11/04/2021

PATIENT CARE FACILITY
(PAVILION A)

LEVEL(S)	BUILDING#
16-SIXTEEN	0602



GROUND FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W — W — W	FIRE WALL
	2HR FIRE BARRIER
S — S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S — S	1HR FIRE/SMOKE BARRIER
S1 — S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX — **HAZARDOUS AREA**
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

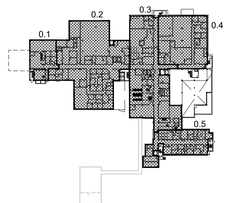
AREA SUITE TYPE — **SUITE AREA** (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — **REQUIRED EXTERIOR EXIT DOOR**
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — **GENERAL NOTE**

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
0.1	3,550 SF	FS
0.2	18,068 SF	FS
0.3	14,959 SF	FS
0.4	9,373 SF	FS
0.5	5,925 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

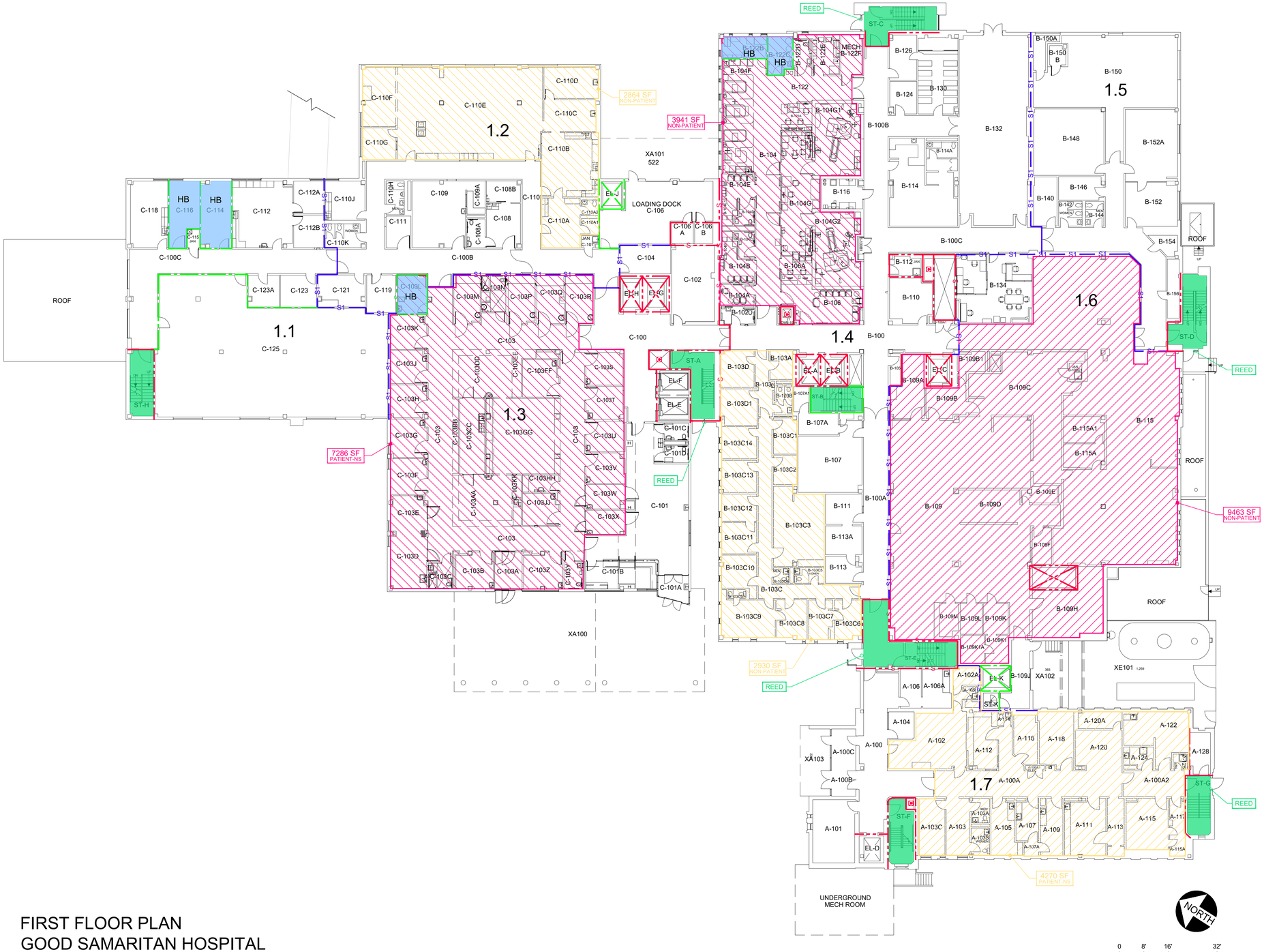
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
00-GROUND	8633



UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

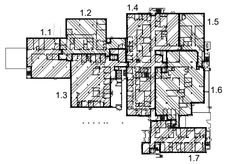
AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
1.1	5,473 SF	FS
1.2	6,671 SF	FS
1.3	8,889 SF	FS
1.4	14,315 SF	FS
1.5	3,700 SF	FS
1.6	10,184 SF	FS
1.7	5,618 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

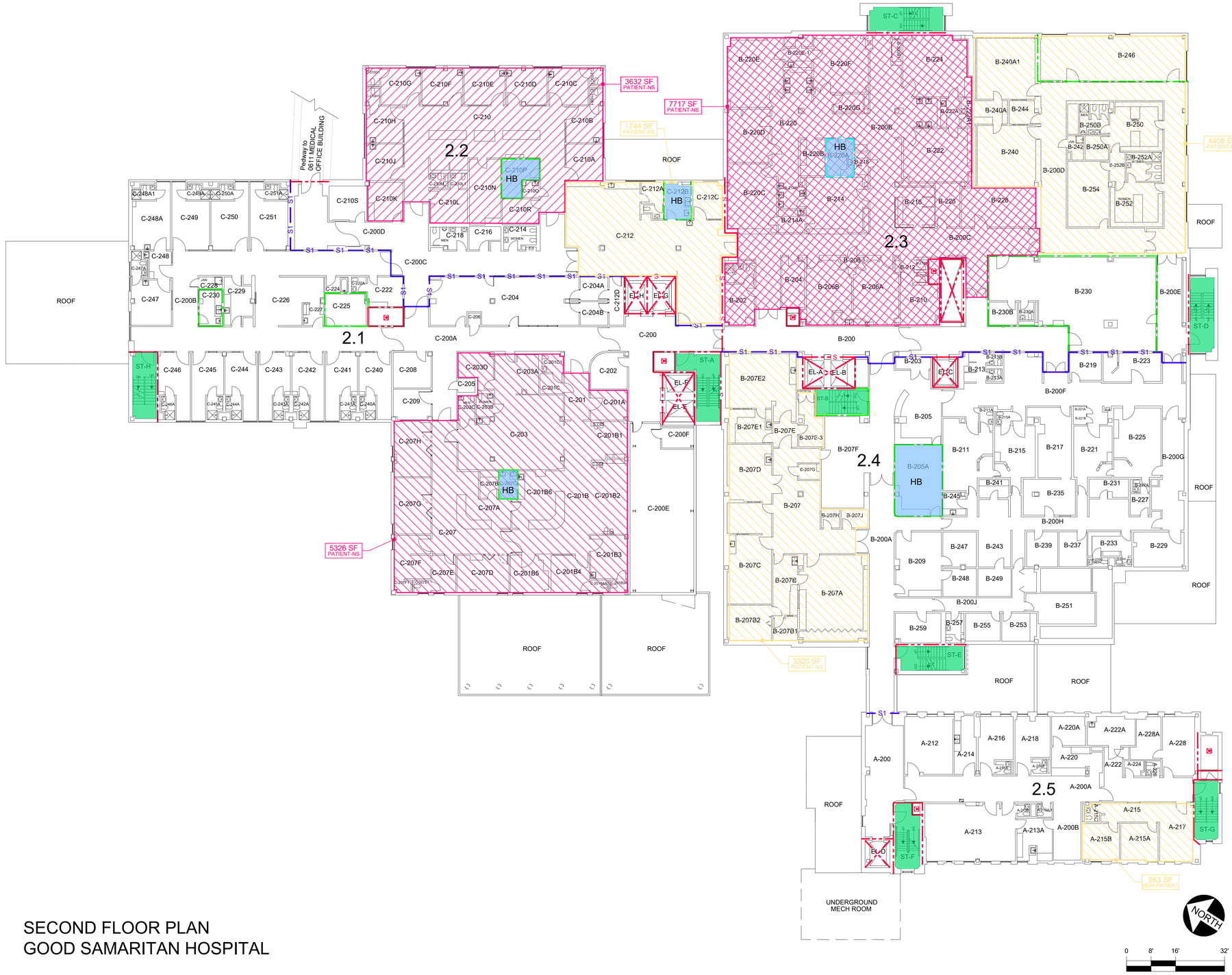
SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
01-ONE	8633

FIRST FLOOR PLAN
GOOD SAMARITAN HOSPITAL



SECOND FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

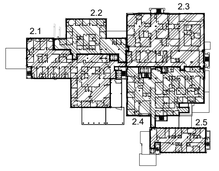
AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
2.1	13,942 SF	FS
2.2	7,166 SF	FS
2.3	15,382 SF	FS
2.4	12,527 SF	FS
2.5	4,769 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

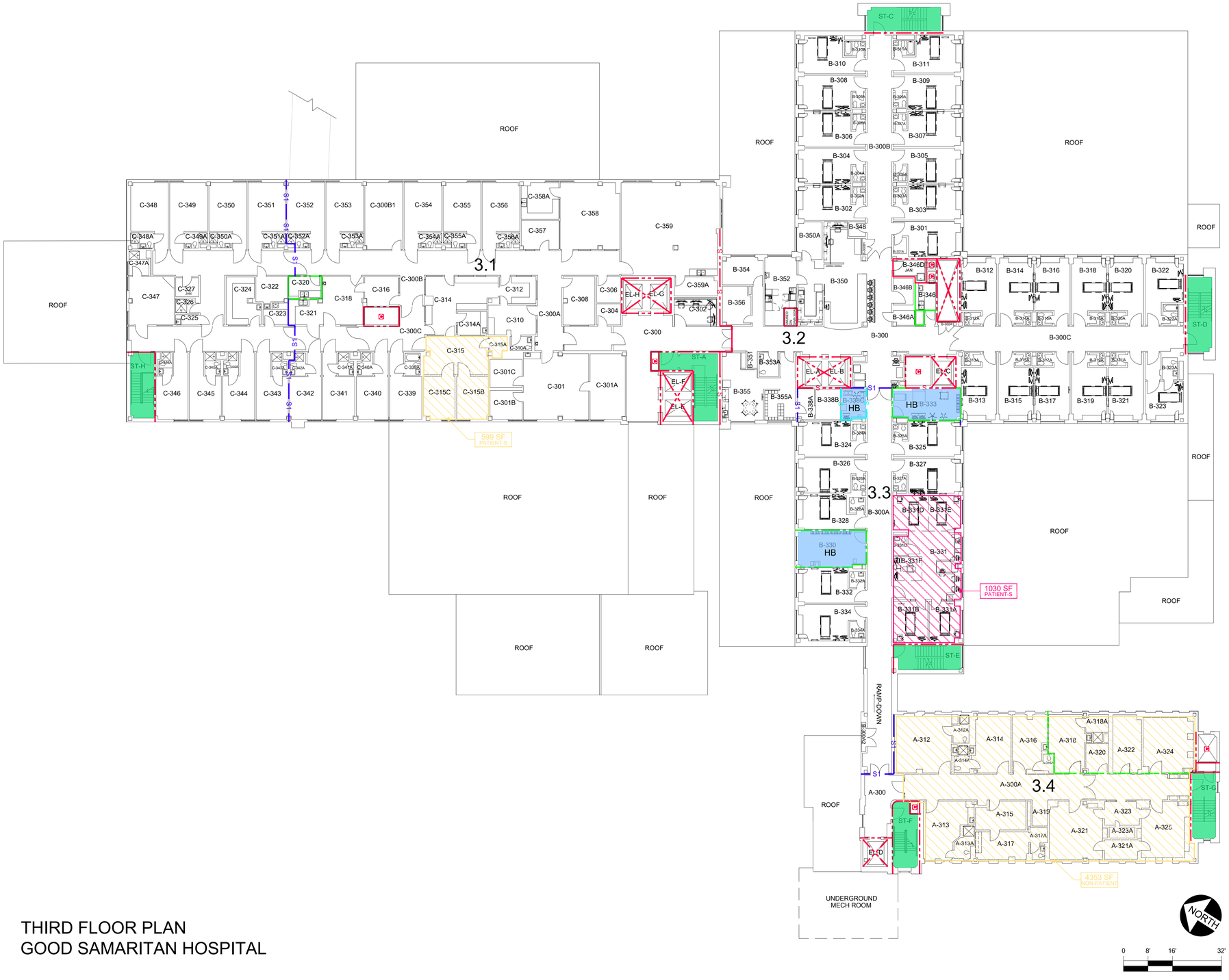
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
02-TWO	8633



THIRD FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

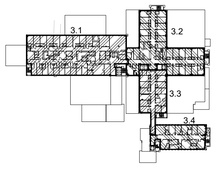
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
3.1	14,281 SF	FS
3.2	10,774 SF	FS
3.3	4,741 SF	FS
3.4	4,543 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

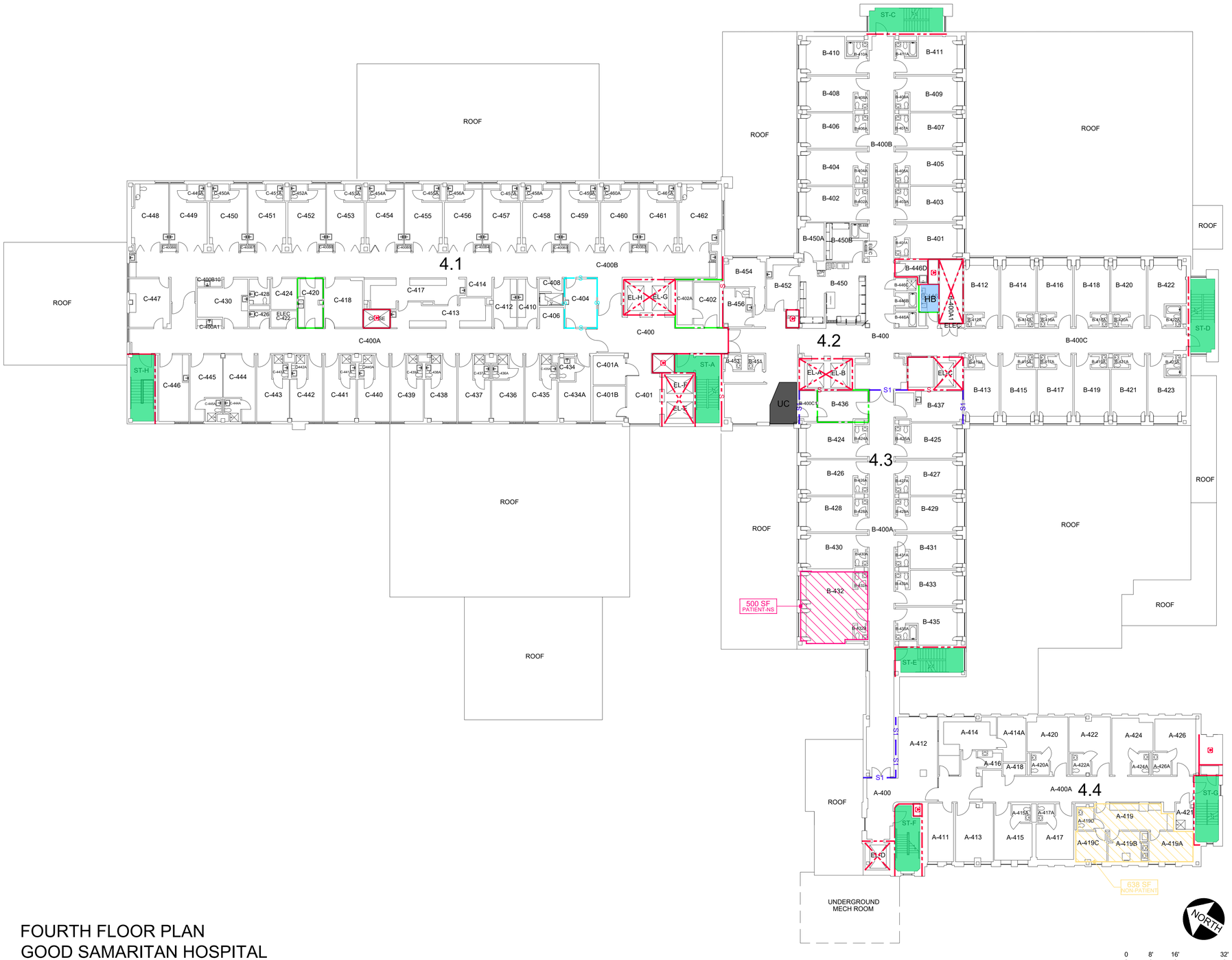
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
03-THREE	8633



FOURTH FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

HX

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

AREA SUITE TYPE

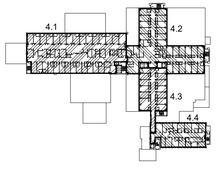
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

REED

EXIT STAIRWAY OR EXIT PASSAGEWAY

GENERAL NOTE

NOTE

KEY PLAN	COMPARTMENT LEGEND		
	ID	AREA	NOTES
	4.1	14,275 SF	FS
	4.2	10,945 SF	FS
	4.3	4,783 SF	FS
	4.4	4,519 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

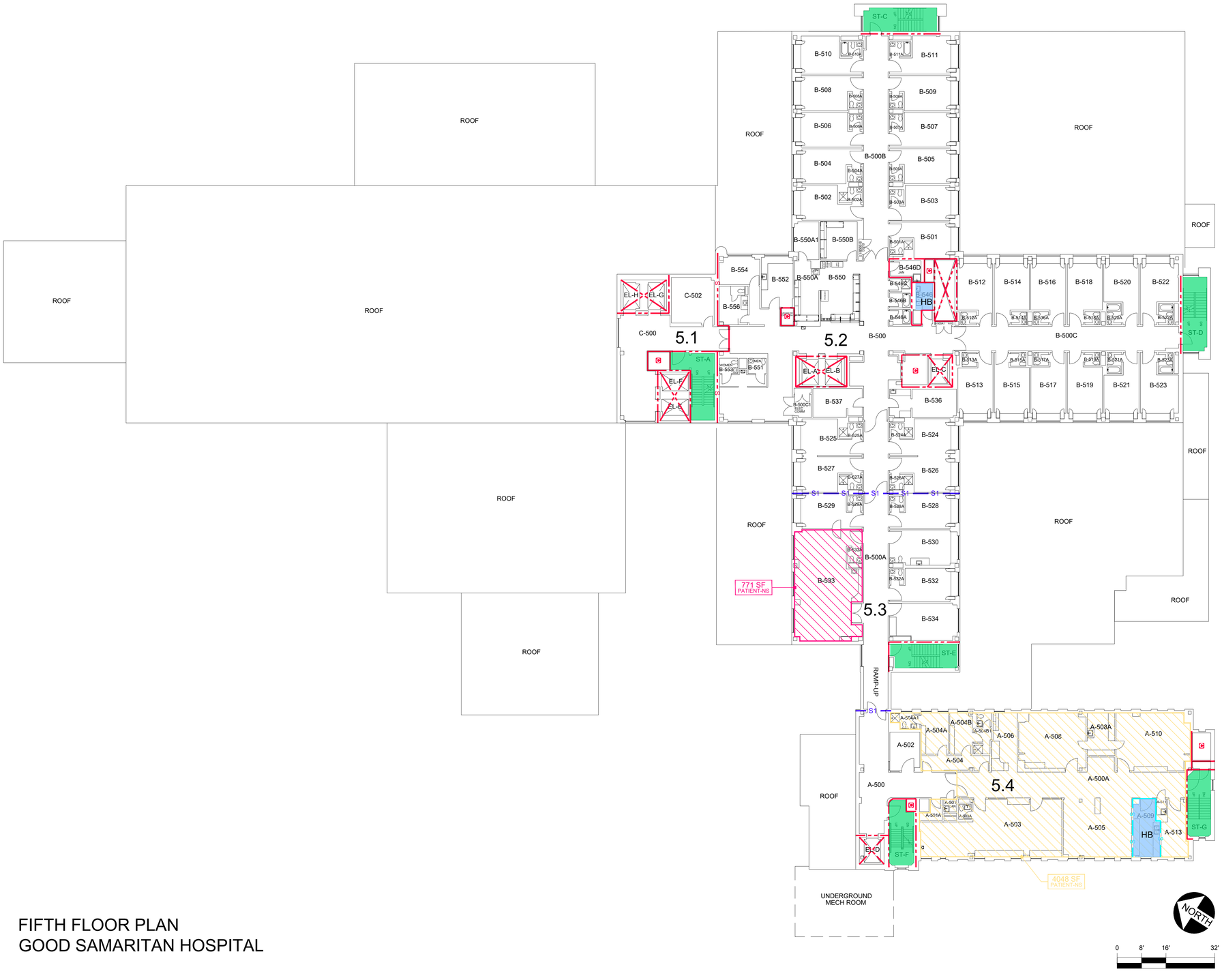
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
04-FOUR	8633



FIFTH FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

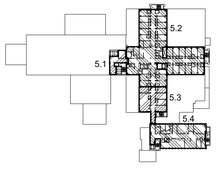
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
5.1	844 SF	FS
5.2	12,745 SF	FS
5.3	2,779 SF	FS
5.4	4,808 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

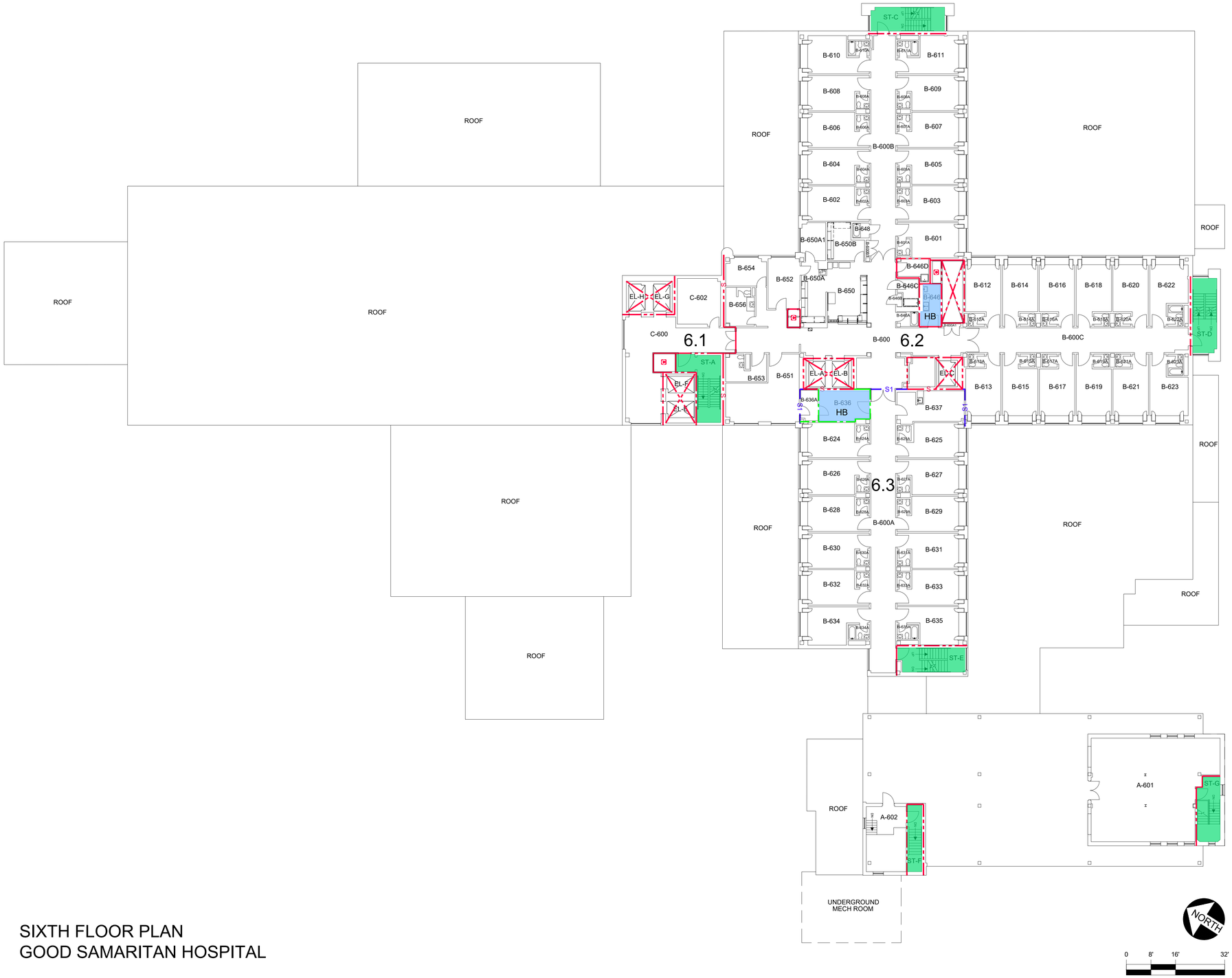
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
05-FIVE	8633



SIXTH FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX
HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

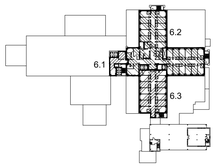
AREA SUITE TYPE
SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE
GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES
6.1	847 SF	FS
6.2	10,746 SF	FS
6.3	4,529 SF	FS

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

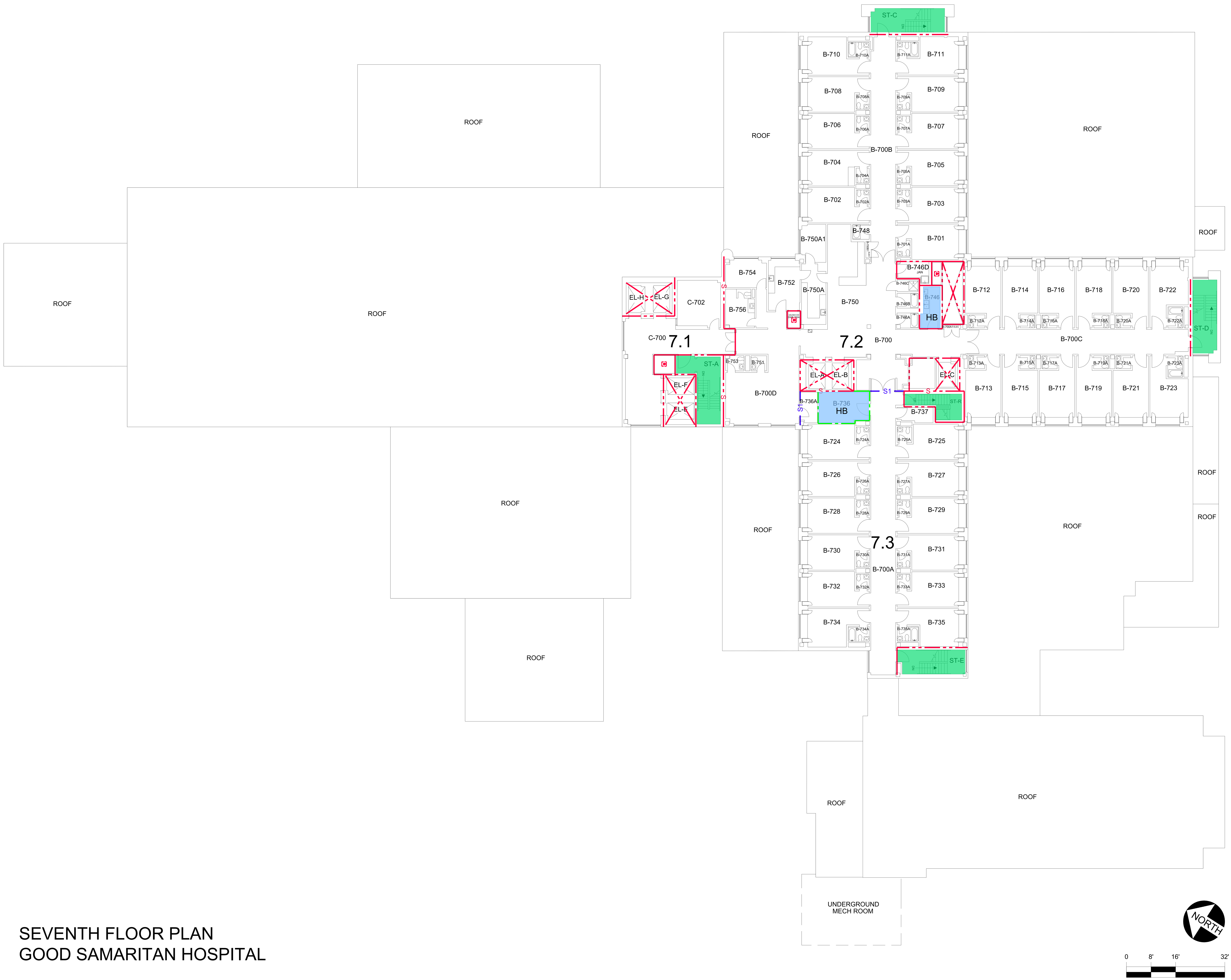
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
06-SIX	8633



SEVENTH FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
— W — W — W —	FIRE WALL
	2HR FIRE BARRIER
- - S - - - S - -	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
- - S - - - S - -	1HR FIRE/SMOKE BARRIER
— S1 — S1 —	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX — HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

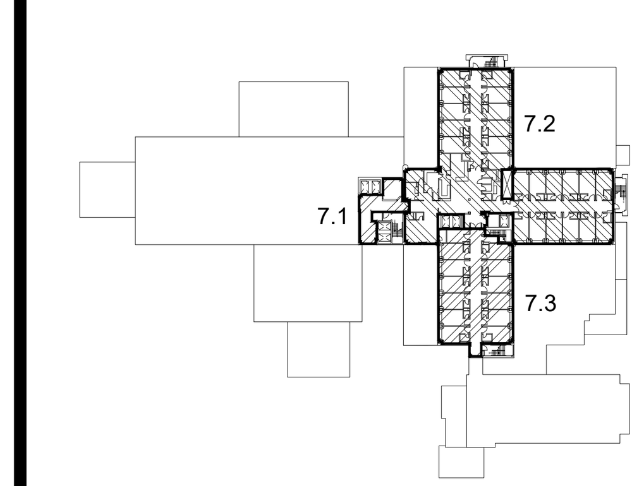
AREA SUITE TYPE — SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — GENERAL NOTE

KEY PLAN



HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

COMPARTMENT LEGEND

ID	AREA	NOTES
7.1	845 SF	FS
7.2	10,753 SF	FS
7.3	4,372 SF	FS

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
07-SEVEN	8633

EIGHTH FLOOR PLAN
GOOD SAMARITAN HOSPITAL

UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
— W — W — W —	FIRE WALL
	2HR FIRE BARRIER
— S — S —	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
— S — S —	1HR FIRE/SMOKE BARRIER
— S1 — S1 —	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

C — VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX — HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

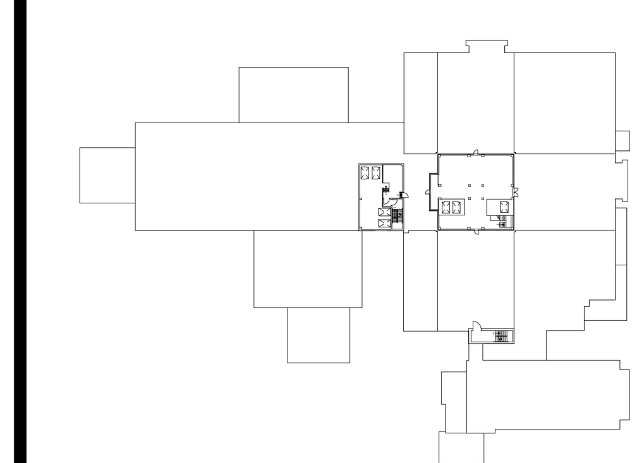
AREA SUITE TYPE — SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED — REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE — GENERAL NOTE

KEY PLAN



HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

COMPARTMENT LEGEND

ID	AREA	NOTES

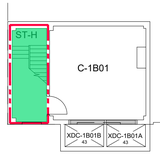
FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

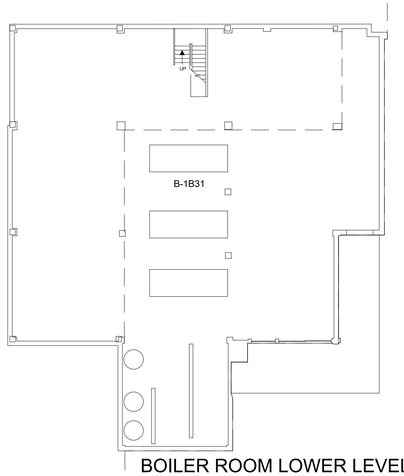
ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
08-EIGHT	8633

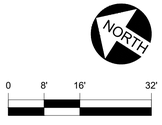


SUB-BASEMENT EMERGENCY GENERATOR RM



BOILER ROOM LOWER LEVEL

SUBBASEMENT FLOOR PLAN
GOOD SAMARITAN HOSPITAL



UNIVERSITY OF KENTUCKY HEALTHCARE

LIFE SAFETY PLANS

LEGEND

LINETYPE	CONSTRUCTION
W W W	FIRE WALL
	2HR FIRE BARRIER
S S	2HR FIRE/SMOKE BARRIER
	1HR FIRE BARRIER
S S	1HR FIRE/SMOKE BARRIER
S1 S1	1HR SMOKE BARRIER
	SMOKE PARTITION
	ATRIUM SEPARATION

NON-SURVEYED AREA

VERTICAL SHAFT OR CHUTE
COLOR CORRESPONDS TO RATING

HX

HAZARDOUS AREA
TYPE A: NON SPRINKLERED
TYPE B: SPRINKLERED

AREA
SUITE TYPE

SUITE AREA (WITH ALTERNATE COLOR)
PATIENT-S (SLEEPING)
PATIENT-NS (NON-SLEEPING)
NON-PATIENT

REED

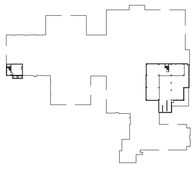
REQUIRED EXTERIOR EXIT DOOR
H.EXIT DENOTES HORIZONTAL EXIT

EXIT STAIRWAY OR EXIT PASSAGEWAY

NOTE

GENERAL NOTE

KEY PLAN



COMPARTMENT LEGEND

ID	AREA	NOTES

HEALTHCARE
BUSINESS
AMBULATORY HEALTH CARE

FS: FULLY SPRINKLERED
PS: PARTIALLY SPRINKLERED
NS: NON-SPRINKLERED

SIGNATURES:	DATE:
UK FIRE MARSHAL:	
FMMC COMPLIANCE OFFICER:	
FMMC MAINTENANCE OPERATIONS MGR:	
FMMC DIRECTOR:	

ORIGINAL DATE:	LAST REVISED:
11/29/2021	11/29/2021

GOOD SAMARITAN HOSPITAL

LEVEL(S)	BUILDING#
SB-SUBBASE	8633

University of Kentucky
Infection Control Risk Assessment (ICRA) for Construction, Renovation, or Maintenance within Health care facilities

Location of Construction:	**Project Date and Estimated Duration:**
Project Coordinator:	**Project Coordinator's Contact:**
IPAC representative:	**IPAC main office:**

Does this construction impact the water system?

☒ No- Continue below

☐ Yes- Please refer to the Water Management Plan/Risk Assessment** for further assessment (consult Facility Management supervisors)

Construction/Maintenance Activity

Type	**Activities**
Type A	Inspection and Non-invasive activities. Includes, but are not limited to: ☐ Removal of ceiling tiles for visual inspection (limited to 1 or 2 tiles and limited to one tile per 50 sq ft.) ☐ Painting, no sanding ☐ Wall papering ☐ Installation of outlet covers and other electrical trim. ☐ Minor plumbing ☐ Other activities that do not generate dust or require cutting of walls or access to ceilings
Type B	Small scale, short duration activities which create minimal dust. Includes, but is not limited to: ☐ Installation of electrical outlets and computer cabling ☐ Cutting of walls or ceiling where dust migration can be controlled.
Type C	Work that creates a moderate-to-high level of dust or requires demolition or removal of any fixed components. Includes, but is not limited to: ☐ Sanding walls for painting or wall papering ☐ Removal of floor coverings, ceiling tiles, and casework ☐ New wall construction ☐ Work above ceiling that requires removal of sections of ceiling tile, such as minor ductwork or electrical work. ☐ Major cabling activities ☐ Any activity which cannot be completed within a single work shift
Type D	Major demolition and construction activities. Includes, but is not limited to: ☐ Activities that require heavy demolition ☐ Activities that require removal of a complete cabling system ☐ Major new construction ☐ Activities which require consecutive work shifts

Risk Groups/Areas

Level of Risk	**Usage**	
Low Risk	☐ Office areas ☐ Cafeteria	☐ Chapel ☐ Other:
Medium Risk	☐ Endoscopy ☐ Nuclear Medicine ☐ Physical Therapy ☐ Radiology/MRI ☐ Respiratory Therapy ☐ Emergency Department ☐ Birthing Center	☐ Children's Hospital, excluding 4 West and NICU ☐ Clinical Laboratory ☐ Pharmacy ☐ PACU ☐ Nursing Units not listed as high risk ☐ Other
High Risk	☐ Burn unit ☐ Cardiac Cath Lab ☐ Central Sterile ☐ ICUs ☐ Negative pressure isolation rooms ☐ Markey 2 and 3 and other oncology areas	☐ OR ☐ BMT ☐ Solid organ transplant areas ☐ Radiation Medicine ☐ 4 West ☐ NICU ☐ Other

Additional or different criteria and precautions may be used for construction of new buildings or major construction projects not within the existing buildings.

Precautions Matrix—Use to identify the appropriate level of precaution

Patient Risk Group	Type A	Type B	Type C	Type D
Low Risk	**I**	**I/II**	**II**	**III/IV**
Medium Risk	**I**	**II**	**III**	**IV**
High Risk	**I**	**IV**	**IV**	**IV**

Precautions Chart

Classes	Precautions During Demolition	Precautions Upon Completion of Demolition
I	☐ Use methods designed to minimize dust ☐ Immediately replace a ceiling tile displaced for visual inspection ☐ Soft barrier to be used.- NA	☐ Clean work area upon completion of task.
II	☐ Seal unused doors with duct tape/ HEPA filter area during demolition ☐ Block off and seal vents. ☐ Install and maintain sticky mats immediately inside **and** outside of the construction area exit points. ☐ Provide active means to prevent dust from dispersing. ☐ Mist work surfaces to control dust. ☐ Hard barrier to be used.	☐ Wipe work surfaces. ☐ Contain construction waste before transport in tightly covered containers. ☐ Cover transport receptacles or carts with a nonpermeable covering (wipe covering down to remove and dust prior to transport). ☐ Wet-mop area with disinfectant.
III	☐ Seal air vents ☐ Construct dust-tight barriers to seal area from non-work area. Do not remove barriers from work area until demolition is complete and area is thoroughly cleaned by EVS. ☐ Install and maintain sticky mats immediately inside **and** outside of the construction area exit points. ☐ Seal holes, pipes, conduits, and punctures in construction area walls. ☐ Maintain negative air pressure within work area utilizing HEPA-equipped air filtration system and post "hepa filtered air" signage. ☐ Soft barrier to be used. ☐ Hard barrier to be used.	☐ Remove barriers carefully to minimize spreading of dirt and debris. ☐ Contain construction waste before transport in tightly covered containers. ☐ Cover transport receptacles or carts with a nonpermeable covering (wipe covering down to remove any dust prior to transport). ☐ Vacuum work area with HEPA filtered vacuum. ☐ Wet-mop area with disinfectant.
IV	☐ Seal air vents ☐ Construct dust-tight barriers with ante-rooms. Do not remove until demolition is complete and area is thoroughly cleaned by EVS. ☐ Require all personnel to pass through anteroom so he/she can be vacuumed using a HEPA vacuum before leaving work site; or he/she can wear cloth or paper coveralls that are removed each time he/she leaves the work site. ☐ All personnel entering work area must wear shoe covers. Shoe covers are removed each time the worker leaves the area. ☐ If within an OR area (or other area deemed high risk), coveralls, bonnet, and mask may be required. ☐ Install and maintain sticky mats immediately inside **and** outside construction area exit points. ☐ Seal holes, pipes, conduits, and punctures in construction area walls. ☐ Maintain negative pressure within work site utilizing HEPA-equipped air filtration systems and post "hepa filtered air" sign. ☐ Soft barrier to be used. ☐ Hard barrier to be used.	☐ Remove barriers carefully to minimize spreading of dirt and debris. ☐ Contain construction waste before transport in tightly covered containers. ☐ Cover transport receptacles or carts with a nonpermeable covering (wipe covering down to remove any dust prior to transport). ☐ Vacuum work areas with HEPA filtered vacuum. ☐ Wet-mop area with disinfectant.

Additional Requirements:

*Note: If the assessment team elects not to implement any of the measures suggested by the criteria, a justification must be provided.

** Contact IPAC for a copy of the water management risk assessment

Additional or different criteria and precautions may be used for construction of new buildings or major construction projects not within the existing buildings.