



WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

Facility's Licensed Name or Proposed Name

Address, including zip code

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA 01609

If Hospital/Clinic Satellite, Name

Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: AIA Guidelines 2006, Section 3.7 - 2.4.2.4
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Phase II Recovery - Facility requirements - Section 3.7 – 2.4.2.4

The step-down room shall contain hand-washing station(s), storage space for supplies and equipment, clinical work space, space for family members, and nourishment facilities.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

The step-down room has hand-washing station(s), storage space for supplies and equipment, clinical work space and nourishment facilities. In order to protect the privacy of the other patients, Planned Parenthood does not permit family members access to the treatment areas. The current facilities allow family members or friends to remain in the waiting room until the patient visit is complete.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.7 - 2.4.2.4

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant. Meeting this requirement is not optimal for the particular service offered by the provider as patient privacy may be compromised.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Patient privacy is of utmost concern for Planned Parenthood. We do not permit family members in our treatment areas in order to protect the privacy of all patients. Therefore, not providing space for them does not affect patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

Signature: [Handwritten Signature]

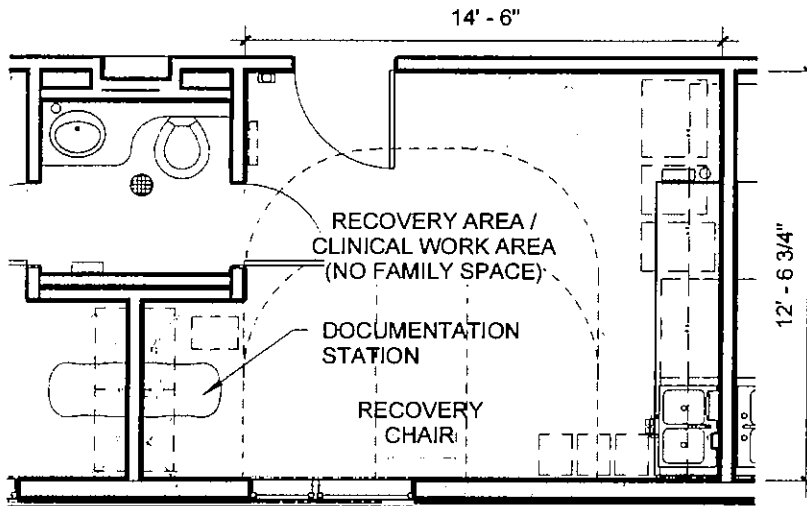
For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: [Signature] 09/04/08 [X] Approved [] Approved w/Conditions [] Denied

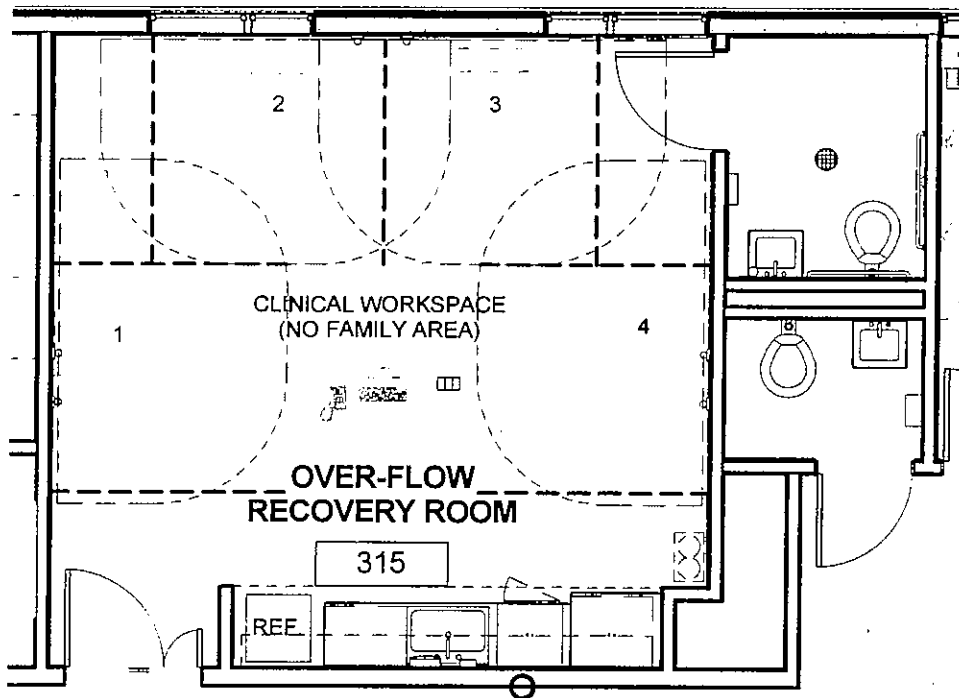
Reviewed by: [Signature] 9/12/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



2 PHASE II RECOVERY IN ONE-ROOM
 3/16" = 1'-0"



1 PHASE II RECOVERY IN OVER-FLOW ROOM
 3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
 WORCESTER HEALTH CENTER

PHASE II RECOVERY - FAMILY AREA
 Section 3.7 - 2.4.2.4

Project number	2007-02	SK W-12
Date	JUNE 20, 2008	Scale 3/16" = 1'-0"

6/23/2008 4:14:57 PM



WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

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Facility's Licensed Name or Proposed Name _____ Address, including zip code _____

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA 01609

If Hospital/Clinic Satellite, Name _____ Address, including zip code _____

N/A
Hospital/Clinic Department _____ Building/Floor Location _____

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1.A: FOUND AT: _____ AIA Guidelines 2006, Section 3.7 - 2.4.2.4
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Phase II Recovery - Facility requirements - Section 3.7 -- 2.4.2.4
The step-down room shall contain hand-washing station(s), storage space for supplies and equipment, clinical work space, space for family members, and nourishment facilities.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

The step-down room has hand-washing station(s), storage space for supplies and equipment, clinical work space and nourishment facilities. In order to protect the privacy of the other patients, Planned Parenthood does not permit family members access to the treatment areas. The current facilities allow family members or friends to remain in the waiting room until the patient visit is complete.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.7 - 2.4.2.4

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant. Meeting this requirement is not optimal for the particular service offered by the provider as patient privacy may be compromised.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Patient privacy is of utmost concern for Planned Parenthood. We do not permit family members in our treatment areas in order to protect the privacy of all patients. Therefore, not providing space for them does not affect patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

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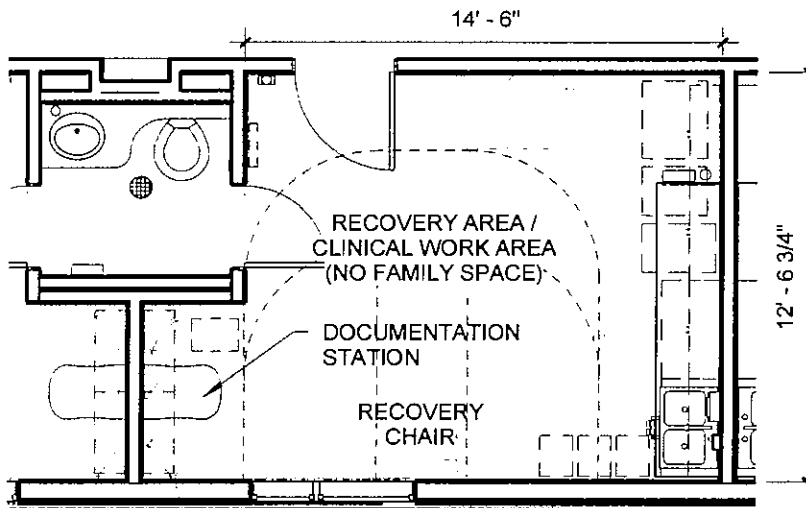
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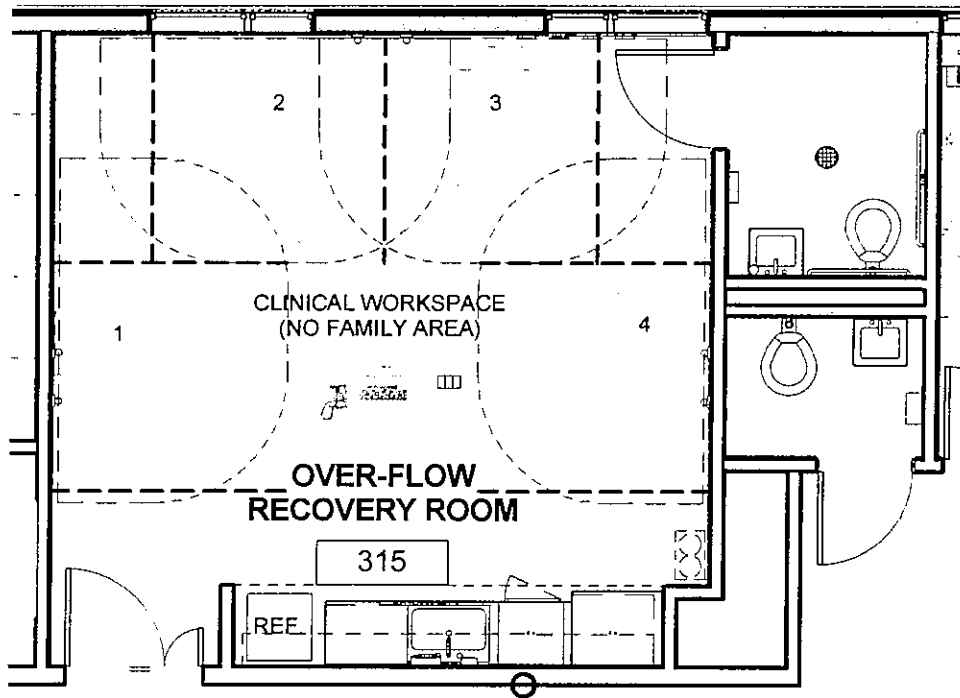
Reviewed by: [Signature] 9/18/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



2 PHASE II RECOVERY IN ONE-ROOM
 3/16" = 1'-0"



1 PHASE II RECOVERY IN OVER-FLOW ROOM
 3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
 WORCESTER HEALTH CENTER

PHASE II RECOVERY - FAMILY AREA
 Section 3.7 - 2.4.2.4

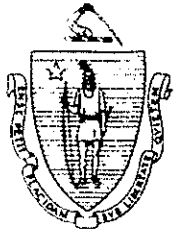
Project number 2007-02

SK W-12

Date JUNE 20, 2008

Scale 3/16" = 1'-0"

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WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

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If Hospital/Clinic Satellite, Name

Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: **FOUND AT:** AIA Guidelines 2006, Section 3.7 - 2.5.5
(Regulation/Requirement Citation)

1.B: **THAT REQUIRES (Text of Regulation/Requirement):**

Sterilizing Facilities - Section 3.7 – 2.5.5
Space shall be provided for a high speed sterilizer or other sterilizing equipment for immediate or emergency use, as called for in the functional program.

(1) This space shall be located in the restricted area.
(2) This space shall include a separate area for cleaning and decontamination of instruments prior to sterilization.

2.A: **DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:**

2.B: **HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:**

Surgical instruments will be disinfected and washed in the Soiled Workroom , then directly passed through a window to the Clean Workroom where there will be two steam autoclaves. Although defined "unrestricted" by 3.7 – 1.5.2, the corridor is entered from the elevator or the stairs by swipe card entry only. Access by patients will always be under supervision of clinical staff.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.7 - 2.5.5

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. The design provides for 7 One-Rooms, classified as Class A operating rooms, and 1 Over-flow recovery room located in an unrestricted corridor. Although defined unrestricted by 3.7 - 1.5.2, the corridor is entered from the elevator or the stairs by swipe card entry only. Access by patients will always be under supervision of clinical staff. The sterilizing facilities will be directly accessed from this corridor.

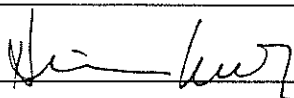
4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Because our procedures are non-invasive, we do not require emergency sterilization equipment. The sterilization equipment in the clean utility room is adequate for our purposes; therefore not having emergency sterilization equipment does not jeopardize patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
 Title: President/CEO
 Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Signature:



FACILITY CLINICAL REPRESENTATIVE:

Name: Karen Caponi
 Title: Health Services Director
 Tel #: 508-854-330, ext 1103

Signature:



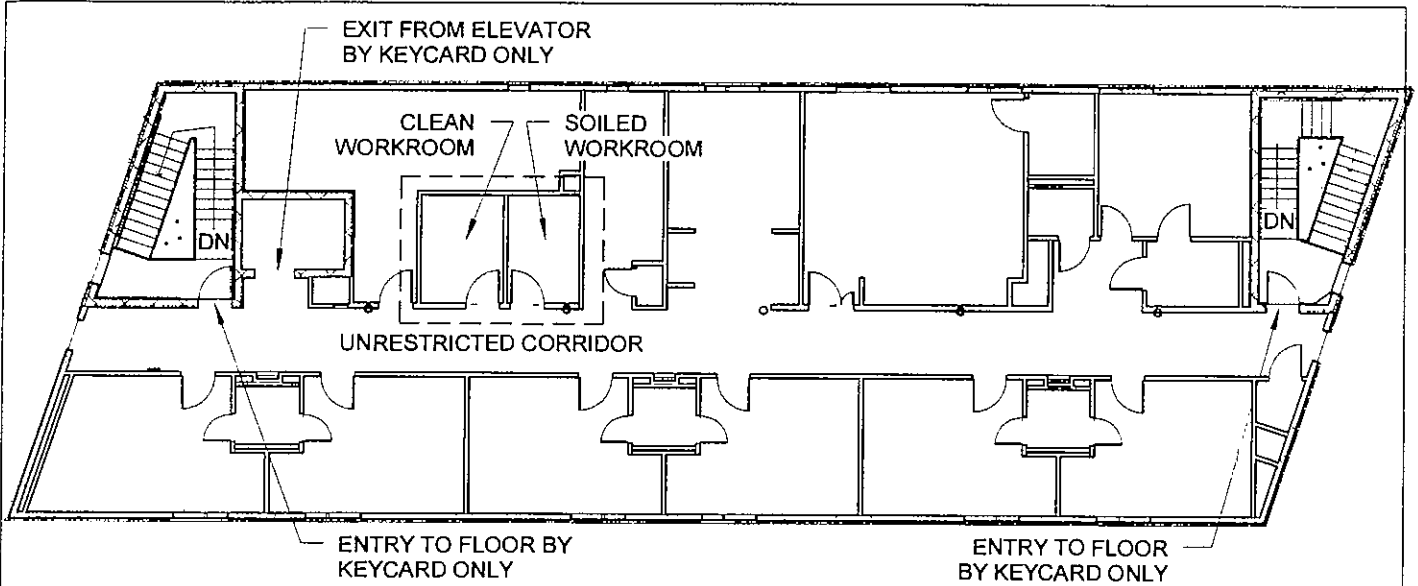
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Evaluated by: D. Gump 09/04/08 Approved Approved w/Conditions Denied

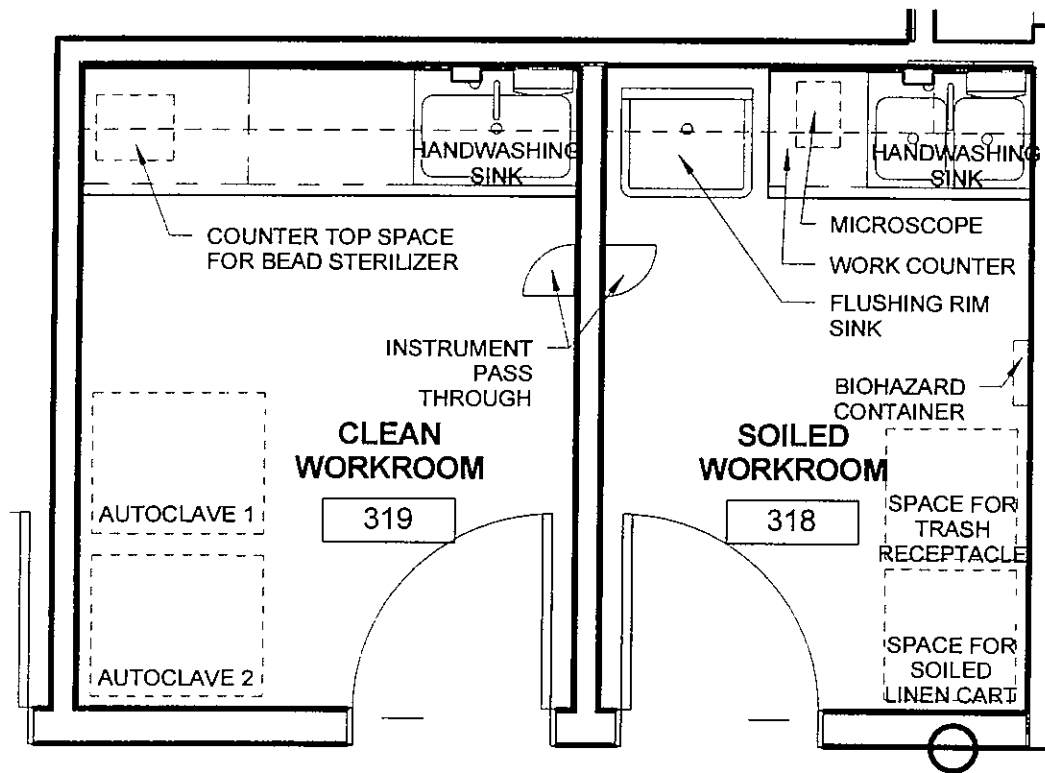
Reviewed by: Ellen Flint 9/29/08 Approved Approved w/Conditions Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



2 STERILIZING FACILITIES - THIRD FLOOR
 1/16" = 1'-0"



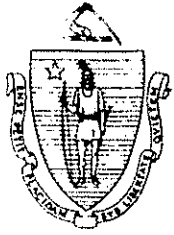
1 STERILIZING FACILITIES
 3/8" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
 WORCESTER HEALTH CENTER

STERILIZING FACILITIES Section 3.7 - 2.5.5	
Project number	2007-02 SK W-14
Date	JUNE 20, 2008 Scale As indicated

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WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

Facility's Licensed Name or Proposed Name

Address, including zip code

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA 01609

If Hospital/Clinic Satellite, Name

Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: AIA Guidelines 2006, Section 3.7 - 2.5.7.6
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Emergency equipment/supply storage

Provisions shall be made for convenient access to and use of emergency resuscitation equipment and supplies (crash carts(s) and/or anesthesia carts) at both the surgical and recovery areas.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

General anesthesia is not required for the procedures performed at this facility, therefore no anesthesia equipment is required. Conscious sedation medication is stored in double-locked cabinets along with other prescription medications. An emergency crash cart with defibrillator and emergency medications will be available for use.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.5.7.6

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

General anesthesia is not used at Planned Parenthood; therefore, not providing storage for anesthesia equipment and supplies does not affect patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Signature: [Handwritten Signature]

FACILITY CLINICAL REPRESENTATIVE:

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

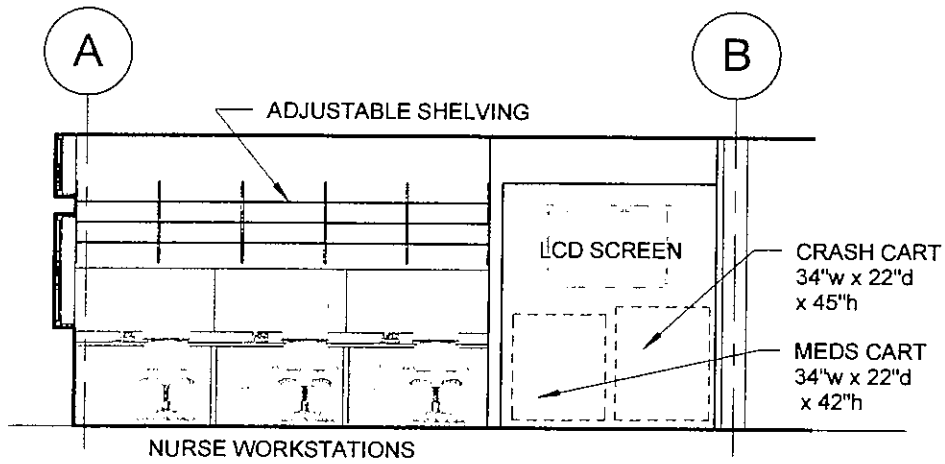
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Evaluated by: [Signature] 09/04/08 [X] Approved [] Approved w/Conditions [] Denied

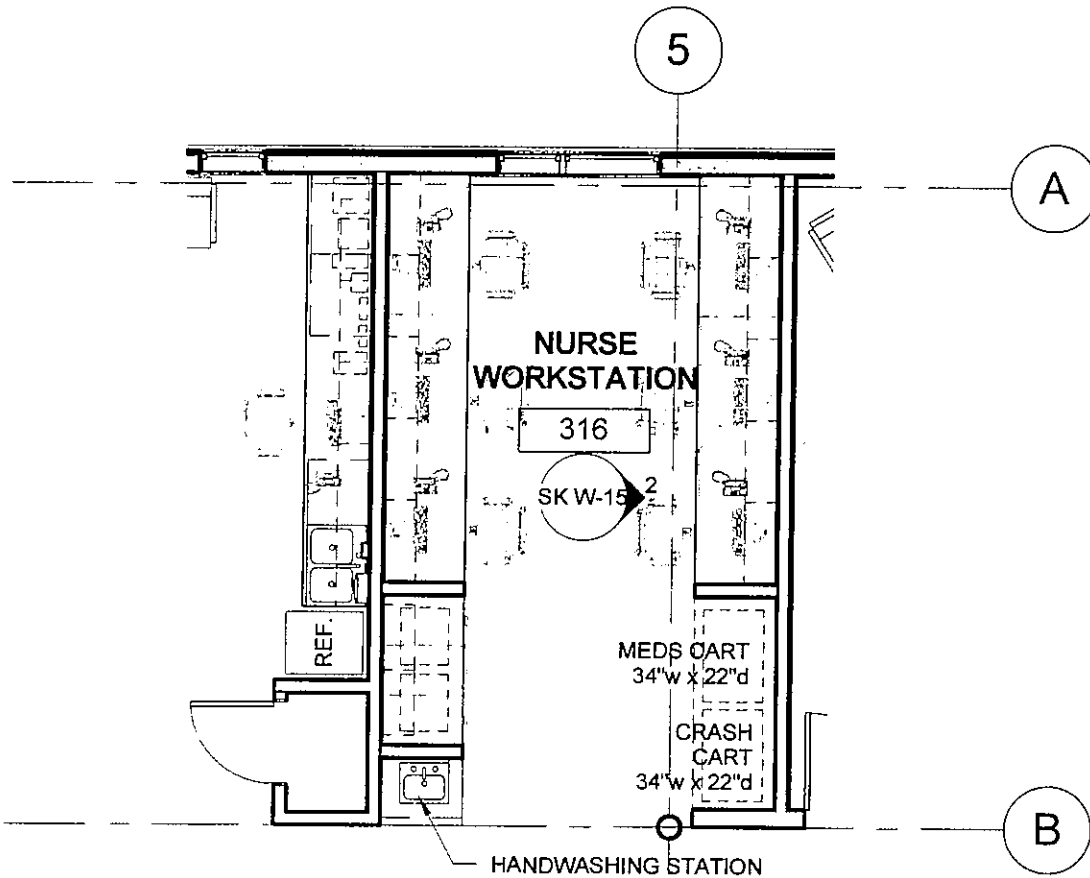
Reviewed by: [Signature] 09/29/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



2 EMERGENCY EQUIPMENT ELEVATION
3/16" = 1'-0"



1 EMERGENCY EQUIPMENT LOCATION
3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
WORCESTER HEALTH CENTER

EMERGENCY EQUIPMENT
Section 3.7 - 2.5.7.6

Project number 2007-02

SK W-15

Date JUNE 20, 2008

Scale 3/16" = 1'-0"



WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

Facility's Licensed Name or Proposed Name

Address, including zip code

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA 01609

If Hospital/Clinic Satellite, Name

Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: AIA Guidelines 2006, Section 3.7 - 2.7.1
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Outpatient Surgery Change Area(s)

A separate area shall be provided for outpatients to change from street clothing into hospital gowns and to prepare for surgery.

- (1) This area shall include lockers, toilet(s), clothing change or gowning area(s), and space for administering medications.
- (2) Provisions shall be made for securing patients' personal effects.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

As described in the project narrative, the 7 One-Rooms have been designed to accommodate the combined functions of examination, treatment, medication administration and phase II recovery. The Patient changing function will be accommodated within the One-Rooms and the semi-private bathrooms shared between each pair of One-Rooms. Once the patient has been escorted to the One-Room the nursing staff withdraws, giving the patient full privacy to change from street clothing into hospital gowns. The moveable chairs and the recovery lounge chair can be used to facilitate changing. The nursing staff will not re-enter the One-Room until the patient is changed. All patient belongings remain with in the One-Room until the patient visit is completed. Should a patient be transferred to the Over-flow recovery room their personal effects will be moved with them.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.7 - 2.7.1

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. A dedicated outpatient surgery change area is not required as this function is accommodated in the One-Rooms and their associated semi-private bathrooms.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Patients will easily use the One-Rooms and the semi-private bathrooms for changing from street clothing into gowns. Not providing a separate, dedicated space for patients to change separate from the One-Rooms and their semi-private bathrooms does not affect patient health or safety.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
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Name: Karen Caponi
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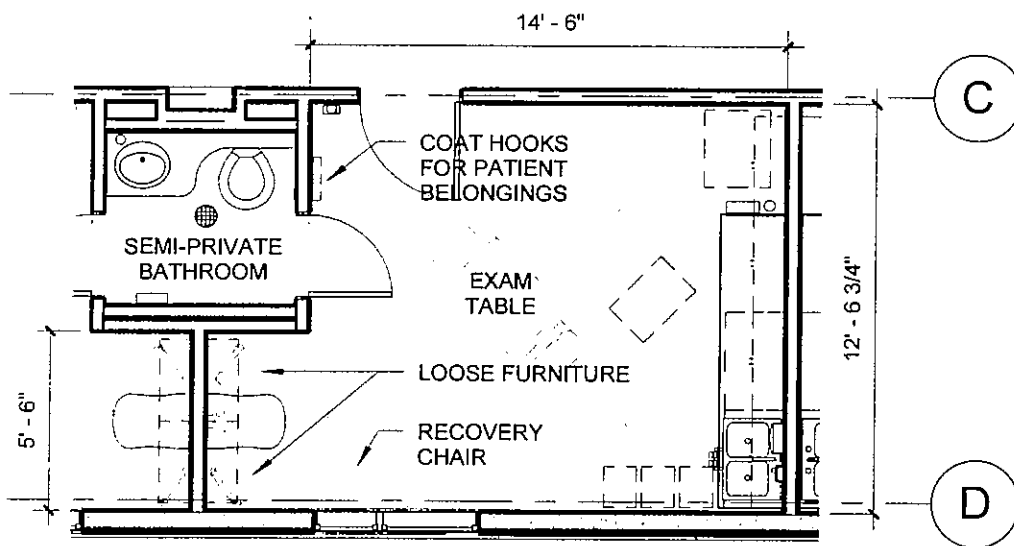
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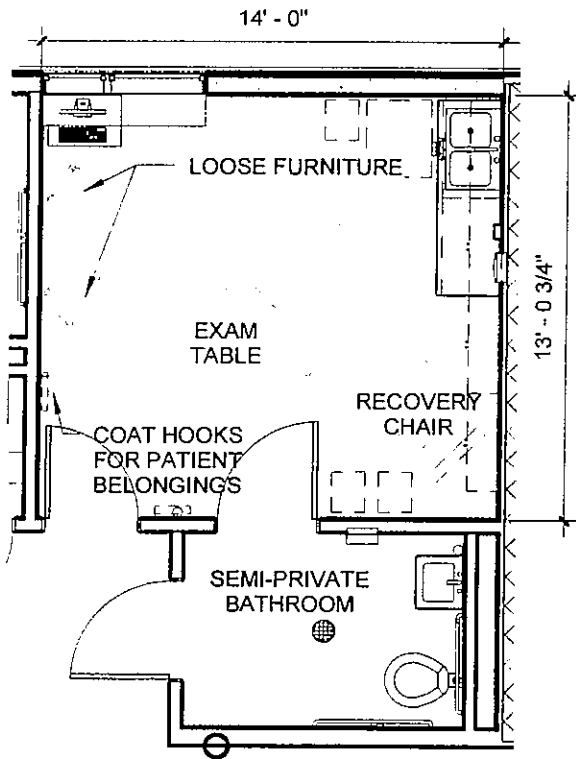
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CONDITIONS:

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1 PATIENT CHANGING AREA(S) - TYP ONE-ROOM
 3/16" = 1'-0"



2 PATIENT CHANGING AREA(S) - 7th ONE-ROOM
 3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
 WORCESTER HEALTH CENTER

PATIENT CHANGING AREA(S)
 Section 3.7 - 2.7.1

Project number	2007-02	SK W-16
Date	JUNE 20, 2008	



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N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: A1A Guidelines 2006, Section 3.1 - 7.3.3.1
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Emergency electrical service

Emergency lighting and Power shall be provided for in accordance with NFPA 99, NFPA 101, and NFPA 110.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

In each one room, there will be emergency power receptacles provided to supply the equipment necessary to complete any procedure undertaken in the facility. There will be 14 emergency power receptacles in total, provided for the exam table (and surgical light), the vital signs monitor, the vacuum pump satellite unit, ultrasound machine, computer workstations, and code cart if needed in an emergency.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.1 - 7.3.3.1

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Emergency power will not be required to all power receptacles.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Emergency power will supply all equipment necessary to continue providing care for patients during a power outage. Therefore patient safety and health will not be jeopardized by not having emergency power to all power receptacles.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

Signature: [Handwritten Signature]

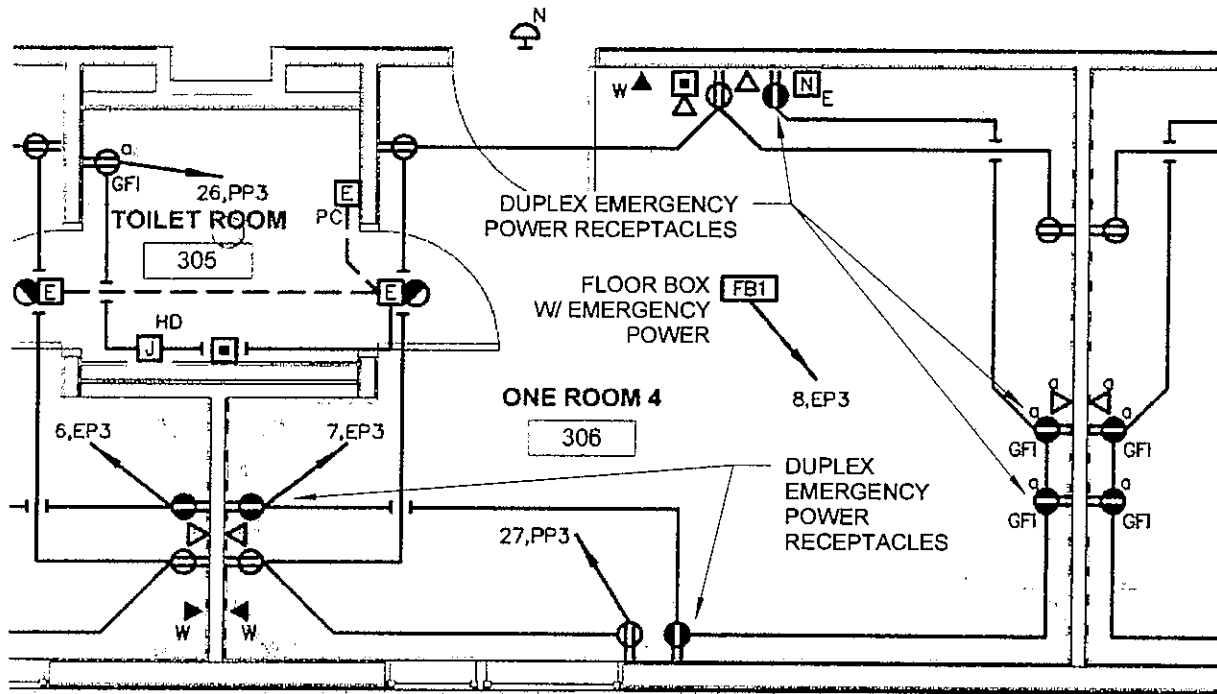
For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: [Signature] 09/04/08 [X] Approved [] Approved w/Conditions [] Denied

Reviewed by: [Signature] 09/29/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



EXTRACT FROM DRAWING EP1.03

ARCHITERRA

PLANNED PARENTHOOD
WORCESTER HEALTH CENTER

EMERGENCY POWER RECEPTACLES - Section 3.1 - 7.3.3.1

Project number 2007-02

SK W-20

Date JUNE 20, 2008

Scale NTS

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