

Executive Summary

NYU Langone Hospital-Long Island is submitting this Administrative Review CON application for the relocation of an existing Article 28 Extension Clinic, the NYU Langone Hospital-Long Island Women's Wellness Clinic currently located at 1 Fulton Avenue, Hempstead, New York 11550 to the 7th floor of 175 Fulton Avenue, Hempstead, New York 11550. This relocation will co-locate the Women's Wellness Clinic with the Hempstead Pediatrics Clinic. This relocation will enhance the patient experience for several medically underserved groups by providing immediate and easy access to multiple healthcare services for families in one convenient location. The Women's Wellness Clinic will be located next to the Hempstead Pediatrics Clinic, allowing women and their children to both be seen by clinicians in one building.

The Women's Wellness Clinic relocation next to the Hempstead Pediatrics Clinic on the same floor will improve access to care for patients and their children through enabling them to go to a single location for healthcare. It also enables them to book their and their children's appointments on the same day through a joint appointment scheduling system, thereby reducing the number of trips required and time off from work and other commitments to attend appointments.

The new Suite will have its independent access from the elevator lobby. The program will consist of 6 exam rooms, two of which are used intermittently for Ultrasound exams and share a toilet. Phlebotomy, a Non-Stress-Testing room and a social worker round out the patient-facing program. The room sizes and amenities as well as support spaces are in line with FGI 2018 requirements for Outpatient Facilities.

The project is designed to comply with all ADA requirements and the facility will be fully ADA accessible.

Please note that the Dormitory Authority of the State of New York (DASNY) will conduct the architectural review of this application.

Schedule 1

All CON Applications

Contents:

- Acknowledgement and Attestation
- General Information
- Contacts
- Affiliated Facilities/Agencies

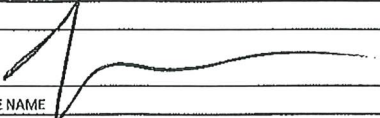
New York State Department of Health Certificate of Need Application

Schedule 1

Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: NYU Langone Hospital-Long Island

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE: 	DATE 10/9/24
PRINT OR TYPE NAME Joseph Greco, M.D.	TITLE Executive Vice President & Chief of Hospital Operations

General Information

Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Title of Attachment:
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. **At least one of these two contacts should be a member of the applicant.** The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Shari Liss, Director, Strategy, Planning and Business Development	NYU Langone Health	
	BUSINESS STREET ADDRESS		
	One Park Avenue, Rm. 4-402		
	CITY	STATE	ZIP
	New York	New York	10016
	TELEPHONE	E-MAIL ADDRESS	
212 404-3883	Shari.liss@nyulangone.org		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Christopher Panettieri	NYU Langone Health	
	BUSINESS STREET ADDRESS		
	One Park Avenue, 4 th Floor		
	CITY	STATE	ZIP
	New York	New York	10016
	TELEPHONE 212 263-3492	E-MAIL ADDRESS christopher.panettieri@nyulangone.org	

New York State Department of Health
Certificate of Need Application

Schedule 1

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New York State Department of Health Certificate of Need Application

Schedule 1

The applicant must identify the operator's chief executive officer, or equivalent official.

CHIEF EXECUTIVE	NAME AND TITLE		
	Joseph Greco, M.D., Executive VP and Chief of Operations, NYULH-Long Island		
	BUSINESS STREET ADDRESS		
	259 First Avenue		
	CITY	STATE	ZIP
	Mineola	New York	11501
	TELEPHONE	E-MAIL ADDRESS	
516 663-2200	Joseph.Greco@nyulangone.org		

The applicant's lead attorney should be identified:

ATTORNEY	NAME		FIRM	BUSINESS STREET ADDRESS
	Annette Johnson, Esq.		NYU Langone	550 First Avenue, 15 th Floor
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, New York 10016		212 263-7627	Annette.Johnson@nyulangone.org

If a consultant prepared the application, the consultant should be identified:

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

The applicant's lead accountant should be identified:

ACCOUNTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

**New York State Department of Health
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Schedule 1

Other Facilities Owned or Controlled by the Applicant

Establishment (with or without Construction) Applications only

NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nursing Home	NH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnostic and Treatment Center	DTC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midwifery Birth Center	MBC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licensed Home Care Services Agency	LHCSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certified Home Health Agency	CHHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospice	HSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult Home	ADH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted Living Program	ALP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long Term Home Health Care Program	LTHHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enriched Housing Program	EHP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Maintenance Organization	HMO	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Health Care Entity	OTH	Yes <input type="checkbox"/> No <input type="checkbox"/>

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
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Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided
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In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input type="checkbox"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input type="checkbox"/>	<input type="checkbox"/>
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Agency Name:				
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.			Yes	No
	Agency Name:			<input type="checkbox"/>	<input type="checkbox"/>
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.				
				<input type="checkbox"/>	<input type="checkbox"/>
Part IV. Storm and Flood Mitigation					
Definitions of FEMA Flood Zone Designations					
Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.					
Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		Yes		No	
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Moderate to Low Risk Area			Yes	No
	Zone	Description		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:				
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.		<input type="checkbox"/>	

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

https://www.fema.gov/media-library-data/1582295171786-6506170c5f54026f585e44e2fc94950d/FF086033_ElevCert_FormOnly_RE_11Feb2020.pdf

Schedule 6 Architectural/Engineering Submission

Contents:

- **Schedule 6 – Architectural/Engineering Submission**

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#) (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. Incomplete responses will not be accepted.

Project Description	
Schedule 6 submission date: Click to enter a date.	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? Not Applicable If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: New location for existing Women's Wellness Clinic	
Site Location: 175 Fulton Ave, Hempstead NY 11550	
Brief description of current facility, including facility type:	

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Schedule 6

Women's Wellness Outpatient clinic, 6 exam rooms	
Brief description of proposed facility: Women's Wellness Outpatient clinic, 6 exam rooms	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. 7 th Floor (top floor of building).	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Business Occupancies only, mixed tenants, top floor will be entirely Outpatient Facility by NYU once completed. 1hr Separation of Occupancies.	
If this is an existing facility, is it currently a licensed Article 28 facility?	No
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: New Article 28 space within currently vacant floor. Adjacent space is being filed separately as Article 28. Also adjacent is a shell space	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. Click here to enter text.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.	
<p>HVAC: The existing space is served by a common AHU that also serves two (2) other floors. Existing 2-pipe fan coil units serve the perimeter. The AHU is the constant flow, chilled water unit with hot water preheat coils. Hot water is provided by a steam to hot water heat exchanger. Steam and chilled water are provided by the building chillers and gas boiler. Service from the AHU will be capped and perimeter fan coil units to be demolished.</p> <p>ELEC: The building is provided with a centralized electrical service room located outside the tenant space. The electrical service is powered from a secondary step-down pad mounted transformer located the rear of the site. The existing 7th floor tenant space is powered from an existing 120/208V, 3Ø, 4W, 500A circuit breaker in the tenant distribution panel located in the base building electrical service room. There are (4) 120/208V, 3Ø, 4W, 42-pole 200A panels in the tenant 7th floor electrical closet along with a 600A CT and utility meter. The equipment is in poor condition and will be replaced with new during renovation of the floor. Temp/shell space lighting fixtures, exit signs and lighting controls are currently installed. There is no emergency generator power in the building. Emergency/egress lighting is currently provided thru battery packs. The existing space is currently shell space and will be renovated to meet the program requirements.</p> <p>PLUM: The existing domestic water service into the building consists of one (1) incoming 4" domestic water. The domestic water service consists of a 4" copper pipe with no fiberglass type insulation. It was observed that the existing domestic water service is equipped with a 4" back-flow preventer and a 4" water meter. The existing water service includes a 2" bypass with water meter and a 2" backflow preventer.</p>	

Currently, domestic hot water within the building is produced by a gas fired, modular boiler and storage tank, located in the basement. Currently the buildings sanitary and vent system where visible on the floor was observed to be hub and spigot cast iron pipe. There are four (4) soil/waste & vent stacks located throughout the floors perimeter. Each stack consists of a 4" hub and spigot soil/waste riser that goes up and down the building. In addition, each stack has a 2" hub and spigot vent stack that goes up and down the building. The buildings storm system consists of eight (8) dome type roof drains. Existing storm piping at the ceiling of the 7th floor were visible consisted of 4" hub and spigot cast iron pipe and fittings. There are four (4) 4" storm risers which also consist of hub and spigot cast iron pipe and fittings. Each riser collects storm drainage from two (2) existing roof drains. Each of the four (4) storm risers share the same column as the existing soil/vent stacks. Existing storm piping at the ceiling of the 7th floor were visible consisted of 4" hub and spigot cast iron pipe and fittings. There are four (4) 4" storm risers which also consist of hub and spigot cast iron pipe and fittings. Each riser collects storm drainage from two (2) existing roof drains. Each of the four (4) storm risers share the same column as the existing soil/vent stacks. The existing natural gas service into the building consists of one (1) incoming 2" high pressure gas main within the basement. The gas main consists of a 2" black steel pipe and pressure regulators. It was observed that the existing gas service supplies three (3) existing gas meters. Meter #1 supplies the pilot for the existing steam boilers burner. Gas Meter #2 serves the boiler burner. Gas meter #3 service the existing restaurant tenant.

SPRK:

The existing fire service into the building consists of one (1) incoming 4" fire service. The fire service consists of a 4" iron pipe with fiberglass type insulation. The fire service includes a 4" meter and then increases from 4" to 8". It was observed that the existing fire service was not equipped with a back-flow preventer. The existing 8" fire service has an existing 8" swing style check valve. The existing fire service includes a 3" bypass. Currently the building is not fully sprinklered. An automatic sprinkler system exists only at the basement level, this is due to it being below grade and as required by the 1968 building code.

The building is equipped with a fire standpipe system. The fire standpipe system consists of two (2) 4" fire standpipe rises each located within each of the existing stairs. The building includes stair A and B. At each of the fire standpipe risers at each floor includes a 2½" hose valve and 125 feet of 1½" fire hose in a cabinet. The existing building also includes an adjacent, open parking garage. The garage is protected via an existing 6" dry pipe, sprinkler alarm valve system, which is located within the building, at the basement level.

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.

HVAC:

- One (1) new 50-ton rooftop RTU to be provided to serve the new Women's Wellness clinic. The unit will comprise of a DX air cooled cooling coil, variable speed supply fan, variable speed return fan, MERV-14 filter in final position, and an airside economizer. The unit will provide a constant 55 degF supply air to the space. The space will be served by variable air volume boxes equipped with hospital grade sound attenuator and hot water reheat coils to maintain space at desired conditions. 2-way hot water control valves to be controlled by wall mounted thermostat.
- Hot water will be provided by one (1) new 500 MBH gas fired or electric boiler. The new Boiler will serve this space and adjacent space (future NYU Pediatric Wellness Clinic).
- One (1) new 3-ton wall mounted split air-cooled system to serve the IDF room. The air-cooled condensing unit to be located on the roof. The new refrigerant piping will be extended from the condenser to the evaporator. A leak detector and alarm to be provided and communicate with BMS System.
- One (1) new 1,100 cfm general and toilet exhaust utility fan to be located on the roof to serve all new toilets, lockers, soiled utility and janitor's closets.

ELEC:

- New utility electrical CT/meter cabinet will be provided with new 120/208V, 800A distribution circuit breaker panel for the new NYU clinic loads. All new tenant panelboards will be located in the tenant electrical room. Large loads from the new 800A panel indicated above are outlined as per the below:

- New 400A circuit shall be installed to the roof for new boiler and heating system loads.
- New 400A circuit shall be installed to the roof for new RTU and condenser.
- New 100A circuit shall be installed to the roof for new electric hot water heater.
- New 200A, 2-section panel shall be installed for all new NYU clinic lighting, receptacles and equipment loads.
- Electric power will be provided to all tenant loads as follows:
 - Receptacle Loads will be energized at 120V, 1Ø
 - Telecom/BMS/Security will be energized at 120V, 1Ø
 - Lighting loads will be energized at 120V, 1Ø
 - Motor loads rated below 1/2HP will be energized at 120V or 208V, 1Ø.
 - Motor loads rated 1/2HP and greater will be energized at 208V, 3Ø.
- Branch circuits will consist of insulated copper conductors in raceway or cable. A minimum of 20-ampere branch circuits will be provided for lighting and power. Minimum wire size will be #12 AWG. Wiring will be copper with type THHN or type THWN insulation rated at 600 volts. Wire sizes #10 AWG and smaller will be solid, wire sizes #8 AWG and larger will be stranded. Branch circuit wiring shall be sized to limit voltage drop to less than 2.0% on the branch circuit. Maximum branch circuit lengths shall be identified on the design drawings. All lighting and power circuits will be provided with dedicated neutrals. All branch circuits serving patient care areas shall be provided with an effective ground-fault current path by installation in a metal raceway for emergency branch circuits. Healthcare Facility MC or AC cable shall be utilized for normal concealed branch circuits in patient care areas. At a minimum, each examination room shall have (4) hospital grade duplex-grounded receptacles convenient to the exam chair as per FGI requirements.
- Each enclosed, single occupancy office, 100 sf or less in area, shall have at least four (4) duplex receptacles, two (2) receptacles in a quad configuration located by the work station and two (2) convenience receptacles on the remaining walls. Hospital grade tamper-resistant duplex grounded type receptacles shall be installed in all areas in sufficient quantities for program requirements. Non-patient care spaces shall be provided with spec-grade tamper resistant devices, unless otherwise required by NYULH. Lighting controls in the building spaces will be provided in accordance with the NY State Energy Code and consist of public corridors, restrooms, and lobbies will be controlled via ceiling mounted dual technology occupancy sensors, a power pack and a low voltage control switch to allow for automatic "on", automatic "off" operation. Lighting in offices, exam rooms, storages and utility rooms will be controlled via wall mounted dual technology vacancy sensors for manual "on", automatic "off" operation. Dimming and daylight harvesting controls as required per Code and user preference. Low voltage dimming shall be provided as required throughout as directed by the program requirements and shall be 0-10V typically. A nurse call system is not required per Code and can be provided should NYULH project wish to provide one at patient toilets.

PLBG:

- The proposed program will require approximately 86 gpm of domestic cold-water consumption for all proposed plumbing fixtures. The domestic cold water to the space shall be served by a new 2½" type 'L' hard drawn copper pipe, wrought copper solder joint fittings, with lead free solder, glass mineral pipe insulation and all surface jacketing (ASJ).
- The domestic water shall provide a minimum of 35 psi to the most hydraulically remote fixture during minimum pressure and maximum flow conditions. The domestic water system shall limit water velocity to 8 fps for main distribution branches, 4 fps on smaller branch legs.
- The proposed program will require approximately 25 gpm of domestic hot-water consumption for all proposed plumbing fixtures. The domestic hot water to the space shall be served by a new 1½" type 'L' hard drawn copper pipe, wrought copper solder joint fittings, with lead free solder, glass mineral pipe insulation and all surface jacketing (ASJ).
- Domestic hot water shall be achieved via two heater options. A natural gas fired water heater, as manufactured by A.O. Smith Cyclone Mxi model #BTH-150 or equal, minimum 95% thermal efficiency, a storage capacity of 100 gallons, an input rating of 150,00 BTU's per hour and a recovery rating of 49 gallon per hour. Water heater shall be equipped with a thermo expansion tank, drip pan, leak detection system with solenoid shut-off valve, gas cut-off and a recirculating pump.
- An electric water heater, as manufactured by A.O. Smith Custom Xi Series, model #DSE-65 or equal, Heater should be rated at 12.3 kW, 208 volts, 3 phase, 50/60 cycle AC, a storage capacity of

- 65 gallons, and a recovery rating of 50 gallon per hour. Water heater shall be equipped with a thermo expansion tank, drip pan, leak detection system with solenoid shut-off valve, gas cut-off and a recirculating pump.
- The new hot water storage tanks will store hot water at a nominal temperature of 140 degrees F. A thermostatic mixing valve shall be provided at the heater to reduce hot water temperature to approximately 120 degrees F. for distribution to plumbing fixtures.
 - A new 1½" hot water distribution main will be extended from the water heater and distribution to all the hot water plumbing fixtures.
 - Domestic hot water shall provide the minimum required pressure to the most hydraulically remote fixture during minimum pressure and maximum flow conditions. The domestic hot water system shall limit water velocity to 8 fps for main distribution branches, 4 fps on smaller branch legs.
 - All new domestic hot water return piping shall be ¾" type 'L' hard drawn copper pipe, wrought copper solder joint fittings, lead free solder, glass mineral insulation and all surface jacketing (ASJ).
 - A new ¾" hot water common return and branch piping will be provided to all plumbing fixtures where required by the NYSECC.
 - The domestic hot water system temperature will be maintained by circulating hot water from the supply circuit.
 - Analysis for branch recirculation will consider flow rates of individual outlets, as well as distance and pipe sizes.
 - Minimize "dead legs" on the domestic hot water systems shall comply with current ECC.
 - The new hot water recirculating system shall be a Bell & Gossett Ecocirc XL 55-45, 25 gpm, 27 TDH, 1/2 HP, 208 volts, single phase circulating pump with aquastat controls as required by the ECC. This circulating pump shall be located and installed at the water heater.
 - Sanitary & Vent
 - All new sanitary/waste and vent piping shall be no-hub cast iron pipe with stainless steel shield and gasket couplings above grade.
 - The pitch of the new drainage system shall be of sufficient velocity to produce a scouring action that will convey all solids along with the liquid stream. Minimum velocity will be 2 fps.
 - The sizing for the sanitary discharge will be based on the maximum discharge flow rate of all connected plumbing fixtures and equipment.
 - Drainage from the new plumbing fixtures, floor drains, and equipment shall be collected and connected to the sanitary system. Ample clean out deck plates shall be provided on the sanitary piping serving all spaces.
 - The venting system shall be designed to limit air pressure fluctuations within the sanitary drainage piping.
 - The sizing of the branch vent piping will be based on the connected fixture units and developed length of vent pipe.
 - Venting of plumbing fixtures shall be collected and connected to the vent system on an individual floor basis and will be connected to a new VTR. The sizing of the branch vent piping will be based on the connected fixture units and developed length of vent pipe.
 - Toilet Rooms Patient, Staff and Visitors shall include wall mounted, back outlet, elongated water closet (1.28 GPF); open front toilet seat; flush valve (1.28 GPF).
 - Lavatory, vitreous china basin, counter; hands free, faucet (.25 GPM per cycle), source of power shall be coordinated with NYULH requirements; carrier with floor anchors for wall mounted; wall carrier for wall mounted; chrome plated pipe wall supplies; chrome plated angle stops; chrome plated escutcheon with set screws; chrome plated P-trap with slip nuts.
 - Staff Break Room shall include stainless steel sink, single bowl, single hole; faucet (2.2 GPM); chrome plated pipe wall supplies; chrome plated angle stops; chrome plated escutcheon with set screws; chrome plated P-trap with slip nuts.
 - Exam Room shall include stainless steel sink, single bowl; faucet (2.2 GPM); chrome plated pipe wall supplies; chrome plated angle stops; chrome plated escutcheon with set screws; chrome plated P-trap with slip nuts. Faucet to be 10" above bottom of sink.
 - Janitors Closet shall include a floor basin, terrazzo, single bowl; faucet (2.2 GPM) Faucet spout, top braced to wall, with bucket hook and threaded hose end with wrist blade handles; cast iron P-trap.

- Phlebotomy and Mothers shall include, stainless steel sink, single bowl, single hole; faucet (2.2 GPM); chrome plated pipe wall supplies; chrome plated angle stops; chrome plated escutcheon with set screws; chrome plated P-trap with slip nuts.
- The existing storm system shall remain as is and will only be modified as required. Any new storm piping shall match existing piping installed. Existing and or new storm piping shall be insulated with vapor barrier, glass mineral, pipe insulation and all surface jacketing (ASJ).
- The new natural gas system shall consist of a new natural gas service with a gas meter as required for the CFH load of all gas fire equipment. Natural gas piping shall be threaded, standard weight, schedule 40, black steel pipe and fittings shall be steel or wrought iron.

SPRK:

- New sprinklers associated piping, hangers and supports will be provided in all areas of the space as required by NYS BC and all applicable standards in accordance with requirements for fully sprinklered building.
- The sprinkler system shall be an automatic wet-pipe type. Given the information available at this time, the program is not anticipated to include elements that require pre-action sprinkler or alternative automatic extinguishing systems.
- Sprinkler heads will be quick / fast response type throughout, unless not permitted by NYS BC and all applicable standards (extra hazard occupancies) or otherwise not suitable for an application (high temperature spaces). Quantity of sprinkler heads shall be determined based on architectural design. It is anticipated that 211 sprinkler heads will be needed.
- The new sprinkler system shall be looped, hydraulically sized for a density of 0.10 GPM over a hydraulically remote area of 1,500 square feet as defined in NFPA for a light hazard occupancy area such as office areas, toilet rooms and pantry areas. Storage and mechanical room areas will be sized for ordinary hazard and hydraulically sized for a density of 0.15 GPM over a hydraulically remote area of 1,500 square feet.

Concealed type sprinklers will be provided in areas with ceilings. Upright sprinklers will be provided in areas without ceilings such as the mechanical spaces. In areas where exposed ductwork or fixed obstructions are located; sprinklers will be provided above and below objects exceeding 48" in width per NFPA requirements.

Describe existing and or new work for fire detection, alarm, and communication systems:

Fire Alarm:

Existing fire alarm devices are limited to just wall & ceiling-mounted speaker strobes, smoke detectors and pull stations at the exit stairs. Existing fire alarm system is an addressable temporal 3 automatic and manual fire alarm system with central office connection, manufactured by Edwards, EST-3 systems. Building fire alarm vendor is Casey Fire Systems.

All new fire alarm devices shall be Edwards or System Sensor and compatible with existing building EST-3 fire alarm system. New ceiling mounted smoke detectors will be installed inside each public space/room and above smoke compartments with remote LED indicators as per Nassau County Fire Marshal requirements. Outside elevator landings for recall elevators. New fire smoke dampers for wall rating protection will be provided with duct smoke detectors and control modules tied into fire alarm system for open/close functions. Control modules with addressable load relays to assure required fire safety operations such as ventilation unit shutdown greater than 2,000cfm and egress door release.

Above ceiling smoke detectors shall be provided at all new mechanical equipment installed in the building since the shared return air plenum is over 2,000cfm. All units will be powered off via relays during fire alarm condition. Existing water flow alarm switches and tamper switches will be re-used and interfaced with the sprinkler system. Carbon monoxide detectors equipped with sounding bases and visible notification will be provided within rooms containing carbon-monoxide producing equipment and on the public corridor of the floor in alarm. Audible annunciation devices (horns) will be located in common spaces such as corridors, open offices and lobbies. Visible annunciation devices (strobes) will be located in common spaces such as corridors, open offices, lobbies, exam rooms, public restrooms, and conference rooms.

If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. Click here to enter text.

New York State Department of Health Certificate of Need Application

Schedule 6

Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. Ultrasound. No Physicist letter required.	
Does the project comply with ADA? If no, list all areas of noncompliance. yes	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	Alteration
Square footages of existing areas, existing floor and or existing building.	23,476 NSF floor plate
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	6,300sf
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Will be sprinklered as part of the work.
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	72'-4"
Building Number of Stories	7
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	No
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	No
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable

**New York State Department of Health
Certificate of Need Application**

Schedule 6

Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	Not Applicable
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	Not Applicable
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	Not Applicable

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS
(For projects not meeting the prerequisites for Self-Certification submission.)

Date:
CON Number:
Facility Name: NYU Women's Wellness Center, Hempstead
Facility ID Number:
Facility Address: 175 Fulton Ave, 7th Floor, Hempstead, NY 11550

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

- 1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents...
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed...
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations...
a. ___ 712 (Standards of Construction for General Hospital Facilities)
b. ___ 713 (Standards of Construction for Nursing Home Facilities)
c. ___ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
d. X 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
e. ___ 716 (Standards of Construction for Rehabilitation Facilities)
f. ___ 717 (Standards of Construction for New Hospice Facilities and Units)

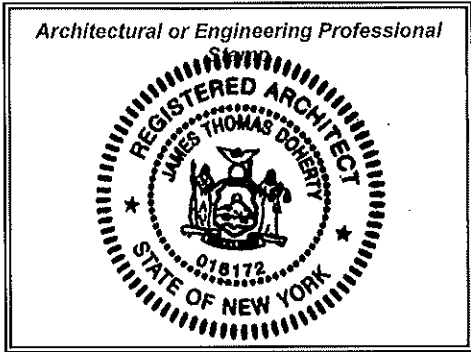
PLEASE NOTE ANY EXCEPTIONS HERE:

- 4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: NYU Women's Wellness Center, Hempstead
Location: 175 Fulton Ave, 7th Floor, Hempstead, NY 11550
Description: Relocation of existing Article 28 Women's Wellness Center from 1 Fulton Ave, Program in kind (6 exam rooms and Supporting Areas)



[Handwritten Signature]

 Signature of Architect or Engineer
 James T. Doherty, AIA

 Name of Architect or Engineer (Print)
 018172

 Professional New York State License Number
 132 West 31st Street, New York, NY 10001

 Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

10/14/24 Date

 Authorized Signature for Applicant
Joseph Greco Name (Print) *EVP + Chief of Hosp. Ops.* Title

Notary signing required for the applicant

STATE OF NEW YORK)

County of Nassau)

) SS:

On the 10 day of Oct., 2024, before me personally appeared Joseph Greco, MD, to me known, who being by me duly sworn, did depose and say that he/she is the EVP + Chief of Hosp. Ops. of the NYU Langone Hospital - Long Island, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) *Lorie A. Pelan*

LORIE A. PELAN
 NOTARY PUBLIC, STATE OF NEW YORK
 No. 01PE6198089
 Qualified in Suffolk County
 Commission Expires December 8, 2024

**New York State Department of Health
 Certificate of Need Application
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

1.) Project Cost Summary data:

	Total	Source
Project Description:		
Project Cost	\$7,186,889	Schedule 8b, column C, line 8
Total Basic Cost of Construction	\$7,186,889	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	\$751,889	Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$787	Schedule 10
Total Operating Cost	\$3,961,302	Schedule 13C, column B
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost	0.00%	Schedule 9
Depreciation Life (in years)	20	

2) Construction Dates

Anticipated Start Date	7/15/2025	Schedule 8B
Anticipated Completion Date	3/30/2026	

**New York State Department of Health
 Certificate of Need Application
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

This schedule is required for all Full or Administrative review applications except Establishment-Only applications

Constants	Value	Comments
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Anticipated Construction Start Date:		as mm/dd/yyyy
Anticipated Midpoint of Construction Date		as mm/dd/yyyy
Anticipated Completion of Construction Date		as mm/dd/yyyy
Year used to compute Current Dollars:		

Subject of attachment	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment.		
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment.		

**New York State Department of Health
 Certificate of Need Application
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$5,000,000	\$0	\$5,000,000
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$33,000	\$0	\$33,000
3.1 Design Contingency	\$22,000	\$0	\$22,000
3.2 Construction Contingency	\$500,000	\$0	\$500,000
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$220,000	\$0	\$220,000
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$150,000	\$0	\$150,000
Subtotal (Total 1.1 thru 4.5)	\$5,925,000	\$0	\$5,925,000
5.1 Movable Equipment (from Sched 11)	\$751,889	\$0	\$751,889
5.2 Telecommunications	\$510,000	\$0	\$510,000
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$7,186,889	\$0	\$7,186,889
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$7,186,889	\$0	\$7,186,889
Application fees:			
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$0		\$0
9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)			
Enter Multiplier ie: .25% = .0025 --> <input type="text" value="0.03"/>	\$215,607	\$0	\$215,607
10 Total Project Cost with fees	\$7,402,496	\$0	\$7,402,496

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43). Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

Indicate if this project is: New Construction: **OR** Renovation:

Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. <i>Current</i> (un-escalated)	(F x G) Construction Cost TOTAL <i>Current</i> sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
		7	903	Admitting	120	\$94,488		
		7	923	Lobby/Waiting/Public Entrance	890	\$700,787		
		7	920	Public Areas	715	\$562,992		
		7	946	Staff Lockers	75	\$59,055		
		7	944	Medical Supplies/Central Services/Storage	225	\$177,165		
		7	931	Supervising Physicians' Offices (Hospital Physicians involved in	205	\$161,417		
		7	908	Medical/Social Services	90	\$70,866		
		7	475	Nursing O/P	595	\$468,504		
		7	508	Ultrasound	290	\$228,346		
		7	921	Cafeteria	250	\$196,850		
		7	201	Blood Services	175	\$137,795		
		7	704	General Baseline (Includes Medical Staff)	550	\$433,071		

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

A		B	D	E	F	G	H	I
Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. <i>Current</i> (un-escalated)	(F x G) Construction Cost TOTAL <i>Current</i> sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
		7	905	Administrative Personnel	630	\$496,063		
			980	Other Functions	1540	\$1,212,598		
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
Totals for Whole Project:					6350	\$ 5,000,000	\$ 787.40	

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
---	---------------------------------	---

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator.engineer,

SIGNATURE		DATE	
<i>Jennifer Calin</i>		10/2/2024	
PRINT NAME		TITLE	
Jennifer Calin		SPM	
NAME OF FIRM			
NYULH			
STREET & NUMBER			
One Park Ave			
CITY	STATE	ZIP	PHONE NUMBER
NY	NY	10016	646-799-2901

Datasheet

The following items that have the same product association in your project are represented with individual datasheets due to differentiating attributes for the same product in your project.

Attribute(s) impacted will be denoted by an asterisk (*) for different values and italics for custom values if multiple instances are listed.

# of Datasheets	Product Quantity	Page #	Atta3 ID	Atta ID	Ref ID 1	Ref ID 2	CAD ID	Alt ID	MFR	Model	Category	Subcategory
2	5	10	GLV-DC486	6364-013			GLV0048		Omnimed, Inc	305302-1 Stainless Steel	Dispenser, Glove	Triple Box
2	2	37	REF-365B3	9589-004			REF1794		Follett LLC	REF4P	Refrigerator	Medical Grade, Undercounter
2	2	41	TBL-59B0D	5936-006			TBL0179		Midmark Corporation - Medical	Ritter 230 Universal (Receptacle, Seamless Top)	Table, Exam/Treatme nt	Powered
2	2	48	WMR-EAD81	4666-017			WMR0088		Parker Laboratories Inc.	Thermasonic 82- 03 LED (3-Bottle)	Warmer	Gel/Wax/Lotion

Model:
Category: Dispenser
Subcategory: Paper Towel, Surface Mount
Manufacturer:
Catalog #:

Atta 3 ID: DSP-38E68
Atta ID: 6084-000
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: Yes
Furnish Install: Owner / Contractor	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 10.8120	Left (in.): N/A
Depth (in.): 4.9370	Right (in.): N/A
Height (in.): 14.0620	Front (in.): N/A
Product Weight (lbs): 5.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Model:
Category: Disposal, Sharps
Subcategory: Floor Cart
Manufacturer:
Catalog #:

Atta 3 ID: DIS-AA09D
Atta ID: 6457-000
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 15.2500	Left (in.): N/A
Depth (in.): 22.7500	Right (in.): N/A
Height (in.): 31.0000	Front (in.): N/A
Product Weight (lbs): 30.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Model:
Category: Stool
Subcategory: Exam, Cushion-Seat
Manufacturer:
Catalog #:

Atta 3 ID: STL-E3828
Atta ID: 4414-000
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 23.5000	Left (in.): N/A
Depth (in.): 23.5000	Right (in.): N/A
Height (in.): 23.7500	Front (in.): N/A
Product Weight (lbs): 16.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Model:
Category: Dispenser
Subcategory: Paper Towel, Surface Mount
Manufacturer:
Catalog #: 09746

Atta 3 ID: DSP-5EAAE
Atta ID: F-2099779F28
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA:
Critical Path: No	Antimicrobial:
Type: Non-Medical	Green:
Furnish Install: Owner / Contractor	

Electrical Requirements

Volts: N/A	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit:
UPS: N/A	Plug Type:
Emerg. Power: No	Plug Detail:
Other Volts Avail.:	Electrical Phase:
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.):	Left (in.): N/A
Depth (in.):	Right (in.): N/A
Height (in.):	Front (in.): N/A
Product Weight (lbs):	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting:	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold:	Gas Type: N/A
Water - Hot:	Gas Location:
Water - Treated:	Medical Gas:
Drain:	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam:	Dissipation Type:
Vacuum - Den. / Med.: /	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic:	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: N/A	Network: N/A
Connection Type: N/A	System: N/A
Technical Connection notes:	



Model: 1201-LU/XT Tall Height
Category: Chair, Clinical
Subcategory: Blood Draw
Manufacturer: Custom Comfort Medtek
Catalog #: 1201-LU/XT

Atta 3 ID: CHA-26FB1
Atta ID: 3600-008
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 35.0000	Left (in.): N/A
Depth (in.): 29.0000	Right (in.): N/A
Height (in.): 41.0000	Front (in.): N/A
Product Weight (lbs): 110.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network: N/A
Connection Type: N/A	System: N/A
Technical Connection notes:	



Model: 1883456 Slim Jim Front Step 8 Gal./Beige
Category: Waste Can
Subcategory: Step-On
Manufacturer: Rubbermaid Commercial Products
Catalog #: 1883456

Atta 3 ID: WST-02BD9
Atta ID: 4920-091
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 16.7000	Left (in.): N/A
Depth (in.): 10.6000	Right (in.): N/A
Height (in.): 21.1000	Front (in.): N/A
Product Weight (lbs): 7.9500	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: 1883564 Slim Jim Front Step 8 Gal Red
Category: Waste Can
Subcategory: Bio-Hazardous
Manufacturer: Rubbermaid Commercial Products
Catalog #: 1883564

Atta 3 ID: WST-F4C1F
Atta ID: 4687-070
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 16.7000	Left (in.): N/A
Depth (in.): 10.6000	Right (in.): N/A
Height (in.): 21.2000	Front (in.): N/A
Product Weight (lbs): 6.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: 1883570 Slim Jim Resin Front Step 24 Gal/Red
Category: Waste Can
Subcategory: Bio-Hazardous
Manufacturer: Rubbermaid Commercial Products
Catalog #: 1883570

Atta 3 ID: WST-46913
Atta ID: 4687-063
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 22.4000	Left (in.): N/A
Depth (in.): 13.9000	Right (in.): N/A
Height (in.): 32.5000	Front (in.): N/A
Product Weight (lbs): 13.4000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: 305302-1 Stainless Steel
Category: Dispenser, Glove
Subcategory: Triple Box
Manufacturer: Omnimed, Inc
Catalog #: 305302 *

Atta 3 ID: GLV-DC486
Atta ID: 6364-013
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 9.7500	Left (in.): N/A
Depth (in.): 3.5000	Right (in.): N/A
Height (in.): 15.0000	Front (in.): N/A
Product Weight (lbs): 4.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: 305302-1 Stainless Steel
Category: Dispenser, Glove
Subcategory: Triple Box
Manufacturer: Omnimed, Inc
Catalog #: 305302-1 *

Atta 3 ID: GLV-DC486
Atta ID: 6364-013
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 9.7500	Left (in.): N/A
Depth (in.): 3.5000	Right (in.): N/A
Height (in.): 15.0000	Front (in.): N/A
Product Weight (lbs): 4.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: 767 Mobile Aneroid w/ Adult Cuff
Category: Sphygmomanometer
Subcategory: Aneroid, Mobile
Manufacturer: Baxter - Hillrom, Welch Allyn, Inc.
Catalog #: 7670-03

Atta 3 ID: SPH-A8FED
Atta ID: 4347-001
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 23.0000	Left (in.): N/A
Depth (in.): 23.0000	Right (in.): N/A
Height (in.): 46.0000	Front (in.): N/A
Product Weight (lbs): 14.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Model: 777-PM3WCX-US
Category: Diagnostic System
Subcategory: Integrated
Manufacturer: Baxter - Hillrom, Welch Allyn, Inc.
Catalog #: 777-PM3WCX-US

Atta 3 ID: IDS-98803
Atta ID: 8794-035
JSN:
RefID 1:
RefID 2:



General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 34.5700	Left (in.): N/A
Depth (in.): 9.6500	Right (in.): N/A
Height (in.): 12.6800	Front (in.): N/A
Product Weight (lbs): 21.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 110	Watts: 5.0000
Hz: 60	Amps: 0.0500
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Basic Surface Mounted
Category: Cabinet, Storage, Clinical
Subcategory: Defibrillator
Manufacturer: Philips Healthcare - Cardiology
Catalog #: 989803136531

Atta 3 ID: CST-BF7C5
Atta ID: 7347-002
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 16.5000	Left (in.): N/A
Depth (in.): 6.0000	Right (in.): N/A
Height (in.): 15.0000	Front (in.): N/A
Product Weight (lbs): 12.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: Yes	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Bio Systems C-02RES-0203 w/ Cabinet
Category: Disposal, Sharps
Subcategory: Wall Mount
Manufacturer:Stericycle
Catalog #: C-02RES-0203 / OC-02-2004

Atta 3 ID: DIS-BDBC4
Atta ID: 3723-034
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 14.5000	Left (in.): N/A
Depth (in.): 5.7500	Right (in.): N/A
Height (in.): 15.2500	Front (in.): N/A
Product Weight (lbs): 14.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Bio Systems C-02RES-0203-OC
Category: Disposal, Sharps
Subcategory: Wall Mount
Manufacturer:Stericycle
Catalog #: C-02RES-0203-OC

Atta 3 ID: DIS-41984
Atta ID: 3723-024
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 14.5000	Left (in.): N/A
Depth (in.): 5.7500	Right (in.): N/A
Height (in.): 15.5000	Front (in.): N/A
Product Weight (lbs): 12.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Bio Systems C-04RES-04 w/Locking Bracket
Category: Disposal, Sharps
Subcategory: Wall Mount
Manufacturer:Stericycle
Catalog #: C-04RES-04/WB-04

Atta 3 ID: DIS-78E5E
Atta ID: 3723-035
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 13.7500	Left (in.): N/A
Depth (in.): 7.7500	Right (in.): N/A
Height (in.): 21.2500	Front (in.): N/A
Product Weight (lbs): 13.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: C-PHL-1320H
Category: Cart, Procedure
Subcategory: Phlebotomy
Manufacturer: CentiCare Corporation
Catalog #: C-PHL-1320H

Atta 3 ID: PRC-4E5A0
Atta ID: 7026-025
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: Yes
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 23.0000	Left (in.): N/A
Depth (in.): 23.0000	Right (in.): N/A
Height (in.): 55.0000	Front (in.): N/A
Product Weight (lbs): 24.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: Clinitek Status Connect System
Category: Analyzer, Lab
Subcategory: Urinalysis, Semi-Automated
Manufacturer: Siemens Healthcare Diagnostics
Catalog #: 1797

Atta 3 ID: ANA-336BF
Atta ID: 6133-015
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts: 110	Watts: N/A
Hz: 60	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 6.7000	Left (in.): N/A
Depth (in.): 10.7000	Right (in.): N/A
Height (in.): 7.5000	Front (in.): N/A
Product Weight (lbs): 5.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	



Model: Corometrics 170
Category: Monitor, O.B.
Subcategory: Antepartum, Fetal
Manufacturer: GE Healthcare - Monitoring Systems
Catalog #: 2091059-001-502985

Atta 3 ID: MOB-81C8E
Atta ID: 6297-013
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 16.7500	Left (in.): N/A
Depth (in.): 10.0000	Right (in.): N/A
Height (in.): 5.7500	Front (in.): N/A
Product Weight (lbs): 8.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 30.0000
Hz: 60	Amps: 2.5000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: EZ11PLUS with Printer
Category: Sterilizer
Subcategory: Countertop
Manufacturer: Tuttnauer USA Co, Ltd.
Catalog #: EZ11PLUS-P

Atta 3 ID: STE-6CEA2
Atta ID: 4384-053
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 20.9000	Left (in.): N/A
Depth (in.): 24.8000	Right (in.): N/A
Height (in.): 17.3000	Front (in.): N/A
Product Weight (lbs): 126.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 1400.0000
Hz: 60	Amps: 12.0000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Model: EarlyVue VS30
Category: Monitor, Physiologic
Subcategory: Vital Signs
Manufacturer:
Catalog #:

Atta 3 ID: MON-35B42
Atta ID: F-EB4C6264C9
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA:
Critical Path: No	Antimicrobial:
Type: Non-Medical	Green:
Furnish Install: Unassigned / Unassigned	

Electrical Requirements

Volts: N/A	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit:
UPS: N/A	Plug Type:
Emerg. Power: No	Plug Detail:
Other Volts Avail.:	Electrical Phase:
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.):	Left (in.): N/A
Depth (in.):	Right (in.): N/A
Height (in.):	Front (in.): N/A
Product Weight (lbs):	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting:	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold:	Gas Type: N/A
Water - Hot:	Gas Location:
Water - Treated:	Medical Gas:
Drain:	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam:	Dissipation Type:
Vacuum - Den. / Med.: /	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic:	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: N/A	Network: N/A
Connection Type: N/A	System: N/A
Technical Connection notes:	



Model: EarlyVue VS30 w/ Premium Rollstand
Category: Monitor, Physiologic
Subcategory: Vital Signs, w/Stand
Manufacturer: Philips Healthcare - Monitoring Systems
Catalog #: 863380/989803176601

Atta 3 ID: MON-D2112
Atta ID: 4071-092
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 22.5000	Left (in.): N/A
Depth (in.): 22.5000	Right (in.): N/A
Height (in.): 51.0550	Front (in.): N/A
Product Weight (lbs): 13.2250	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 60.0000
Hz: 60	Amps: 0.5000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Model:FZR4P-KP-00 ADA Performance Plus w/Keypad
Category: Freezer
Subcategory: Laboratory, Undercounter
Manufacturer:
Catalog #:

Atta 3 ID: FRZ-4CED1
Atta ID: F-7A434DDC5D
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA:
Critical Path: No	Antimicrobial:
Type: Non-Medical	Green:
Furnish Install: Owner / Contractor	

Electrical Requirements

Volts: N/A	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit:
UPS: N/A	Plug Type:
Emerg. Power: Yes	Plug Detail:
Other Volts Avail.:	Electrical Phase:
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.):	Left (in.): N/A
Depth (in.):	Right (in.): N/A
Height (in.):	Front (in.): N/A
Product Weight (lbs):	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting:	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold:	Gas Type: N/A
Water - Hot:	Gas Location:
Water - Treated:	Medical Gas:
Drain:	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam:	Dissipation Type:
Vacuum - Den. / Med.: /	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic:	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: N/A	Network: N/A
Connection Type: N/A	System: N/A
Technical Connection notes:	



Model: Green Series 777 [77791-2MPX]
Category: Diagnostic System
Subcategory: Integrated
Manufacturer: Baxter - Hillrom, Welch Allyn, Inc.
Catalog #: 77791-2MPX

Atta 3 ID: IDS-C67FC
Atta ID: 8794-002
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: Yes
Furnish Install: Owner / Contractor	

Electrical Requirements

Volts: 120	Watts: 22.0000
Hz: 60	Amps: 0.2000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 30.0000	Left (in.): N/A
Depth (in.): 9.5000	Right (in.): N/A
Height (in.): 11.7500	Front (in.): N/A
Product Weight (lbs): 25.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: Yes	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: Green Series Exam Light IV
Category: Light, Exam/Procedure
Subcategory: Single, Table Mount
Manufacturer: Baxter - Hillrom, Welch Allyn, Inc.
Catalog #: 48810-M4001

Atta 3 ID: LIG-07E73
Atta ID: 3958-010
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: Yes
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 3.9400	Left (in.): N/A
Depth (in.): 3.1500	Right (in.): N/A
Height (in.): 10.8300	Front (in.): N/A
Product Weight (lbs): 5.3000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 36.0000
Hz: 60	Amps: 0.3000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:HAG Capisco 8106 w/Rubber Casters (Hard Floors)
Category: Chair, Clinical
Subcategory: Exam, Ultrasound
Manufacturer:Sound Ergonomics LLC
Catalog #: CECS

Atta 3 ID: CHA-20CFC
Atta ID: 8117-004
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: Yes
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 28.7400	Left (in.): N/A
Depth (in.): 28.7400	Right (in.): N/A
Height (in.): 50.0000	Front (in.): N/A
Product Weight (lbs): 30.8600	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model:HAG Capisco Saddle Seat w/Back
Category: Chair, Clinical
Subcategory: Exam, Ultrasound
Manufacturer:izyy+ (Out of Business)
Catalog #: H8106

Atta 3 ID: CHA-E2031
Atta ID: 8117-003
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: Yes
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 23.5000	Left (in.): N/A
Depth (in.): 19.5000	Right (in.): N/A
Height (in.): 42.5000	Front (in.): N/A
Product Weight (lbs): 26.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model:HeartStart FRx
Category: Defibrillator
Subcategory: Automatic, Advisory
Manufacturer:Philips Healthcare - Cardiology
Catalog #: 861304

Atta 3 ID: DFB-AD072
Atta ID: 5088-001
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 9.0000	Left (in.): N/A
Depth (in.): 7.2500	Right (in.): N/A
Height (in.): 2.5000	Front (in.): N/A
Product Weight (lbs): 4.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Horizon 24 Flex
Category: Centrifuge
Subcategory: General Purpose, Countertop
Manufacturer: Drucker Diagnostics
Catalog #: 00-384-009-000

Atta 3 ID: CEN-ED3BE
Atta ID: 3598-160
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 15.0000	Left (in.): N/A
Depth (in.): 17.0000	Right (in.): N/A
Height (in.): 9.0000	Front (in.): N/A
Product Weight (lbs): 39.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 220.0000
Hz: 60	Amps: 1.9000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:MAC 5 A4
Category: Electrocardiograph (ECG)
Subcategory: Interpretive
Manufacturer:GE Healthcare - Cardiology
Catalog #:

Atta 3 ID: ECG-2009A
Atta ID: 3768-097
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 14.2000	Left (in.): N/A
Depth (in.): 12.4000	Right (in.): N/A
Height (in.): 4.5000	Front (in.): N/A
Product Weight (lbs): 7.9360	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 75.0000
Hz: 60	Amps: 0.6200
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Model:N7516
Category: Stand, IV
Subcategory: Chrome
Manufacturer:
Catalog #: N7516

Atta 3 ID: IVS-85438
Atta ID: F-B98EACED54
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA:
Critical Path: No	Antimicrobial:
Type: Non-Medical	Green:
Furnish Install: Owner / Owner	

Electrical Requirements

Volts: N/A	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit:
UPS: N/A	Plug Type:
Emerg. Power: No	Plug Detail:
Other Volts Avail.:	Electrical Phase:
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.):	Left (in.): N/A
Depth (in.):	Right (in.): N/A
Height (in.):	Front (in.): N/A
Product Weight (lbs):	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting:	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold:	Gas Type: N/A
Water - Hot:	Gas Location:
Water - Treated:	Medical Gas:
Drain:	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam:	Dissipation Type:
Vacuum - Den. / Med.: /	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic:	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: N/A	Network: N/A
Connection Type: N/A	System: N/A
Technical Connection notes:	



Model:P-1069-A-SS (16x21 tray)
Category: Stand, Mayo
Subcategory: Thumb-Operated
Manufacturer:Pedigo Products, Inc
Catalog #: P-1069-A-SS

Atta 3 ID: MAY-3E9E9
Atta ID: 6262-007
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 21.2500	Left (in.): N/A
Depth (in.): 16.2500	Right (in.): N/A
Height (in.): 53.0000	Front (in.): N/A
Product Weight (lbs): 34.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: Provon FMX-20 Dove Gray (5260-06)
Category: Dispenser
Subcategory: Soap, Wall Mount
Manufacturer: GOJO Industries
Catalog #: 5260-06

Atta 3 ID: DSP-CCE7C
Atta ID: 5868-063
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: Yes
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 7.0000	Left (in.): N/A
Depth (in.): 5.2500	Right (in.): N/A
Height (in.): 11.7500	Front (in.): N/A
Product Weight (lbs): 2.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Provon TFX Touch Free (2745-12)
Category: Dispenser
Subcategory: Soap, Wall Mount
Manufacturer: GOJO Industries
Catalog #: 2745-12

Atta 3 ID: DSP-1FB23
Atta ID: 5868-036
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: Yes
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 6.0000	Left (in.): N/A
Depth (in.): 4.0500	Right (in.): N/A
Height (in.): 10.5800	Front (in.): N/A
Product Weight (lbs): 2.1900	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Purell TFX Touch Free (2720-12)
Category: Dispenser
Subcategory: Hand Sanitizer, Wall Mount
Manufacturer:GOJO Industries
Catalog #: 2720-12

Atta 3 ID: DSP-55C2F
Atta ID: 5869-012
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 01-Fixed Equipment	ADA: Yes
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Contractor	

Physical Requirements

Width (in.): 6.0000	Left (in.): N/A
Depth (in.): 4.0500	Right (in.): N/A
Height (in.): 10.5800	Front (in.): N/A
Product Weight (lbs): 2.1900	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Wall	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: REF4P
Category: Refrigerator
Subcategory: Medical Grade, Undercounter
Manufacturer: Follett LLC
Catalog #: REF4P *

Atta 3 ID: REF-365B3
Atta ID: 9589-004
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: Yes
Critical Path: No	Antimicrobial: Yes
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 23.7500	Left (in.): N/A
Depth (in.): 27.0000	Right (in.): N/A
Height (in.): 31.3800	Front (in.): N/A
Product Weight (lbs): 170.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 472.0000
Hz: 60	Amps: 4.1000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: Yes *	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: 2185.0000	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: 2185.0000
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: REF4P
Category: Refrigerator
Subcategory: Medical Grade, Undercounter
Manufacturer: Follett LLC
Catalog #: REF4P-KP-00 *

Atta 3 ID: REF-365B3
Atta ID: 9589-004
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: Yes
Critical Path: No	Antimicrobial: Yes
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 23.7500	Left (in.): N/A
Depth (in.): 27.0000	Right (in.): N/A
Height (in.): 31.3800	Front (in.): N/A
Product Weight (lbs): 170.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 472.0000
Hz: 60	Amps: 4.1000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No *	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: 2185.0000	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: 2185.0000
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Rad-5 (SpO2 Only)
Category: Oximeter
Subcategory: Pulse, Hand Held
Manufacturer:Masimo Corp.
Catalog #: 9196

Atta 3 ID: OXM-6C65C
Atta ID: 4109-019
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 3.0000	Left (in.): N/A
Depth (in.): 6.2000	Right (in.): N/A
Height (in.): 1.4000	Front (in.): N/A
Product Weight (lbs): 0.8120	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Ritter 225 Barrier Free (Seamless Top)
Category: Table, Exam/Treatment
Subcategory: Powered
Manufacturer:Midmark Corporation - Medical
Catalog #: 225-003/002-2009-XXX

Atta 3 ID: TBL-439E0
Atta ID: 5936-012
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: Yes
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 28.0000	Left (in.): N/A
Depth (in.): 76.0000	Right (in.): N/A
Height (in.): 37.0000	Front (in.): N/A
Product Weight (lbs): 409.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: Yes	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 1323.0000
Hz: 60	Amps: 11.5000
KVA:	Circuit: Yes
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Ritter 230 Universal (Receptacle, Seamless Top)
Category: Table, Exam/Treatment
Subcategory: Powered
Manufacturer:Midmark Corporation - Medical
Catalog #: 230-002/002-0824

Atta 3 ID: TBL-59B0D
Atta ID: 5936-006
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 28.0000	Left (in.): N/A
Depth (in.): 84.0000	Right (in.): N/A
Height (in.): 40.0000	Front (in.): N/A
Product Weight (lbs): 455.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 1150.0000
Hz: 60	Amps: 10.0000
KVA:	Circuit: Yes
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Ritter 230 Universal (Receptacle, Seamless Top)
Category: Table, Exam/Treatment
Subcategory: Powered
Manufacturer:Midmark Corporation - Medical
Catalog #: 230-002/002-0824

Atta 3 ID: TBL-59B0D
Atta ID: 5936-006
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 28.0000	Left (in.): N/A
Depth (in.): 84.0000	Right (in.): N/A
Height (in.): 40.0000	Front (in.): N/A
Product Weight (lbs): 455.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: Yes	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 1150.0000
Hz: 60	Amps: 10.0000
KVA:	Circuit: Yes
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:Ritter 250 LED w/Stand
Category: Light, Exam/Procedure
Subcategory: Single, Floor
Manufacturer:Midmark Corporation - Medical
Catalog #: 250-002

Atta 3 ID: LIG-5F019
Atta ID: 3963-047
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 13.0000	Left (in.): N/A
Depth (in.): 13.0000	Right (in.): N/A
Height (in.): 60.0000	Front (in.): N/A
Product Weight (lbs): 20.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 115	Watts: 13.8000
Hz: 60	Amps: 0.1200
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Slim Jim Resin Front Step 13 Gal/Beige
Category: Waste Can
Subcategory: Step-On
Manufacturer: Rubbermaid Commercial Products
Catalog #: 1883458

Atta 3 ID: WST-B15B2
Atta ID: 4920-087
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 17.9000	Left (in.): N/A
Depth (in.): 11.5000	Right (in.): N/A
Height (in.): 28.3000	Front (in.): N/A
Product Weight (lbs): 8.5000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: Slim Jim Vented 16 Gal/Gray
Category: Waste Can
Subcategory: Open Top
Manufacturer: Rubbermaid Commercial Products
Catalog #: 1971258

Atta 3 ID: WST-4A1F8
Atta ID: 4688-081
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 11.0000	Left (in.): N/A
Depth (in.): 22.0000	Right (in.): N/A
Height (in.): 25.0000	Front (in.): N/A
Product Weight (lbs): 7.8000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: StatStrip Wireless Glucose Hospital Mtr w/Dock Stn
Category: Analyzer, Lab
Subcategory: Glucose, Point-of-Care
Manufacturer: Nova Biomedical
Catalog #: 54790 / 53400

Atta 3 ID: ANA-DE601
Atta ID: 3355-011
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 3.1000	Left (in.): N/A
Depth (in.): 1.1800	Right (in.): N/A
Height (in.): 5.8000	Front (in.): N/A
Product Weight (lbs): 0.4900	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	

Electrical Requirements

Volts: 110	Watts: 66.0000
Hz: 60	Amps: 0.6000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Super Erecta Stainless 48x24x74 (5-Tier)
Category: Shelving
Subcategory: Solid, Stainless Steel, 48 inch
Manufacturer: InterMetro Industries Corp
Catalog #: (5)2448NFS/(4)74PS

Atta 3 ID: SHL-BA315
Atta ID: 8865-003
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: Yes
Arch Code: 03-Movable Non-Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Non-Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 48.0000	Left (in.): N/A
Depth (in.): 24.0000	Right (in.): N/A
Height (in.): 74.5000	Front (in.): N/A
Product Weight (lbs): 136.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: Yes	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	



Model: Thermasonic 82-03 LED (3-Bottle)
Category: Warmer
Subcategory: Gel/Wax/Lotion
Manufacturer: Parker Laboratories Inc.
Catalog #: 82-03

Atta 3 ID: WMR-EAD81
Atta ID: 4666-017
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 7.2500	Left (in.): N/A
Depth (in.): 4.5000	Right (in.): N/A
Height (in.): 8.5000	Front (in.): N/A
Product Weight (lbs): 3.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 20.0000
Hz: 60	Amps: 0.1700
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Thermasonic 82-03 LED (3-Bottle)
Category: Warmer
Subcategory: Gel/Wax/Lotion
Manufacturer: Parker Laboratories Inc.
Catalog #: 82-03

Atta 3 ID: WMR-EAD81
Atta ID: 4666-017
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 7.2500	Left (in.): N/A
Depth (in.): 4.5000	Right (in.): N/A
Height (in.): 8.5000	Front (in.): N/A
Product Weight (lbs): 3.0000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Counter/Cart/Table/Pole	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 31.0000
Hz: 60	Amps: 0.2600
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Trophon 2 w/Printer, Cart
Category: Washer/Disinfector
Subcategory: Transducer
Manufacturer: Nanosonics Inc.
Catalog #: N05000/N00048-NNA/N05010

Atta 3 ID: WSR-3BBA0
Atta ID: 8793-006
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 21.0000	Left (in.): N/A
Depth (in.): 22.5000	Right (in.): N/A
Height (in.): 57.5000	Front (in.): N/A
Product Weight (lbs): 101.5000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 720.0000
Hz: 60	Amps: 6.0000
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: Single Phase
BTU/hr: N/A	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model: Voluson E10 BT21
Category: Ultrasound, Imaging
Subcategory: OB/GYN
Manufacturer: GE Healthcare - Imaging Systems
Catalog #:

Atta 3 ID: ULT-E14AF
Atta ID: 5479-030
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: Yes	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Physical Requirements

Width (in.): 22.8000	Left (in.): N/A
Depth (in.): 37.0000	Right (in.): N/A
Height (in.): 65.7000	Front (in.): N/A
Product Weight (lbs): 324.1000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor - Mobile	Bottom (in.): N/A
Specification notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: Data	System:
Technical Connection notes:	

Electrical Requirements

Volts: 120	Watts: 800.0000
Hz: 60	Amps: 6.6600
KVA:	Circuit: No
UPS: N/A	Plug Type: Type B (Nema 5-15)
Emerg. Power: No	Plug Detail:
Other Volts Avail.: Yes	Electrical Phase: Single Phase
BTU/hr: 2730.0000	
Electrical notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: 2730.0000
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	



Model:seca 797 KG-only
Category: Scale, Clinical
Subcategory: Adult, Digital, Floor
Manufacturer:Seca Corporation
Catalog #: 7971721004

Atta 3 ID: SCL-FB8C1
Atta ID: 4266-189
JSN:
RefID 1:
RefID 2:

General Production Detail

Arch Sig: No	Spatial Sig: No
Arch Code: 02-Movable Electrical	ADA: No
Critical Path: No	Antimicrobial: No
Type: Medical	Green: No
Furnish Install: Owner / Owner	

Electrical Requirements

Volts:	Watts: N/A
Hz: N/A	Amps: N/A
KVA:	Circuit: No
UPS: N/A	Plug Type: N/A
Emerg. Power: No	Plug Detail:
Other Volts Avail.: No	Electrical Phase: N/A
BTU/hr: N/A	
Electrical notes:	

Physical Requirements

Width (in.): 16.1000	Left (in.): N/A
Depth (in.): 22.7000	Right (in.): N/A
Height (in.): 53.4000	Front (in.): N/A
Product Weight (lbs): 28.9000	Back (in.): N/A
Max Operating Weight (lbs):	Top (in.): N/A
Mounting: Floor	Bottom (in.): N/A
Specification notes:	

Utility Requirements

Water - Cold: No	Gas Type:
Water - Hot: No	Gas Location:
Water - Treated: No	Medical Gas: No
Drain: No	Vent Type:
Drain Location:	Heat Dissipation: N/A
Steam: No	Dissipation Type: Actual
Vacuum - Den. / Med.: No/No	
Plumbing notes:	
Mechanical notes:	

Structural Requirements

Seismic: No	OPA #:
	Pre-Approval:
Structural notes:	

Technology Requirements

Patient Data: No	Network:
Connection Type: N/A	System:
Technical Connection notes:	

Schedule 13 All Article 28 Facilities

Contents:

- Schedule 13 A - Assurances
- Schedule 13 B - Staffing
- Schedule 13 C - Annual Operating Costs
- Schedule 13 D - Annual Operating Revenue

**New York State Department of Health
Certificate of Need Application**

Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

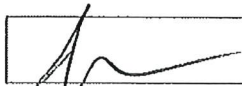
Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

10/9/24



Signature:

Joseph Greco, M.D.

Name (Please Type)

Executive VP and Chief of Operations

Title (Please type)

NYU Long Island
Women's Wellness
Schedule 13 B-1: Staffing

Staffing Categories	13B-1		
	Current Year	First Year Total Budget	Third Year Total Budget
1. Management & Supervision	-	-	-
2. Technican & Specialist	-	-	-
3. Registered Nurses	-	-	-
4. Licensed Practice Nurses	-	-	-
5. Aides, Orderlies, & Attendants	-	-	-
6. Physicians	-	-	-
7. PGY physicians	-	-	-
8. Physicians' Assistants	-	-	-
9. Nurse Practitioners	-	-	-
10. Nurse Midwife	-	-	-
11. Social Workers & Psychologist	-	-	-
12. Physical Therapists & PT Assistants	-	-	-
13. Occupational Therapists & OT Assistants	-	-	-
14. Speech Therapists & Speech Assistants	-	-	-
15. Other Therapists and Assistants	-	-	-
16. Infection Control, Environmental & Food Service	-	-	-
17. Clerical & Other Administrative	-	-	-
18. Other - Private Practices, Non-Reimb Personnel	-	-	-
19. Other - Health Prof	-	-	-
20. Other Dieticians	-	-	-
Total	24.5	25.0	30.2

Schedule 16 CON Forms Specific to Hospitals Article 28

Contents:

- **Schedule 16 A - Hospital Program Information**
- **Schedule 16 B - Hospital Community Need**
- **Schedule 16 C - Impact of CON Application on Hospital Operating Certificate**
- **Schedule 16 D - Hospital Outpatient Departments**
- **Schedule 16 E - Hospital Utilization**
- **Schedule 16 F - Hospital Facility Access**

Schedule 16 A. Hospital Program Information

See “Schedules Required for Each Type of CON” to determine when this form is required.

Instructions: Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

The NYU Langone Hospital-Long Island Women's Wellness Center is an existing Extension Clinic certified under Article 28 of the the New York State Public Health Laws. Through implementation of this project, the LI Women's Health Center will continue to comply with federal and state regulations pertaining to the patient care environment. Please also refer to the Executive Summary and the Architectural Narrative. Both documents provide details concerning this project.

For Hospital-Based -Ambulatory Surgery Projects:
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category
N/A

For Hospital-Based -Ambulatory Surgery Projects:
Please provide the following information:

Number and Type of Operating Rooms:

- Current: 0
- To be added: 0
- Total ORs upon Completion of the Project: **0**

Number and Type of Procedure Rooms:

- Current: 0
- To be added: 0

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Schedule 16A

- Total Procedure Rooms upon Completion of the Project: **0**

Schedule 16 B. Community Need

See "Schedules Required for Each Type of CON" to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The relevant service area for this project is Nassau County.

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

According to the New York State Department of Health, the 2022 population of Nassau County was 1,383,726 with 50.79 % being female and of these 10% were aged 65 years of age and older. 86% of the patients using this clinic identified as being Hispanic/Latina and 12% identified as Black.

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

Currently, there were 12,465 visits at this location and the visit volume is expected to increase to 14,636 after the first year and to 17,070 by year 3.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

This project will continue to provide the current services at its new location, but will co-locate the Women's Wellness Clinic with the Hempstead Pediatrics Clinic. This co-location will enhance the patient experience for several medically underserved groups by providing immediate and easy access to multiple healthcare services for families in one convenient location. The Women's Wellness Clinic will be located next to the Hempstead Pediatrics Clinic, allowing women and their children to both be seen by clinicians in one location.

- (b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

The proposed project will serve all patients needing care regardless of their ability to pay or the source of payment.

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Schedule 16B

5. Describe where and how the population to be served currently receives the proposed services.

The population to be served currently receives services at the current location which is the NYU Langone Hospital-Long Island Women's Wellness Center which is located at 1 Fulton Avenue, Hempstead, NY 11550. This location is licensed to provide the following services:

Family Planning O/P

Medical Services-Primary Care

Prenatal O/P

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

The project proposes relocating the Women's Wellness Clinic half a mile down the street, from 1 Fulton Avenue to the 7th floor of 175 Fulton Avenue. This move will co-locate the Women's Wellness Clinic with the Hempstead Pediatrics Clinic and enable patients to have more convenient, easier access to services for themselves and their children. The services will remain the same. The new location has an existing parking deck, which provides more parking than the current location's surface lot.

ONLY for Hospital Applicants submitting Full Review CONs

Non-Public Hospitals

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP.* Please be specific in which priority(ies) is/are being addressed.

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

ONLY for Hospital Applicants submitting Full Review CONs

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

13. Briefly describe what interventions you are implementing to support local public health priorities.

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

15. What data are you using to track progress in addressing local public health priorities?

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Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

C. Impact of CON Application on Hospital Operating Certificate

Note: If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

TABLE 16C-1 AUTHORIZED BEDS

LOCATION:
<i>(Enter street address of facility)</i>

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30		<input type="checkbox"/>	<input type="checkbox"/>	
BONE MARROW TRANSPLANT	21		<input type="checkbox"/>	<input type="checkbox"/>	
BURNS CARE	09		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-DETOX *	12		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-REHAB *	13		<input type="checkbox"/>	<input type="checkbox"/>	
COMA RECOVERY	26		<input type="checkbox"/>	<input type="checkbox"/>	
CORONARY CARE	03		<input type="checkbox"/>	<input type="checkbox"/>	
INTENSIVE CARE	02		<input type="checkbox"/>	<input type="checkbox"/>	
MATERNITY	05		<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL/SURGICAL	01		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL CONTINUING CARE	27		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTENSIVE CARE	28		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTERMEDIATE CARE	29		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC	04		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC ICU	10		<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL MEDICINE & REHABILITATION	07		<input type="checkbox"/>	<input type="checkbox"/>	
PRISONER				<input type="checkbox"/>	
PSYCHIATRIC**	08		<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY				<input type="checkbox"/>	
SPECIAL USE				<input type="checkbox"/>	
SWING BED PROGRAM				<input type="checkbox"/>	
TRANSITIONAL CARE	33		<input type="checkbox"/>	<input type="checkbox"/>	
TRAUMATIC BRAIN INJURY	11		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	

*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

**PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No
 Yes (*Enter CON number(s) to the right*)

**New York State Department of Health
Certificate of Need Application**

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:				
<i>(Enter street address of facility)</i>				
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY (EP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC INTERVENTION ELECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERCUTANEOUS CORONARY INTERVENTION (PCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY COMPREHENSIVE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

**New York State Department of Health
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Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	Add	Remove	Proposed
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)]	_____	_____	_____	_____
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁵RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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Schedule 16C

The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-3 LICENSED SERVICES FOR
HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS**

LOCATION: <small>(Enter street address of facility)</small>	Check if this is a mobile van/clinic <input type="checkbox"/>			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
SINGLE SPECIALTY -- GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁸				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.
² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.
⁴ DIALYSIS SERVICES require additional approval by Medicare
⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators
⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric
⁷ Must be certified for Home Hemodialysis Training & Support
⁸ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

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Schedule 16C

END STAGE RENAL DISEASE (ESRD)

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

4. Provide evidence that the facility is willing to and capable of safely serving patients.

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
SINGLE SPECIALTY -- GASTROENTEROLOGY			
SINGLE SPECIALTY – OPHTHALMOLOGY			
SINGLE SPECIALTY – ORTHOPEDICS			
SINGLE SPECIALTY – PAIN MANAGEMENT			
SINGLE SPECIALTY -- OTHER			
MULTI-SPECIALTY			
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC			
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P			
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
OTHER SERVICES			
Total			

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

*The 'Total' reported MUST be the SAME as those on Table 13D-4.

Schedule 16 E. Utilization/discharge and patient days

See “Schedules Required for Each Type of CON” to determine when this form is required

This schedule is for hospital inpatient projects only. This schedule is required if hospital discharges or patient days will be affected by $\pm 5\%$ or more, or if this utilization is created for the first time by your proposal.

Include only those areas affected by your project. Current year data, as shown in columns 1 and 2, should represent the last complete year before submitting the application. Enter the starting and ending month and year in the column heading.

Forecast the first and third years after project completion. The first year is the first twelve months of operation after project completion. Enter the starting and ending month and year being reported in the column headings.

For hospital establishment applications and major modernizations, submit a summary business plan to address operations of the facility upon project completion. All appropriate assumptions regarding market share, demand, utilization, payment source, revenue and expense levels, and related matters should be included. Also, include your strategic plan response to the escalating managed care environment. Provide a complete answer and indicate the hospital’s current managed care situation, including identification of contracts and services.

NOTE: Prior versions of this table referred to “incremental” changes in discharges and days. The table now requires the full count of discharges and days.

Schedule 16 E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year		1st Year		3rd Year	
	Start date:		Start date:		Start date:	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY						
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
TOTAL						

NOTE: Prior versions of this table referred to “incremental” changes in discharges and days. The table now requires the full count of discharges and days.

Schedule 16 F. Facility Access

See "Schedules Required for Each Type of CON" to determine when this form is required.

Complete Table 1 to indicate the method of payment for inpatients and for inpatients and outpatients who were transferred to other health care facilities for the calendar year immediately preceding this application.

Start date of year for which data applies (m/c/yyyy):

Table 1. Patient Characteristics	Total Number of Inpatients	Number of Patients Transferred		
		Inpatient	OPD	ER
Payment Source				
Medicare				
Blue Cross				
Medicaid				
Title V				
Workers' Compensation				
Self Pay in Full				
Other (incl. Partial Pay)				
Free				
Commercial Insurance				
Total Patients				

Complete Table 2 to indicate the method of payment for outpatients.

Table 2. Outpatient Characteristics	Emergency Room		Outpatient Clinic		Community MH Center	
	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions
Primary Payment Source						
Medicare						
Blue Cross						
Medicaid						
Title V						
Workers' Compensation						
Self Pay in Full						
Other (incl. Partial Pay)						
Free						
Commercial Insurance						
Total Patients						

A. Attach a copy of your discharge planning policy and procedures.

B. Is your facility a recipient of federal assistance under Title VI or XVI of the Public Health Service Act (Hill-Burton)?

Yes No

If yes, answer the following questions and attach the most recent report on Hill-Burton compliance from the Federal Department of Health and Human Services.

**New York State Department of Health
Certificate of Need Application**

Schedule 16F

1. Is your facility currently obligated to provide uncompensated service under the Public Health Service Act?
Yes No

If yes, provide details on how your facility has met such requirement for the last three fiscal years - including notification of the requirement in a newspaper of general circulation. Also, list any restricted trusts and endowments that were used to provide free, below-cost or charity care services to persons unable to pay.

2. With respect to all or any portion of the facility which has been constructed, modernized, or converted with Hill-Burton assistance, are the services provided therein available to all persons residing in your facility's service area without discrimination on the basis of race, color, national origin, creed, or any basis unrelated to an individual's need for the service or the availability of the needed service in the facility?
Yes No

If no, provide an explanation.

3. Does the facility have a policy or practice of admitting only those patients who are referred by physicians with staff privileges at the facility?
Yes No

4. Do Medicaid beneficiaries have full access to all of your facility's health services?
Yes No

If no, provide a list of services where access by Medicaid beneficiaries is denied or limited.

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility’s proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility’s project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project’s Certificate of Need application (i.e. individual is a member of the facility’s Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: Deb Zahn Consulting, LLC
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? N
 - If yes, indicate the name of the organization:

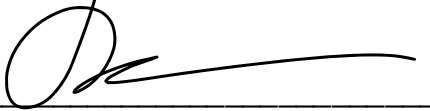
3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
Y
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

Deb Zahn Consulting, LLC has worked or is working with the Applicant on previous HEIAs. The Independent Entity has not worked with the Applicant in the last 5 years.

Section 4 – Attestation

I, Deborah Zahn (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Deb Zahn Consulting (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project LICH Infusion Relocation (PROJECT NAME) provided for NYU Langone Health (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: 

Date: 7 / 23 / 2024

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

N/A

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center’s patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?		
Does the Diagnostic and Treatment Center’s CON application include a change in controlling person, principal stockholder, or principal member of the facility?		

- ***If you checked “no” for both questions in Table A, you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked “yes” for either question in Table A, proceed to Section B.***

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		No

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		No
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		No
Acquisitions	Yes	No
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		No
All Other Changes to the Operating Certificate	Yes	No
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	Yes	

*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked “yes” for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
 - HEIA Requirement Criteria with Section B completed
 - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
 - HEIA Template
 - HEIA Data Tables
 - Full version of the CON Application with redactions, to be shared publicly
- ***If you checked “no” for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.