

**PROJECT ANNOUNCEMENT**

Post Date: 05.31.2024

Submittal Deadline: 06.14.2024

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Project Title: MLTC Medical Building Renovations

Facility Name: Mark Luttrell Correctional Center

City: Memphis

County: Shelby

SBC Project No.:

Agency: Department of Correction

Maximum Allowable Construction Cost (MACC): \$2,530,000.00

Development Manager: Grant, Steven

Agency Representative: Makohon, Marcos

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**Project Description:**

Interior renovations including fixtures, finishes, equipment, and all required related work.

**Designer Scope:**

Provide full design services for interior renovations in the current health services areas and an enclosed addition in lieu of the open courtyard. All renovations, will require structural building design and modification, renovation of the existing utilities and MEP, interior architectural design, and new finishes. The courtyard addition will also require soil analysis, civil design for storm water and foundations, and structural tie in and roofing designs.

Additional information about the project can be found in the project's program document included as a part of this announcement.

**Special Design Requirements:**

N/A

Note: All information previously made available to consultants, by the State, and all information supplied by consultants to the State, relating to the subject project, will be made available to any potential respondents. Potential respondents desiring to review these documents can submit a request to [STREAMDesigner.Interest@TN.gov](mailto:STREAMDesigner.Interest@TN.gov).

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Anticipated SBC Approval Date: 07.11.2024

Anticipated ESC Designer Selection Date: 07.22.2024

Anticipated Designer NTP Date: 02.02.2025

Anticipated Project Bid Date: 03.29.2026

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State of Tennessee Real Estate Asset Management (STREAM)

William R. Snodgrass Tennessee Tower, 24<sup>th</sup> Floor • 312 Rosa L. Parks Blvd. • Nashville, TN 37243

## **Programming**

Project Titled:

### **MLTC MEDICAL BUILDING RENOVATIONS**

**State of Tennessee**

Department of Correction

**Mark H. Luttrell Transition Center**

Memphis, Shelby County, Tennessee

March 11, 2024

**A2H #: 19386.13**

**Task Authorization#: 11-014**

**Design Consultant:**

The logo for A2H consists of the letters 'A', '2', and 'H' in a bold, sans-serif font. The 'A' and 'H' are black, while the '2' is red.

**ENGINEERS · ARCHITECTS · PLANNERS**

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3009 Davies Plantation Road  
Lakeland, TN 38002

901.372.0404  
[www.A2H.com](http://www.A2H.com)

A2H, Inc.

PROJECT

**Programming for MLTC Medical Building Renovations**

Memphis, Shelby County, Tennessee

March 11, 2024

A2H No. 19386.13

PREPARED FOR

**State of Tennessee Real Estate Asset Management**

William R. Snodgrass Tennessee Tower, 24th Floor

312 Rosa L. Parks Avenue

Nashville, Tennessee 37243

Attention: Steve Grant, Development Manager

PREPARED BY

**A2H, Inc.**

3009 Davies Plantation Road

Lakeland, TN 38002

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## EXECUTIVE SUMMARY

A2H, Inc. is providing a Recommended Program Solution for the MLTC Medical Building – located at 6000 State Road, Memphis, TN 38134. The purpose of the Recommended Program Solution is to identify a scope of work to be used by the selected Designer for this project. This work includes both renovation areas and an infill addition of a courtyard to the existing facility to improve the delivery of health services.

**RECOMMENDED PROGRAM SOLUTION:****SITE**

No sitework improvements are anticipated within the scope of work for this project.

**CODES AND STANDARDS**

A comprehensive code review was not completed. There is evidence of buildings this age that the following will need to be addressed and verified dependent on the extent of proposed work.

1. Americans with Disabilities Act (ADA) – Hardware Sets, Door Swings and approach, Toilet Room layouts, accessible transitions into buildings.
2. 2018 International Building Codes
3. 2017 National Electrical Code
4. 2021 International Mechanical Code
5. 2012 International Plumbing Code
6. 2012 International Fire Code
7. 2012 International Energy Conservation Code
8. 2012 NFPA 101 Life Safety Code
9. 2012 International Existing Building Code Building Code
  - a. Seismic upgrades.

## **BUILDINGS AND BUILDING SYSTEMS**

### MEDICAL – Infirmary Area – Recommended Solutions

#### Exterior Structure and Envelopes

The designer shall provide a new roof and flashing associated with enclosing the current courtyard adjacent to the Inmate Dining Area. The existing window and door systems are to be removed and replaced with block and insulation infill. The windows from the current Medical Infirmary that look into the courtyard are also to be removed and infilled with block and insulation. The roof system is to be EPDM roofing over tapered insulation. The existing concrete courtyard is to be removed and prepped for new concrete flooring and under slab systems for the expanded program. It is to be noted that an existing room will be converted into a dedicated Telecomm room, and all distribution will be run out of this space.

#### Building Interior

The scope of interior renovation is defined as MAJOR RENOVATION and MINOR RENOVATION. The MAJOR RENOVATION work is limited to the existing courtyard area that will be enclosed and built-out with new Infirmary functions. These walls are to be CMU painted block with new metal frames and solid core doors. All door hardware to be ADA compliant. New casework to be wood construction with plastic laminate fronts and solid surface tops, unless noted otherwise. The ceilings to be painted gypsum board construction.

The MINOR RENOVATION scope includes modifications to existing areas of the current Infirmary areas. Minor infill and relocation of walls are a part of this scope of work. These walls are to be CMU painted block with new metal frames and solid core doors. All door hardware to be ADA compliant. New casework to be wood construction with plastic laminate fronts and solid surface tops, unless noted otherwise. Existing walls within the Medical area to receive new finishes per the finish plan. All doors to be replaced with new solid core wood doors and ADA compliant hardware. All surfaces within the MINOR RENOVATION area to receive new finishes.

## STRUCTURAL

### MEDICAL – Infirmiry Area – Recommended Solutions

#### Structural Systems:

A2H coupled the observation of the existing building with a review of plans provided dated January 28, 1974, prepared by Eugene L. Rawls, Inc, Architects. According to the plans (actual members not observed either visually or through testing), the roof consists of a 3" concrete deck with welded wire fabric over steel deck. Decking thickness and gauge are unknown. Open web steel joists noted as "H" joists vary in depth between 10 to 24" deep. "H" joists are a joist type superseded in the 1970's by "K" joist designations currently in use. Steel wide flange beams support the interior bearing of the open web steel joists in conjunction with CMU bearing walls. The exterior concrete walls are a mix of bearing and non-bearing board form concrete walls although the width of walls unknown (see photo S3). The wall of windows common to the courtyard and inmate dining consists of concrete columns and a concrete beam supporting the roof structure (see photo S1. The walls are supported by 24" wide by 12" thick continuous concrete footings with areas of spread footings at column bearing. It appears that the concrete columns at the covered walk from the original plans have been infilled with CMU walls (see photo S4). Per the plans, the slab on grade is 4" thick with welded wire fabric reinforcing.

All the previous information was gleaned from the provided plans. Due to the finished conditions, A2H's visual observations were of the interior columns and finishes only for the infirmiry. The roof framing was not visible as it was covered by a gyp board ceiling. Since no destructive testing occurred, footing sizes, slab on grade thickness and roof structure could not be verified. Some CMU and concrete walls were observed.

Based on the architectural recommendations of infilling the courtyard area, the following new structural will be required. New 8" CMU or concrete walls will replace the existing windows at the inmate dining. Footings will be required to support these new walls. At the exam walls, a new beam and column line will be required to support the new roof structure. The new roof structure will be open web steel joists spaced at five feet on center. Existing plans indicate steel deck currently installed at the adjacent roofs. A2H recommends following the existing plans without concrete over the steel.



## **MECHANICAL SYSTEMS**

### MEDICAL – Infirmery Area – Recommended Solutions

#### Mechanical Systems:

The 15 TON air handler serving the existing infirmery area is to be replaced to properly serve the renovated space. Duct routing and diffuser locations shall adjust as necessary based off space reconfiguration as noted in the architectural plans. Any system adjusted shall be rebalanced. The unit shall be variable air volume to better meet the needs of the space, and control shall be replaced and upgraded as able based off of the capabilities of the main building control system.

The new dental area shall be served with a 2 TON fan coil unit located in the ceiling space, tied into the existing chilled water / hot water system, with new ductwork and diffusers.

The open court being closed in will be served by one air-cooled, direct expansion; electric cooling / gas heating packaged system with an estimated capacity of approximately 5 tons. The system will be variable air volume (VAV) and will serve variable volume terminal units with SCR electric reheat coils. The supply fan for the VAV unit will be provided with a variable frequency drive (VFD). The outside air at the VAV unit will be measured and controlled to provide a constant supply of outside air (when not operating in the economizer mode) and to maintain a positive building pressure. An airside economizer will be incorporated to provide free cooling as the outside air temperature permits and a modulating relief fan will be utilized. The unit will be provided with DDC controls and connected to the central energy management system.

## **PLUMBING SYSTEMS**

### MEDICAL – Infirmery Area – Recommended Solutions

#### Plumbing Systems:

The existing plumbing systems shall be modified as required to meet the needs of the space configuration. Sanitary and domestic water piping shall be routed from new fixtures to existing piping mains. Domestic water pipe shall be Type 'L' copper, and sanitary drain, waste, and vent pipe shall be no-hub cast iron above grade and PVC underground. PVC Schedule 40 DWV may be used for vent systems in areas not considered as return air plenums.

## **FIRE PROTECTION SYSTEMS**

### MEDICAL – Infirmery Area – Recommended Solutions

#### Fire Protection Systems:

The existing sprinkler system shall be modified to meet the needs of the updated space configuration, and sprinkler lines shall be run from the corridor mains to serve the newly enclosed courtyard area.

**ELECTRICAL**MEDICAL – Infirmary Area – Recommended SolutionsElectrical Systems:

Provide a 125 amp/3 pole breaker in existing panel “5” in the existing control area to feed a new 125-amp, 480/277 volt, 3 phase main lug panelboard. Provide a 50 amp/3 pole breaker in this new panel to feed a 30 kva, 480-208/120 volt transformer and 100 amp, 208/120 volt 3 phase panelboard. The new panels/transformer will be located within the renovated area. These panels will provide new circuits for lighting, receptacles, and HVAC equipment loads needed to accommodate the renovations. Existing circuits freed up from demolition will also be used as appropriate.

The lighting for the new spaces shall be LED sourced with occupancy controls to meet current energy code requirements.

New fire alarm notification/initiation appliances in the renovated space shall tie into the existing building fire alarm system.

Voice/Data outlet locations will be provided with backboxes and conduit stubbed out above accessible ceilings.

**EXHIBITS**

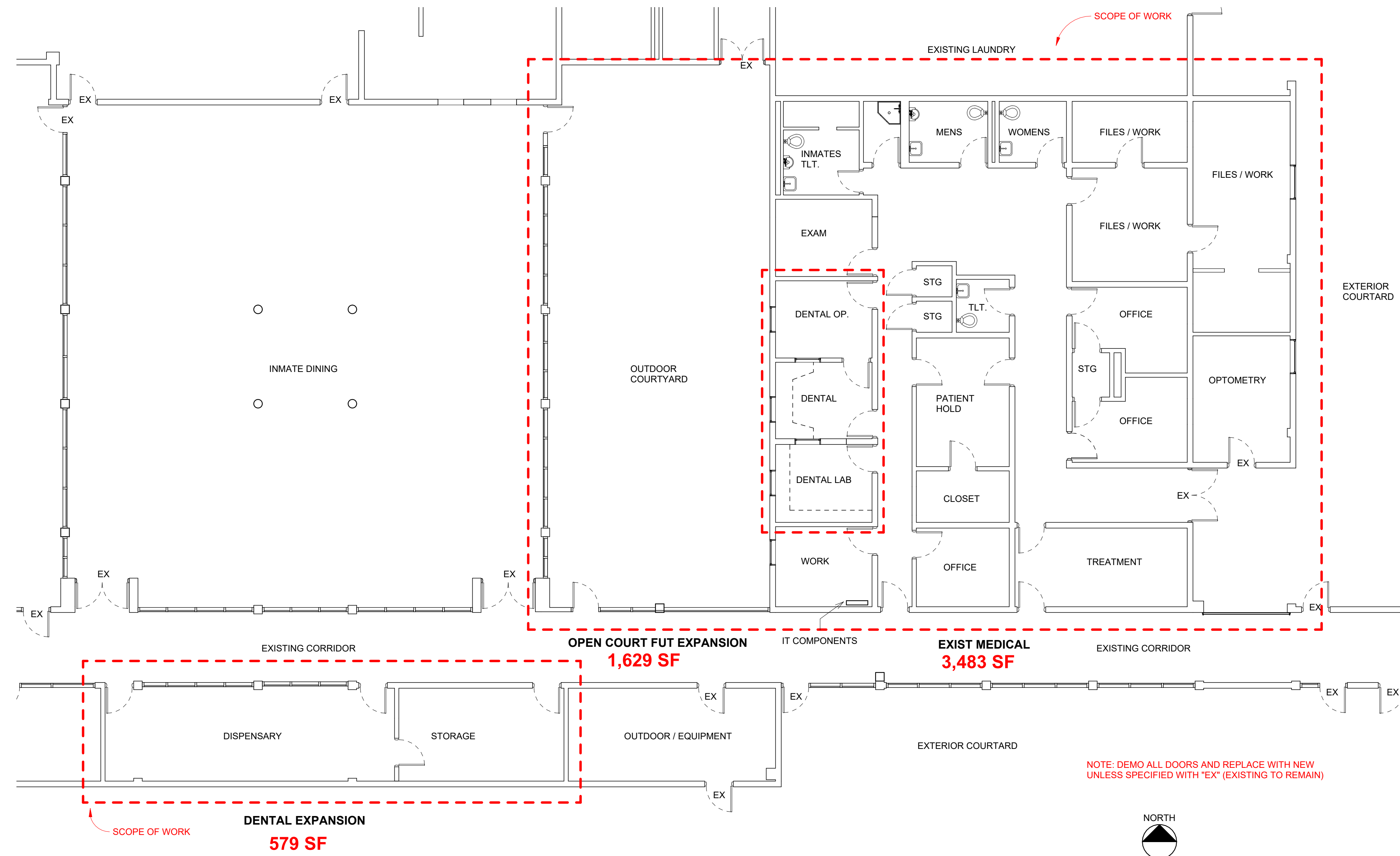


EXHIBIT AA

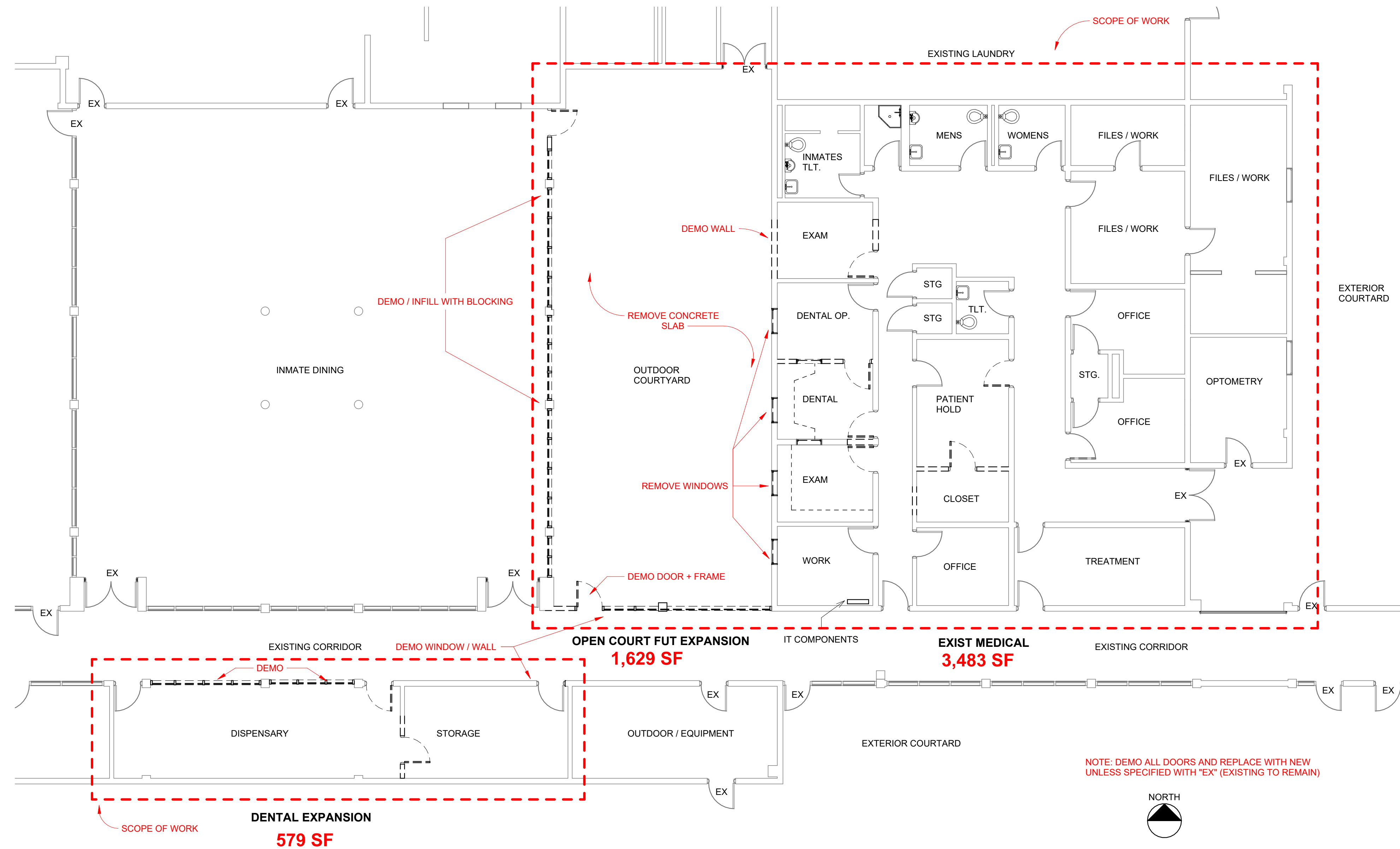


EXHIBIT BB

**FINISH GROUP A**

**NURSE STATION, OFFICES, COMMON ROOMS**

FLOORING:  
VINYL COMPOSITE TILE

WALLS:  
BLOCK WALLS - PRIME AND PAINT  
4" RUBBER BASE.

CEILINGS:  
GYP. BOARD - PRIME AND PAINT

DOORS / FRAMES:  
SOLID WOOD DOORS - PRIME AND PAINT  
HOLLOW METAL FRAMES - PRIME AND PAINT

CASEWORK:  
PLASTIC LAMINATE UPPER AND LOWER  
CABINETS  
SOLID SURFACE OR STAINLESS STEEL  
COUNTERTOPS,  
4" BACKSPASH, TYP.

**FINISH GROUP B**

**CORRIDORS, STORAGE**

FLOORING:  
VINYL COMPOSITE TILES

WALLS:  
PRIME AND PAINT  
4" RUBBER BASE.

CEILINGS:  
GYP. BOARD - PRIME AND PAINT

DOORS / FRAMES:  
SOLID WOOD DOORS - PRIME AND PAINT  
HOLLOW METAL FRAMES - PRIME AND PAINT

**FINISH GROUP C**

**EXAM ROOMS**

FLOORING:  
VINYL COMPOSITE TILE

WALLS:  
BLOCK WALLS - PRIME AND PAINT  
4" RUBBER BASE.

CEILINGS:  
GYP. BOARD - PRIME AND PAINT

DOORS / FRAMES:  
SOLID WOOD DOORS - PRIME AND PAINT  
HOLLOW METAL FRAMES - PRIME AND PAINT

CASEWORK:  
PLASTIC LAMINATE UPPER AND LOWER  
CABINETS  
SOLID SURFACE OR STAINLESS STEEL  
COUNTERTOPS,  
4" BACKSPASH, TYP.

INSTALL ANTI-LIGATURE SINK IN EACH EXAM ROOM.

\* INSTALL CHARTING DEVICES OUTSIDE EACH EXAM ROOM WITH POWER AND DATA CONNECTIONS.

**FINISH GROUP D**

**PROCEDURE / MEDICAL ROOMS**

FLOORING:  
HOMOGENEOUS SHEET VINYL WITH 4" INTEGRAL COVE BASE

WALLS:  
BLOCK WALLS - PRIME AND PAINT  
4" RUBBER BASE.

CEILINGS:  
GYP. BOARD - PRIME AND PAINT

DOORS / FRAMES:  
SOLID WOOD DOORS - PRIME AND PAINT  
HOLLOW METAL FRAMES - PRIME AND PAINT

CASEWORK:  
PLASTIC LAMINATE UPPER AND LOWER  
CABINETS  
SOLID SURFACE OR STAINLESS STEEL  
COUNTERTOPS,  
4" BACKSPASH, TYP.

INSTALL ANTI-LIGATURE SINK IN EACH PROCEDURE ROOM.

\* INSTALL CHARTING DEVICES OUTSIDE EACH EXAM ROOM WITH POWER AND DATA CONNECTIONS.

**FINISH GROUP E**

**TOILETS, JANITOR**

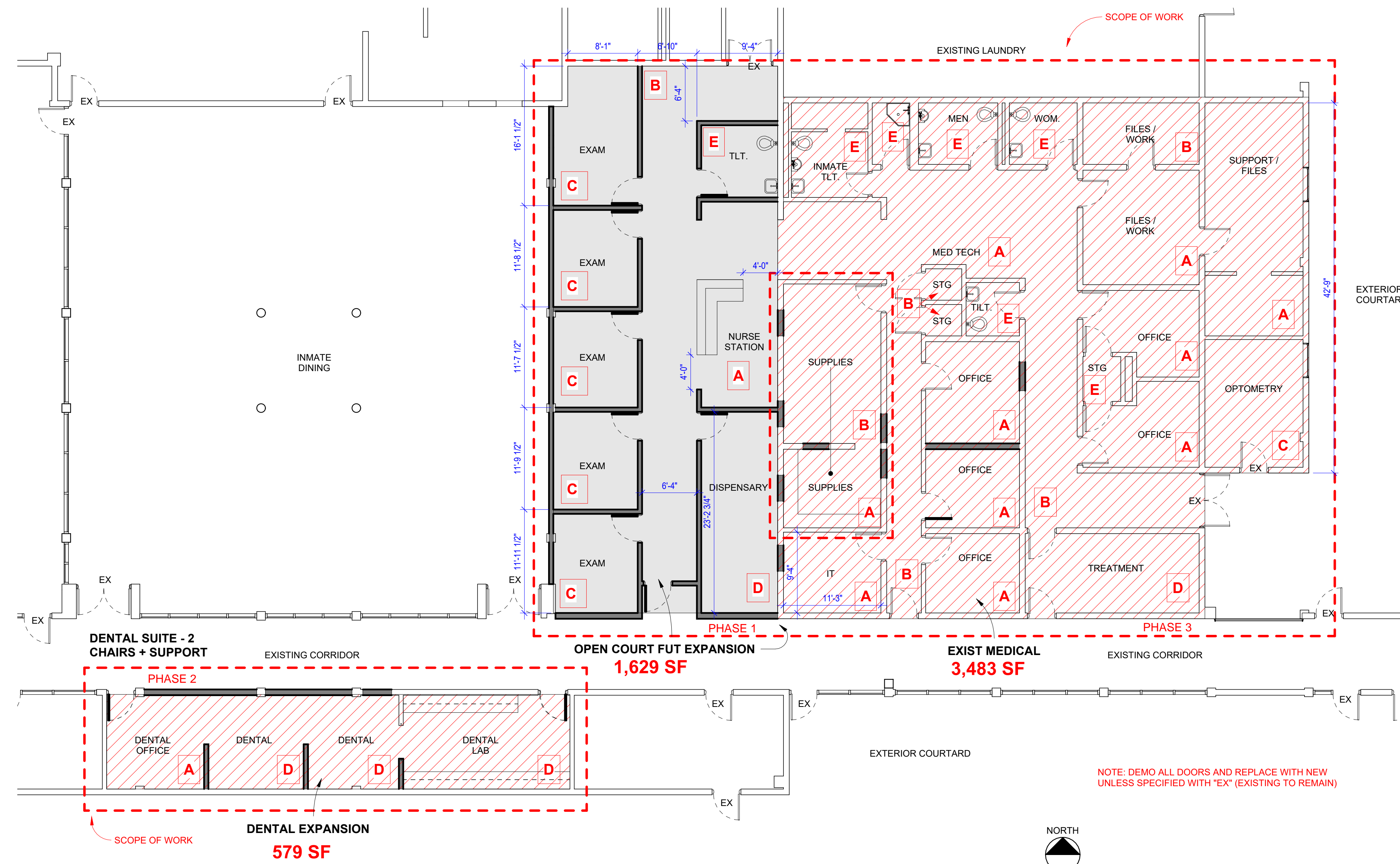
FLOORING:  
POURED EPOXY FLOORING WITH 4" INTEGRAL COVE BASE

WALLS:  
BLOCK WALLS - PRIME AND EPOXY PAINT,  
REPAIR CHIPPED OR MISSING TILES

CEILINGS:  
GYP. BOARD - PRIME AND EPOXY PAINT

DOORS / FRAMES:  
SOLID WOOD DOORS - PRIME AND PAINT  
HOLLOW METAL FRAMES - PRIME AND PAINT

INSTALL ANTI-LIGATURE SINK



**EXHIBIT CC**





Mark H. Luttrell Correctional Center

NEW EPDM ROOF - PROVIDE 2  
ROOFTOP DRAINS - ROUTE  
TO INTERCEPT EXISTING  
COURTYARD PIPING

NEW HVAC UNIT

NEW ROOF INFILL AREA - NEW  
JOISTS SET AT HEIGHT OF  
EXISTING STRUCTURE.

EXHIBIT DD

PROJECT

PROGRAMMING FOR MLTC MEDICAL BUILDING RENOVATIONS  
 Task Authorization Number: 11-014  
 Project #19386.013

DETAILS

**PROGRAMMING - Opinion of Probable Cost**  
 Contingency: 10%  
 Total w/ Contingency: \$2,212,926.20

3/6/2024

Item Description	Quantity	Unit	Unit Price	Item Cost
<b>MLTC_DENTAL SUITE - Construction Phase 2</b>				
Demo	1	LS	\$10,000.00	\$10,000.00
Minor Renov - Corridor Patch	1	LS	\$5,000.00	\$5,000.00
Major Renovation - Dental Suite / X-ray / Lab	560	S.F.	\$230.00	\$128,800.00
Specialty Construction - Shielding	1	LS	\$15,000.00	\$15,000.00
<b>Subtotal</b>				<b>\$158,800.00</b>
<b>Overhead and Profit</b>			<b>20%</b>	<b>\$31,760.00</b>
<b>Contingency</b>			<b>10%</b>	<b>\$15,880.00</b>
<b>TOTAL</b>				<b>\$206,440.00</b>
<b>MLTC_INFIRMARY INFILL AND EXPANSION - Construction Phase 1</b>				
Demo	1	LS	\$60,000.00	\$60,000.00
Utilities - New and Reroute Services	1	LS	\$80,000.00	\$80,000.00
Minor Renov - Corridor and Dining Patch	1	LS	\$10,000.00	\$10,000.00
Major Renovation - Exams / Dispensary / NS / Trauma and Exterior Construction	1,630	S.F.	\$400.00	\$652,000.00
<b>Subtotal</b>				<b>\$802,000.00</b>
<b>Overhead and Profit</b>			<b>20%</b>	<b>\$160,400.00</b>
<b>Contingency</b>			<b>10%</b>	<b>\$80,200.00</b>
<b>TOTAL</b>				<b>\$1,042,600.00</b>
<b>MLTC_INFIRMARY RENOVATION - Construction Phase 3</b>				
Demo	1	LS	\$20,000.00	\$20,000.00
Minor Renov - Corridor Patch	1	LS	\$5,000.00	\$5,000.00
Minor Renovation - Finishes in Existing to Remain Spaces	2,665	S.F.	\$90.00	\$239,850.00
Major Renovation - Exams / Dispensary / NS / Trauma and Exterior Construction	650	S.F.	\$230.00	\$149,500.00
<b>Subtotal</b>				<b>\$414,350.00</b>
<b>Overhead and Profit</b>			<b>20%</b>	<b>\$82,870.00</b>
<b>Contingency</b>			<b>10%</b>	<b>\$41,435.00</b>
<b>TOTAL</b>				<b>\$538,655.00</b>
<b>SUBTOTAL</b>				<b>\$1,787,695.00</b>
Temporary Relocation Cost for Approx. 1600 sf of Clinic Space for 6 Months during construction.	1	LS	\$120,000.00	\$120,000.00
Estimated Escalation 24 Month	<b>8%</b>			\$305,231.20
<b>TOTAL CONSTRUCTION COSTS</b>				<b>\$2,212,926.20</b>

## Observation Summary

Project Titled:

### **MLTC MEDICAL BUILDING RENOVATIONS**

**State of Tennessee**

Department of Correction

**Mark H. Luttrell Transition Center**

Memphis, Tennessee

November 16, 2023

**A2H #: 19386.13**

**Task Authorization#: 11-014**

**Design Consultant:**

The logo for A2H consists of the letters 'A', '2', and 'H' in a bold, sans-serif font. The 'A' and 'H' are black, while the '2' is red.

**ENGINEERS • ARCHITECTS • PLANNERS**

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A2H, Inc.

**ATTACHMENT B**



**PROJECT**

**Programming for MLTC Medical Building Renovations**

Memphis, Shelby, Tennessee

November 16, 2023

A2H No. 19386.13

**PREPARED FOR**

**State of Tennessee Real Estate Asset Management**

William R. Snodgrass Tennessee Tower, 24th Floor

312 Rosa L. Parks Avenue

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Attention: Steve Grant, Development Manager

**PREPARED BY**

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## EXECUTIVE SUMMARY

A2H, Inc. has completed a Property Condition Assessment Report of the property of the MLTC Medical Building – located at 6000 State Road, Memphis, TN 38134. The purpose of the study was to determine the condition of the Medical Area in the facility and adjacent areas for potential renovation and expansion.

The property condition assessment was designed and executed to provide a general walk-through survey and report of conditions of the building for the following architectural and engineering disciplines: civil, structural, architectural, mechanical, plumbing, and electrical. The report identifies specific areas of concern and was structured to be used as a tool to define the general current conditions and any renovation or additional scope for this facility.

The project goals were achieved by application of industry standard research and site inspection protocols for such assessments. The project scope was substantially based on the ASTM Standards of Practice E2018 (Standard Guide for Property Condition Assessments: Baseline Property Condition Assessment Process).

- The physical inspection was performed by representatives of A2H, Inc.

The assessment and report is largely based on review of provided plans and data of the building and a physical site observation. The assessment takes into consideration the building as a whole and does not include detailed investigation into specific deficiencies or code issues.

## OBSERVATION SUMMARY NARRATIVES - EXISTING

### SITE

The current scope includes a small, enclosed courtyard that may be used for infill program space and is the only external area of potential work. This area is defined by the exterior walls of the adjacent spaces and has a concrete “floor” with 2 light poles and central drains for rainwater. It should be noted that one side of the courtyard wall consists of large windows into the current dining area.

### CODES AND STANDARDS

A comprehensive code review was not completed. There is evidence of buildings this age that the following will need to be addressed and verified dependent on the extent of proposed work.

1. Building Code
  - a. Seismic upgrades.
2. Americans with Disabilities Act (ADA) – Hardware Sets, Door Swings and approach, Toilet Room layouts, accessible transitions into buildings.

## **BUILDINGS AND BUILDING SYSTEMS**

### MEDICAL – Infirmary Area

#### Exterior Envelope

The extent of review and observation was limited to the Medical (Infirmary) portion of the building. This area was constructed in 1974 based on the plans provided. There is a small expansion that took place circa 1980's that enclosed the covered walk plan east of the existing medical area. This current space under consideration total approximately 3,875 sf. The courtyard is an additional 1,530 sf located plan west of the Medical area. The spaces have been modified since 1974 with minor rearrangement of walls and doors for new room use. The exterior walls are a mixture of concrete frame and aluminum window system infill at the dining area, concrete panel with hollow metal punch windows at the Medical area and concrete frame with block infill at the most recent addition. The roof is assumed to be concrete with membrane roofing and aluminum flashing. There are numerous surface attached security devices including razor wire, cameras and horns along the exterior walls. The hollow metal windows have steel security grills over the openings. The doors and frames are painted hollow metal. For the age of the facility, the overall condition is good with signs of continued maintenance.

#### Building Interior

The interior of the Medical (Infirmary) area consists mainly of painted concrete block walls. There are limited gypsum board partition walls. The interior doors are steel frames and a mixture of steel and solid wood doors. There are a variety of hardware types that would need to be replaced because of age or to meet ADA requirements. The corridors and rooms have painted concrete ceilings with surface mounted fixtures. The flooring is primarily VCT on concrete slab for all corridors and support locations. All patient treatment areas are VCT flooring. The two observed restrooms have epoxy flooring and updated plumbing fixtures. There is built-in casework in the dentistry area and in the treatment room. These are in poor condition and show significant wear. In general, the interior walls and floors are in fair condition. The doors, frames internal windows are in fair condition. The door hardware is in poor condition. For the age of the facility, the overall condition of interior components are fair to poor.

## STRUCTURAL

### MEDICAL – Infirmary Area

A2H coupled the observation of the existing building with a review of plans provided dated January 28, 1974 prepared by Eugene L. Rawls, Inc, Architects. According to the plans (actual members not observed either visually or through testing), the roof consists of a 3” concrete deck with welded wire fabric over steel deck. Decking thickness and gauge are unknown. Open web steel joists noted as “H” joists vary in depth between 10 to 24” deep. “H” joists are a joist type superseded in the 1970’s by “K” joist designations currently in use. Steel wide flange beams support the interior bearing of the open web steel joists in conjunction with CMU bearing walls. The exterior concrete walls are a mix of bearing and non-bearing either board form concrete walls although the width of walls unknown (see photo S3). The wall of windows common to the courtyard and inmate dining consists of concrete columns and a concrete beam supporting the roof structure (see photo S1. The walls are supported by 24” wide by 12” thick continuous concrete footings with areas of spread footings at column bearing. It appears that the concrete columns at the covered walk from the original plans have been infilled with CMU walls (see photo S4). Per the plans, the slab on grade is 4” thick with welded wire fabric reinforcing.

All the previous information was gleaned from the provided plans. Due to the finished conditions, A2H’s visual observations were of the interior columns and finishes only for the infirmary. The roof framing was not visible as it was covered by a gyp board ceiling. Since no destructive testing occurred, footing sizes, slab on grade thickness and roof structure could not be verified. Some CMU and concrete walls were observed.

## **MECHANICAL SYSTEMS**

### MEDICAL – Infirmary Area

#### Mechanical Systems:

The infirmary is served by mechanical equipment of age with the facility. The mechanical system serving the space consists of (1) 15 TN air handler served by the campus chilled and hot water loops. The 15 TN air handler appears to be original to the building and is past its standard life expectancy. To note, the unit is constant volume, and does not appear to be balanced well; a few rooms in the space were significantly colder than other rooms, resulting in moisture intrusion and damage in the walls. The control system is of an age with the air handler, and the mechanical system grilles and registers are in poor condition with obvious rusting and damage (See photos M1 & M2). Supplemental heating and cooling units have been brought into the space to provide conditioning in areas (M3, M4, M5, M6). These units are in fair condition. Unit heaters are located in the potential expansion area, are original to the building, and past their standard life expectancy (M7 & M8).

## **PLUMBING SYSTEMS**

### MEDICAL – Infirmary Area

#### Plumbing Systems:

The facility was constructed in the mid 1970's with what appears to be plumbing fixtures installed during the early 2000's renovation. The plumbing fixtures were observed to be in fair condition (See photo P1), apart from the employee restrooms fixtures being replaced recently, and in very good condition. The existing distribution piping is 50 years old, which is within the end of standard life expectancy.

The dentist's chair in the infirmary is served by a compressed air system installed in the janitor's closet (P2 & P3). The system appears in fair condition.

## **FIRE PROTECTION SYSTEMS**

### MEDICAL – Infirmary Area

#### Fire Protection Systems:

The facility was constructed in the mid 1970's with the sprinkler installed at the same time. The sprinkler system appears to be in good condition, with no change to the system required other than new sprinkler heads as needed to meet the new demands for the space. This work should include the replacement of the sprinkler heads and branch lines as required.

## **ELECTRICAL**

### MEDICAL – Infirmary Area

#### Electric Distribution Systems:

The infirmary is served by two panelboards located within the space. Panel “11” is a 100 amp, 208/120 volt panelboard feeding normal power receptacles and 120 volt equipment. Panel “5E” is a 100 amp, 208/120 volt panelboard feeding emergency power receptacles and 120 volt equipment. The panelboards were locked and no key was available during the walkthrough, so the interiors of the panels were not observed. The panels appear to be original to the building (circa 1975), which would make them nearly 50 years old and at the end of their standard life expectancy. While not always entirely accurate, the panelboard schedules indicate that there are minimal spare spaces in which to add additional circuits. Circuitry is a mixture of recessed wiring and exposed conduits routed along the walls/ceilings.

#### Lighting Systems – Infirmary

The light fixtures in the space are a mixture of different types of surface mounted fixtures that originally included fluorescent tube lamps. The fixtures appear to be original to the building (circa 1975) and are in fair condition for their age. The ballasts/drivers and lamps have undoubtedly been replaced over the years and appear to be in working condition. Controls for the space consist of local on/off switches and do not meet current energy code requirements. The fixtures are mostly fed from 480/277 volt panel “5” located down the hall in the central control area. Exit signs with red lettering appear to be located appropriately. There are two pole mounted fixtures located in the courtyard adjacent to the space.

#### Other Systems – Infirmary

There is low voltage voice/data cabling equipment (patch panel, ethernet switch) located on the wall in the medical supplies storage room.

Siemens fire alarm notification and initiation devices throughout the space appear to be located appropriately.



EXHIBITS

**PROJECT**

Name: Programming for MLTC Medical Building Renovations  
SBC #: 529/000-02-2019-11  
A2H #: 19386.13

**DETAILS**

Date: 11/16/2023

**SITE**



S1 - View to Courtyard



S2 - View to Courtyard



S3 - View to Courtyard



S4 - View to Infirmary Building

**ARCHITECTURAL – MEDICAL INFIRMARY**



A1- Main Corr into Dining



A2- Main Corr towards Medical



A3 – Potential Renov Area – Current Files



A4 – Potential Renov Area – Current Files



A5 – Potential Renov Area – Current Dispensary



A6 – Potential Renov Area – Current Dispensary



A7 – Infirmary Office



A8 – Infirmary Support Space



A9 – Infirmary Support Space



A10 – Infirmary Support Space



A11 – Infirmary Support Space



A12- Infirmary Dentistry





A13 – Infirmary Dentistry



A14 – Infirmary Dentistry



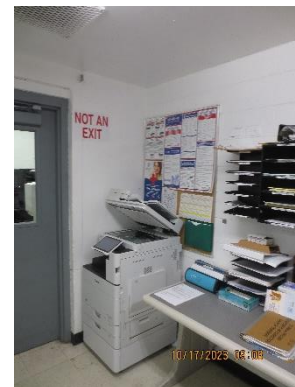
A15 – Infirmary Office



A16 – Infirmary Waiting Corridor



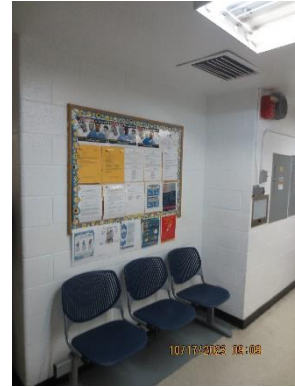
A17 – Infirmary Files / Work



A18 – Infirmary Files / Work



A19 – Infirmary Files



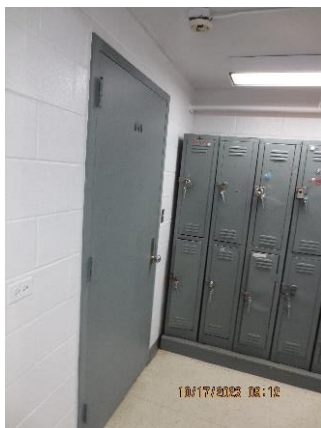
A20 – Infirmary Corridor



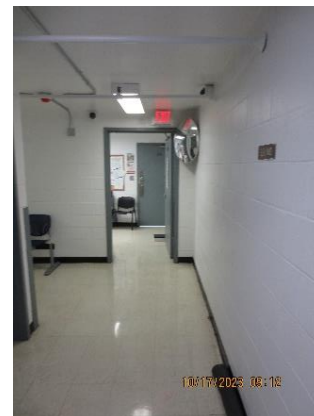
A21 – Infirmary Office



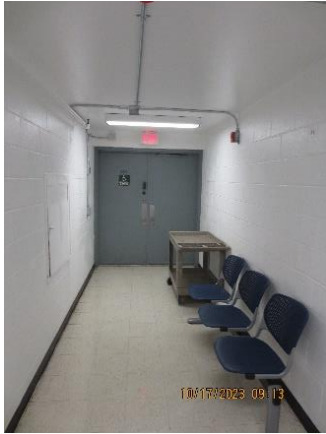
A22 – Infirmary Ward



A23 - Infirmary Ward Storage



A24 – Infirmary Ward



A26 – Infirmary Corridor



A27 – Infirmary Optometry



A28 – Infirmary Treatment



A29 – Infirmary Treatment



A30 – Infirmary Restroom



A32 – Infirmary Exam

**MECHANICAL – MEDICAL INFIRMARY**



M1- Supply Diffuser



M2 – Supply Diffuser



M3 – Window Unit



M4 – Wall Heater



M5 – Window Unit



M6 – Portable AC Unit





M7 – Rec/Edu Newer MDP



M8 – Rec/Edu Fire Alarm Panel

**ELECTRICAL – MEDICAL INFIRMARY**



E1 – Panels 11 and 5E



E2 – Infirmery Typical Lighting



E3 – Voice/Data Equipment



E4 – Courtyard Pole Lighting



E5 – Surface Mounted Wiring



E6 – Lighting/Wiring

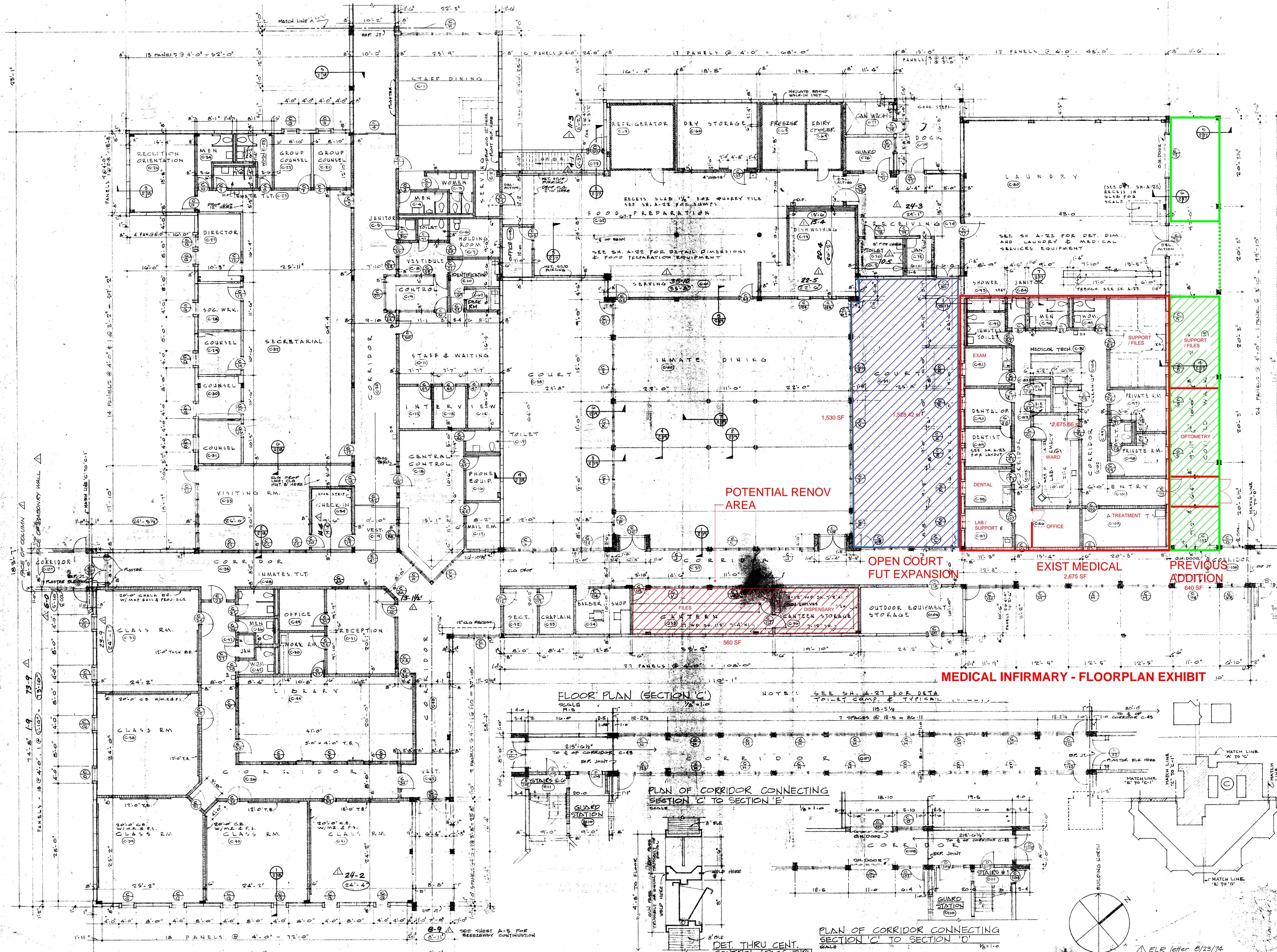


E7 – Lighting



E8 – Corridor





FLOOR PLAN (SECTION C')

